



2025

#### 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<br><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? <input type="checkbox"/> Yes / <input type="checkbox"/> No  |            |   |
| Do any of your family members qualify for the disability tax credit? <input type="checkbox"/> Yes / <input type="checkbox"/> No<br>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: Canadian (If so, do you allow CRA to release information about you to Elections Canada? <input type="checkbox"/> Yes / <input type="checkbox"/> No)<br>U.S. (U.S. citizens or green card holders may be required to file a U.S. tax return. Please <a href="#">contact us</a> for more information.)<br>Do you own foreign property with a cost base more than \$100,000 or own 1% or more of foreign company? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If Yes, please provide details) |            |   |

#### DELIVERY OF INFORMATION:

|   |
|---|
| Do you want to receive CRA correspondence only by email? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Delivery of Tax Return: <input type="checkbox"/> Electronic <input type="checkbox"/> 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, T5007 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                            |
| Capital Gains and Losses (including crypto-assets)               | <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   | <input type="checkbox"/> | Complete Schedule #2, 5, 6; T2200 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 (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) |                       |    |
| Rental revenue: Long term: (90 consecutive days or more): \$ |   | Short term: \$        |    |
| 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 <sup>†</sup>                        | \$ |
| Automobile  | Complete Schedule #5   | Insurance <sup>†</sup>                                | \$ |
| Business Tax / Fees / License / Dues  | \$   | Interest / Bank Charges <sup>†</sup>                  | \$ |
| Maintenance / Repairs   | \$   | Gas / Electricity / Water <sup>†</sup>                | \$ |
| Management / Administration   | \$   | Office / Supplies <sup>†</sup>                        | \$ |
| Meals / Entertainment (100%)  | \$   | Property Tax(Business Premises) <sup>†</sup>          | \$ |
| 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; margin-bottom: 10px;">KILOMETRES DRIVEN</div> <div>Business use: _____ km</div> <div>Total use: _____ km</div> |
| 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; margin-bottom: 10px;">SQUARE FOOTAGE</div> <div>Business use: _____ ft<sup>2</sup></div> <div>Total house: _____ ft<sup>2</sup></div> |    |                             |    |
| Electricity                    |  | \$ | Insurance <sup>‡</sup>      | \$ |
| Water / Sewer                  |  | \$ | Property Taxes <sup>‡</sup> | \$ |
| Maintenance                    |  | \$ | Other( )                    | \$ |
| Mortgage Interest <sup>‡</sup> |  | \$ | Other( )                    | \$ |

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