

## 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
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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, 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:

<b>CHILDCARE EXPENSES (Schedule 1)</b> Original or copy of receipts		
Caregiver Name:	Address:	Total paid:
SIN: (if applicable)		\$ RECEIPTS REQUIRED

<b>EMPLOYMENT EXPENSES (Schedule 2)</b> 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	

<b>RENTAL INCOME (Schedule 3)</b> 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 ( )	\$

<b>SELF-EMPLOYMENT / BUSINESS / PROFESSIONAL INCOME (Schedule 4)</b> 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.	

<b>AUTO EXPENSES (Schedule 5)</b> 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 ( )	\$		

<b>HOME OFFICE EXPENSES (Schedule 6)</b> 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 <sup>2</sup> Total house: _____ ft <sup>2</sup>	
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.				