

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 complete the attached Foreign Property Suppl. Checklist)		
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"/> CNC 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>)		

ELECTRONIC OR PAPER DELIVERY (PLEASE CHOOSE ONE)	
<input type="checkbox"/>	E-DELIVERY Please send my tax returns securely via e-Delivery to the email address above. (I understand that I will not receive a paper copy of my tax returns and that my original supporting documents will be destroyed. An electronic copy of these documents will be included with my tax return and also retained by CNC.)
<input type="checkbox"/>	PAPER DELIVERY Please send me a paper copy of my tax returns. Mailing charges will apply or pickup from the office.

MINOR, INFIRM, OR ELDERLY DEPENDANTS INFORMATION			
Name	- SIN -	DOB: YY / MM / DD	\$ Net Income (from line 236)
Name	- SIN -	DOB: YY / MM / DD	\$ Net Income (from line 236)

INCOME	INCLUDED	INFORMATION REQUIRED
Salaries, Commissions	<input type="checkbox"/>	T4, T4A slips
Pension Income (including OAS / CPP / RRSP / RRIF)	<input type="checkbox"/>	T4A, T4A(P), T4A(OAS), T4RSP, T4RIF slips
Employment Insurance (EI) Benefits and Repayments	<input type="checkbox"/>	T4E slips
Investment Income	<input type="checkbox"/>	T3, T5, T600 slips
Partnership Income	<input type="checkbox"/>	T5013 slips or Details
Self-Employment / Business / Professional Income and Expenses	<input type="checkbox"/>	Complete Table #4, #5, #6 on reverse
Rental Income and Expenses	<input type="checkbox"/>	Complete Table #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
CERB, CRB, CRSB, CRCB or any other Covid related income	<input type="checkbox"/>	T4A or total payments received
DEDUCTIONS, CREDITS AND OTHER		
Pension Plan / RRSP 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 / Child Support	<input type="checkbox"/>	Name and Address of Payee, Amount Paid
Interest Expenses / Investment Expenses	<input type="checkbox"/>	Details & Purpose of the loan
Child Care Expenses	<input type="checkbox"/>	Complete Table #1

Employment Expenses	<input type="checkbox"/>	Complete Table #2, 5, 6; T2200 (completed by employer)
Charitable / Political Donations	<input type="checkbox"/>	Official receipts
Canada Caregiver Amount	<input type="checkbox"/>	Details
Home Accessibility Expenses for Seniors/disabled	<input type="checkbox"/>	Details and Renovation Receipts
Medical / Dental Expenses	<input type="checkbox"/>	Official receipts (or summary from pharmacy) Provide Total \$\$
Education Expenses / Tuition Fees / Exam Fees	<input type="checkbox"/>	T2202 (download from institution); TL11 (foreign); Receipts
Interest Paid on Student Loans	<input type="checkbox"/>	Details
Home Buyer's / Volunteer Firefighter / Search & Rescue Amount	<input type="checkbox"/>	Details
Eligible Educator School Supply Tax Credit	<input type="checkbox"/>	Eligible receipts, certification from your employer

CHILD CARE EXPENSES (TABLE #1) Original or copy of receipts <u>must</u> be provided to CNC			
Caregiver name:	Address:		Total paid:
SIN: (if applicable)			\$ RECEIPTS REQUIRED
EMPLOYMENT EXPENSES (TABLE #2) Completed T2200 from your employer required. Original receipts not required by CNC. Please keep receipts for 7 years.			
Accounting / Legal Fees	\$	Parking	\$
Advertising / Promotion	\$	Supplies / Postage / Stationery	\$
Automobile	Complete Table #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 (TABLE #3) Original receipts not required by CNC. Please keep receipts for 7 years.			
Address of rental 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 (TABLE #4) Original receipts not required by CNC. 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	
Are all of the figures you have indicated GST / HST inclusive? <input type="checkbox"/> Yes / <input type="checkbox"/> No		Do you file your own GST / HST? <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 Table #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 Table #6 for business use of home.	

AUTO EXPENSES (TABLE #5) Original receipts not required by CNC. Please keep receipts for 7 years.

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

HOME OFFICE EXPENSES (TABLE #6) Original receipts not required by CNC. Please keep receipts for 7 years.

Gas	\$	Rent	\$	<div style="border: 1px solid black; padding: 5px; display: inline-block;">SQUARE FOOTAGE NEEDED</div> use: _____ ft ² Business house: _____ ft ² Total
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.				