



How would you like your return copy? Paper/Folder Hardcopy   
Electronic copy (PDF)

PERSONAL INFORMATION						
Taxpayer's name:		SIN:	Date of birth: YYYY/MM/DD			
Tel:		Email:				
Spouse's name:		SIN:	Date of birth: YYYY/MM/DD			
Tel:		Email:				
Address:						
<b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		<b>Marital status change in 2022</b> <input type="checkbox"/> Y <input type="checkbox"/> N  <b>Date of change:</b> _____		<b>Spouse's net income:</b> (if separated, for the period before separation date if not separated for the entire year and if we are not filing spouse's income tax return). _____ (from Line 236000 on their 2022 personal tax return)		
<b>Do you own foreign property</b> with a cost base greater than \$100,000? (includes US stocks invested through Cdn brokers) <input type="checkbox"/> Yes <input type="checkbox"/> No						
Did you sell your principle residence this tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Proceeds:</b> \$ _____ <b>Date of sale:</b> _____ <b>Date of original purchase:</b> _____ <b>Address (including postal code):</b> _____						
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"/> Copy currently on file <input type="checkbox"/> Copy attached						
Citizenship						
Are you a Canadian citizen? <u>Taxpayer</u> <u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No						
CRA Contact						
Do you allow CRA to release your data to Elections Canada to update voter roles? <u>Taxpayer</u> <u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No			I wish to receive letters and notices from CRA exclusively by email to the email address I have provided. <u>Taxpayer</u> <u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No			
MINOR, INFIRM OR ELDERLY DEPENDANT INFORMATION						
Name (first and last name)	SIN	Date of Birth (YYYY/MM/DD)	Net Income (from Line 236)	Disability Tax Credit	Post-Secondary Institution	Daycare or Preschool
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

INCOME		Taxpayer	Spouse	INFORMATION REQUIRED		
Salaries, commissions		<input type="checkbox"/>	<input type="checkbox"/>	T4, T4A slips		
Pension income (including OAS/CPP or RCA)		<input type="checkbox"/>	<input type="checkbox"/>	T4A, T4A(RCA), T4A(P), T4A(OAS) slips		
RRSP and RRIF income		<input type="checkbox"/>	<input type="checkbox"/>	T4 RSP, T4RIF slips		
Employment Insurance (EI) benefits and repayments		<input type="checkbox"/>	<input type="checkbox"/>	T4E slips		
Social assistance		<input type="checkbox"/>	<input type="checkbox"/>	T5007		
Investment income		<input type="checkbox"/>	<input type="checkbox"/>	T3, T5, T600 slips		
Partnership income		<input type="checkbox"/>	<input type="checkbox"/>	T5013 slips or details		
Self-Employment/Business/Professional income and expenses		<input type="checkbox"/>	<input type="checkbox"/>	Please complete Self-Employed Worksheet *		
Rental income and expenses		<input type="checkbox"/>	<input type="checkbox"/>	Please complete Rental Income Worksheet*		
Taxable capital gains and losses % split with spouse: _____		<input type="checkbox"/>	<input type="checkbox"/>	Year-end investment portfolio package or other information which includes the following: purchase date and cost, sale date and proceeds (Sale of Investment Worksheet)		
Spousal Support		<input type="checkbox"/>	<input type="checkbox"/>	Name of payer: _____ Address of payer: _____ Annual amount received: _____ Copy of support agreement		
Registered Disability Savings Plan (RDSP) income and repayment		<input type="checkbox"/>	<input type="checkbox"/>	T4A slips		
Foreign pension or income: Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	Slips or details		
Other (please specify):		<input type="checkbox"/>	<input type="checkbox"/>	Details ( <i>attach a separate sheet</i> )		
DEDUCTIONS, CREDITS AND OTHER		Taxpayer	Spouse	INFORMATION REQUIRED		
Pension Plan/RRSP contributions		<input type="checkbox"/>	<input type="checkbox"/>	T4, T4A slips, RRSP official receipts		
Union or professional dues		<input type="checkbox"/>	<input type="checkbox"/>	T4 slips, official receipts		
Moving expenses		<input type="checkbox"/>	<input type="checkbox"/>	Please complete Moving Expenses Worksheet*		
Spousal/Child Support		<input type="checkbox"/>	<input type="checkbox"/>	Name of payee: Address of payee: Annual amount paid: Copy of support agreement		
Interest expenses/investment expenses		<input type="checkbox"/>	<input type="checkbox"/>	Details – investment advisor or accountant fees		
Child care expenses		<input type="checkbox"/>	<input type="checkbox"/>	Slips or details, Table 1 on page 3		
Employment expenses		<input type="checkbox"/>	<input type="checkbox"/>	Please complete Employment Expense Worksheet * need T2200 ( <i>completed by employer</i> )		
Accounting fees		<input type="checkbox"/>	<input type="checkbox"/>	Details		
Charitable/political donations		<input type="checkbox"/>	<input type="checkbox"/>	Official receipts		
Caregiver credit		<input type="checkbox"/>	<input type="checkbox"/>	Complete table 2 on page 3		
Medical/dental expenses		<input type="checkbox"/>	<input type="checkbox"/>	Official receipts or summary from pharmacy		
Education Expenses/Tuition Fees/Textbook Credits/Exam Fees		<input type="checkbox"/>	<input type="checkbox"/>	T2202 ( <i>from institution</i> ), TL11 ( <i>foreign</i> ), Receipts		
Interest Paid on Student Loans		<input type="checkbox"/>	<input type="checkbox"/>	Statement or details		
Home Accessibility expenses		<input type="checkbox"/>	<input type="checkbox"/>	Details		
Digital news subscription expenses		<input type="checkbox"/>	<input type="checkbox"/>	Detail, Receipts		
New Home Buyers Amount		<input type="checkbox"/>	<input type="checkbox"/>	Purchase Agreement		
Other, please specify:		<input type="checkbox"/>	<input type="checkbox"/>			
<b>ONTARIO TRILLIUM BENEFIT</b> ( <i>Ontario sales tax credit, Ontario senior homeowner's property tax grant, Ontario energy and property tax credit, and Northern Ontario energy credit</i> ).						
Did you reside in: Ontario on December 31, 2022? <input type="checkbox"/> Y <input type="checkbox"/> N Northern Ontario on December 31, 2022? <input type="checkbox"/> Y <input type="checkbox"/> N						
Address		# of months in 2022	Amount paid in 2022	Property tax or rent?	Is this a long-term care home?	Landlord's name or municipality
1.			\$	<input type="checkbox"/> Property tax <input type="checkbox"/> Rent	<input type="checkbox"/> Y <input type="checkbox"/> N	
2.			\$	<input type="checkbox"/> Property tax <input type="checkbox"/> Rent	<input type="checkbox"/> Y <input type="checkbox"/> N	

<b>TABLE 1: CHILD CARE EXPENSES</b> <i>Original or copy of receipts must be provided to Sandra Schofield CPA.</i>				
Caregiver Name:	SIN: <i>(if applicable)</i>	Child	Amount Paid	#of weeks for boarding school or overnight camp
			\$	
			\$	
			\$	
			\$	

<b>TABLE 2: CAREGIVER CREDIT</b> <i>(dependant has physical or mental impairment)</i>	
<b>Name of dependant:</b>	<b>Dependant's 2021 net income</b> <i>(from Line 236 of their 2020 personal tax return):</i>
<b>Dependent's relationship to you:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Eligible dependant – 18+ years of age <input type="checkbox"/> Eligible dependant – under 18 years of age <input type="checkbox"/> Child – under 18 years of age <input type="checkbox"/> Other – 18+ years of age <i>(please specify: parent, grandparent, brother, sister, uncle, aunt, niece, or nephew)</i>	
<b>Documentation required:</b> Signed statement from a medical practitioner indicating the nature of the impairment, when it began, what its duration is expected to be, and that the person is dependant on others because of this impairment in physical or mental functions. <i>(Please note that this is not required if the individual already has a T2201 Disability Tax Credit Certificate already on file with CRA.)</i>	

**ADDITIONAL INFORMATION REQUIRED**

- Notices of (Re) Assessment – new clients**
- Statement of Instalments** – if applicable
- Direct Deposit** – void cheque attached if not already set up with CRA
- Additional worksheets**, as needed

<b>Work from Home Expense</b> - employees who worked more than 50% of the time from home for a period of at least four consecutive weeks in 2022 due to Covid-19. <i>For the simplified (flat-rate) method, no T2200S from your employer is required.</i>	
Number of Days Worked from Home in 2022	

NOTES

I certify that all the information that I have provided is true, complete and correct to the best of my knowledge. I accept the payment for the preparation of the tax return(s) is due upon completion and prior to any information being submitted to CRA

SIGNATURE of person providing information: \_\_\_\_\_ DATE: \_\_\_\_\_