

2015 PERSONAL INCOME TAX QUESTIONNAIRE

This questionnaire is designed to assist you in compiling the information necessary to prepare your 2015 personal tax return. Please attach this form to your documentation.

Client Name _____

Telephone (____)_____ Fax (____)_____ Email _____

Please indicate address only if changed since 2014 income tax return:

Marital status (if changed in 2015, indicate change and date) _____

New family members:

Name: _____

Date of birth: _____

Date of adoption: _____

Please check items attached:

NOTE: Ensure ALL information slips are provided with your return. Canada Revenue Agency's (CRA's) process of matching information slips to tax returns is very accurate. In certain circumstances, unreported income can be penalized up to 20% of the unreported amounts.

INCOME

- Employment – T4
- Old Age Security – T4A(OAS)
- Canada Pension Plan benefits – T4A(P)
- Retirement Income – T4A for pensions, T4RSP, T4RIF
(attach details of spouse's income to determine if pension splitting is beneficial)
- Employment Insurance – T4E
- Universal Child Care Benefits – RC62
- Interest, Dividends and other Investment Income – T5/T600
- Mutual Funds and other Trust Income – T3
- Limited Partnership – T5013
- Business or Professional – Financial Statements or T5013

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- Rental Property (attach details of income, expenses, purchases and sales) _____
- If assets have been purchased for use in the business, or loans incurred for business purposes, provide appropriate documents _____
- Capital Gains/Losses _____
- Did you dispose of any capital properties this year? (attach copies of sales detail and original purchase documentation.) _____
- Alimony (provide copy of post-April 30, 1997, agreement or election, if changed or not previously provided) _____
- Other Income (e.g., stock options, annuities, scholarships, bursaries, research grants, RRSPs – attach T4RSP, Workers' Compensation benefits) _____

DEDUCTIONS

- Registered Retirement Savings Plan contributions (attach receipts) (attach T10 – Personal Adjustment Reversal, if you received one.) _____
- Annual union, professional dues (attach receipts) _____
- Child care expense (attach receipts):
 - for individual child care providers, include S.I.N. and address _____
 - for summer camps, indicate number of weeks in-residence _____
- Attendant care expenses (attach receipts) _____
- Allowable business investment losses (refer to Capital Gains/Losses above)
- Moving expenses (attach receipts). Indicate distance moved to new employment _____
- Alimony or separation allowances paid (include name(s) and address(es) of recipients; attach copy of agreement or court order for spousal support which was signed on or after May 1, 1997 or election, if changed or not previously provided) _____
- Commission and employment expenses (include details and T2200 or TL2)
- Carrying charges (interest on money borrowed to earn investment income, investment counsel fees, interest for limited partnerships) _____
- Other deductions and expenses (attach receipts) _____
- Federal and provincial political contributions (attach receipts) _____
- Charitable donations (attach receipts) (provide details of gifts in kind, e.g., securities) _____
- Medical expenses (attach receipts) and details of private health insurance premiums, including amounts paid while travelling _____
- Disability deduction for you or dependant (if first-time claim, attach T2201 signed by physician) _____
- Receipts for children's fitness tax credit (for dependants who were under age 17 at the end of the year; age 19 if eligible for disability credit) _____
- Receipt for children's arts tax credit (for dependants who were under age 17 at the end of the year; age 19 if eligible for the disability credit) _____
- Adoption expenses _____

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- Tuition fees (attach T2202/T2202A including amounts that can be transferred from dependants) _____
- Details of public transit passes (include passes for your spouse and children under 19 at the end of the year) _____
- Labour-sponsored funds – T5006
- Interest paid on student loans (attach reporting slip) _____

For wholly dependent persons, please attach list and indicate for each dependant:

Name: _____

Address if different: _____

Relationship: _____

Birth date: _____

S.I.N.: _____

Net income: _____

Infirmity, if any: _____

OTHER

- Attach all details of your tax-free savings account (TFSA) _____
- 2015 Installments (attach February 2015 notice). Total remitted: \$ _____
- Attach copy of 2014 assessment notices and other correspondence from the Canada Revenue Agency _____
- Amount of any contributions to or distributions from, or loans to or from foreign trusts in 2015 _____
- Details of foreign property, other than personal-use property, if aggregate cost at any time during the year is in excess of \$100,000, as well as any investment in “foreign affiliates” _____
- Indicate whether you wish to split pension income with spouse to reduce combined income tax:
YES: _____
NO: _____
- Indicate whether you are a U.S. citizen or Green Card holder:
YES: _____
NO: _____
- If you are a single taxpayer, indicate whether you wish to include the Universal Child Care Benefit (UCCB)

