

PERSONAL INFORMATION

Name:	SIN: - -	Date of Birth: YY / MM / DD
Name:	SIN: - -	Date of Birth: YY / MM / DD
Address:		
Tel:	E-mail:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Do you own foreign property with a cost base more than \$100,000? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If Yes, please provide details)		
Do any of your family members qualify for the disability tax credit? <input type="checkbox"/> Yes / <input type="checkbox"/> No If Yes, please indicate the status of the signed T2201 from your medical professional: <input type="checkbox"/> W & Co. has a copy <input type="checkbox"/> Attached		
Citizenship: <input type="checkbox"/> Canadian (If so, do you allow CRA to release information about you to Elections Canada? <input type="checkbox"/> Yes / <input type="checkbox"/> No) <input type="checkbox"/> U.S. (If so, you may be required to file a U.S. tax return. <u>Please contact us for more information.</u>)		

DELIVERY OF INFORMATION:

Do you want to receive CRA correspondence only by email? Yes No

Delivery of Tax Return: Electronic Paper

MINOR, INFIRM, OR ELDERLY DEPENDANTS INFORMATION

Name	- SIN -	DOB: YY / MM / DD	\$ Net Income (from line 236)	Tuition Fee (Per T2202)
Name	- SIN -	DOB: YY / MM / DD	\$ Net Income (from line 236)	Tuition Fee (Per T2202)

INCOME INCLUDED INFORMATION REQUIRED

INCOME	INCLUDED	INFORMATION REQUIRED
Salaries, Commissions, Tips	<input type="checkbox"/>	T4, T4A slips, details of tips
Pension Income (including OAS / CPP / RRSP / RRIF)	<input type="checkbox"/>	T4A, T4A(P), T4A(OAS), T4RSP, T4RIF slips
Government Benefits and Repayments	<input type="checkbox"/>	T4E, T4A slips
Investment Income	<input type="checkbox"/>	T3, T5 slips
Partnership Income	<input type="checkbox"/>	T5013 slips or details
Self-Employment / Business / Professional Income and Expenses	<input type="checkbox"/>	Complete schedule #4, #5, #6 on reverse
Rental Income and Expenses	<input type="checkbox"/>	Complete schedule #3 on reverse
Taxable Capital Gains and Losses	<input type="checkbox"/>	Purchase date and cost, sale date and proceeds, T5008 slip
Spousal Support	<input type="checkbox"/>	Name and address of payer, amount received
Sale/change of use of Principal Residence (Must now be reported)	<input type="checkbox"/>	Purchase year, sale date and proceeds

DEDUCTIONS, CREDITS AND OTHER

RRSP and Pension Plan Contributions	<input type="checkbox"/>	T4, T4A slips, official receipts
Union or Professional Dues	<input type="checkbox"/>	T4 slips, official receipts
Moving Expenses	<input type="checkbox"/>	Details of expenses, total of expenses, old resident address
Spousal Support	<input type="checkbox"/>	Name and address of payee, amount paid (and written agreement)
Interest Expenses / Investment Expenses	<input type="checkbox"/>	Details of the loan
Child Care Expenses	<input type="checkbox"/>	Complete schedule #1
Employment Expenses; including home office during COVID-19	<input type="checkbox"/>	Complete Schedule #2, 5, 6; T2200 or T2200S completed by employer
Charitable / Political Donations	<input type="checkbox"/>	Official receipts
Amount Paid for Public Transit Pass (senior)	<input type="checkbox"/>	Details
Home Accessibility Expenses for Seniors/Disabled	<input type="checkbox"/>	Details and receipts
Medical / Dental Expenses	<input type="checkbox"/>	Official receipts (or summary from pharmacy, insurance premiums)
Tuition Fees	<input type="checkbox"/>	T2202 (download from institution); TL11 (foreign); receipts
Interest Paid on Student Loans	<input type="checkbox"/>	Details
Volunteer Firefighter	<input type="checkbox"/>	Details
Eligible Educator School Supply Tax Credit	<input type="checkbox"/>	Eligible receipts, certification from your employer

Other:

CHILDCARE EXPENSES (Schedule 1) Original or copy of receipts

Caregiver Name:	Address:	Total paid:
SIN: (if applicable)		\$ RECEIPTS REQUIRED

EMPLOYMENT EXPENSES (Schedule 2) Completed T2200 from your employer required. Original receipts not required by W & Co. Please keep receipts for 7 years.

Professional Fees:	\$	Parking	\$
Advertising / Promotion	\$	Supplies / postage / stationery	\$
Automobile	Complete Schedule #5	Tools**	\$
Lodging	\$	Other ()	\$
Meals / Entertainment (100%)	\$	**NOTE: This is only for tradespeople who are required by their employer to purchase tools. Must have spent over \$1,000	

RENTAL INCOME (Schedule 3) Original receipts not required by W & Co.

Address of Property:		Co-owner's name:	
		SIN:	% Ownership: %
Personal use% (if applicable):	%	GST/HST Registrant? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If Yes, Quick Method? <input type="checkbox"/> Yes / <input type="checkbox"/> No)	
Gross rental income: (provide 100% of income)		\$	
Expenses (provide 100% of expenses)			
Advertising	\$	Maintenance / Repairs	\$
Insurance	\$	Property Taxes	\$
Interest	\$	Other ()	\$
Lighting / Heating / Water	\$	Other ()	\$

SELF-EMPLOYMENT / BUSINESS / PROFESSIONAL INCOME (Schedule 4) Original receipts not required by W & Co. Please keep receipts for 7 years.

GST / HST Registrant? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If Yes, Quick Method? <input type="checkbox"/> Yes / <input type="checkbox"/> No)		Do you file your own GST / HST? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Are all of the figures you have indicated GST / HST inclusive? <input type="checkbox"/> Yes / <input type="checkbox"/> No		Registered to pay EI premiums? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Sales / Gross revenue:	\$		
Expenses			
Accounting / Legal / Consulting	\$	Travel	\$
Advertising	\$	Equipment Rentals [†]	\$
Automobile	Complete Schedule #5	Insurance [†]	\$
Business Tax / Fees / License / Dues	\$	Interest / Bank Charges [†]	\$
Maintenance / Repairs	\$	Gas / Electricity / Water [†]	\$
Management / Administration	\$	Office / Supplies [†]	\$
Meals / Entertainment (100%)	\$	Property Tax (Business Premises) [†]	\$
Private Health Care Premiums	\$	Other ()	\$
Salaries and Benefits	\$	†NOTE: Complete Schedule #6 for business use of home.	

AUTO EXPENSES (Schedule 5) Original receipts not required by W & Co. Please keep receipts for 7 years.

Bought or sold a new vehicle last year? <input type="checkbox"/> Yes / <input type="checkbox"/> No		Started to use your vehicle for business during the year? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Started or stopped leasing a vehicle? <input type="checkbox"/> Yes / <input type="checkbox"/> No		If Yes, please specify the estimated value at that point: \$ _____	
If Yes, please provide purchase/loan/sale/leasing documents			
Fuel	\$	<div style="border: 1px solid black; padding: 5px; display: inline-block;">KILOMETRES DRIVEN</div> Business use: _____ km Total use: _____ km	
Insurance	\$		
Interest	\$		
Leasing Cost	\$		
Maintenance / Repairs	\$		
Other ()	\$		

HOME OFFICE EXPENSES (Schedule 6) Original receipts not required by W & Co. Please keep receipts for 7 years.

Worked from home 4 consecutive weeks due to COVID-19?	Yes []	No []	Total days in the year you worked from home:		
Gas		<div style="border: 1px solid black; padding: 5px; display: inline-block;">SQUARE FOOTAGE</div> Business use: _____ ft ² Total house: _____ ft ²			
Electricity	\$			Insurance [†]	\$
Water / Sewer	\$			Property Taxes [†]	\$
Maintenance	\$			Other ()	\$
Mortgage Interest [†]	\$			Other ()	\$

†NOTE: Insurance and property taxes are eligible deductions for commissioned employees and self-employed only. Mortgage interest for self-employed only.