

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 want to provide your information to Ontario Health so they may contact you by email about organ and tissue donation? ☐ Yes / ☐ No

Do any of your family members qualify for the disability tax credit? ☐ Yes / ☐ No

If Yes, please indicate the status of the signed T2201 from your medical professional: ☐ W & Co. has a copy ☐ Attached

Citizenship: Canadian (If so, do you allow CRA to release information about you to Elections Canada? ☐ Yes / ☐ No)

U.S. (U.S. citizens or green card holders may be required to file a U.S. tax return. Please [contact us](#) for more information.)

Do you own foreign property with a cost base more than \$100,000 or own 1% or more of foreign company? ☐ Yes / ☐ No (If Yes, please provide details)

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

| | | |
|--|--------------------------|--|
| 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, and First Home Savings Account | <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 or additions 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 |
| Cost of Tools for Trades People | <input type="checkbox"/> | Receipts |
| 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; text-align: center;">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. | | | | |
|--|----|-----------------------------|---|----|
| Gas | | | <div style="border: 1px solid black; padding: 5px; text-align: center;">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. | | | | |