



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 or Sharefile . (I understand that I will not receive a paper copy of my tax returns and that my original supporting documents will be shredded. An electronic copy of these documents will be included with my tax. No fee		
<input type="checkbox"/>	PAPPER DELIVERY I will pick up the paper copy and my tax slips from the office. Charge me \$8.95 for each printing copy.		
PERSONAL INFORMATION			
Name:		SIN:	Date of Birth: YYYY / MM / DD
Spouse Name:		SIN:	Date of Birth: YYYY / MM / DD
Address:			
Tel:	Email:	Martial Status	<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Do you own foreign property with aggregate cost \$100,000 Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete T1135 checklist on our website)			
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> New Immigrant, Canada Arrival Date:			
Do any of your family members qualify for the disability tax credit T2201 <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide CRA approvals letter copy)			
MINOR, INFIRM, OR ELDERLY DEPENDANTS INFORMATION		Date of Birth YYYY/MM/DD	Net Income; if any
NAME	SIN		
	- -		\$
	- -		\$
INCOME	INCLUDED	SLIPS REQUIRED	
Salaries, Commissions, Gratuities, Foreign employment income	<input type="checkbox"/>	T4, T4A Slips, and/or Foreign income country name	
Pension income (CPP / OAS / RRSP / RRIF / Foreign Pension)	<input type="checkbox"/>	T4A, T4AP, T4A(OAS), T4RSP, T4RIF	
Employment insurance (EI), Covid19 benefits	<input type="checkbox"/>	T4E, T4A	
Investment Income	<input type="checkbox"/>	T3, T5, OTHER	
Partnership Income	<input type="checkbox"/>	T5013 or Details	
Self-Employment Income (Business, Commission, Contractor)	<input type="checkbox"/>	Complete Table #3, #4, #5 OR The separate form see website	
Rental Income and Expenses	<input type="checkbox"/>	Complete Table #2 OR The separate form see on website	
Taxable Capital Gain or Losses	<input type="checkbox"/>	T5008 slip, Realized capital gain/loss summary from broker	
Spousal Support Payment Made	<input type="checkbox"/>	Details (spouse name, SIN and address)	
Sale of Principal Residence (Reply to this Yes or No)	<input type="checkbox"/>	Purchase Year, Sale Date and Proceed **Election Required**	
Change in use of principal residence to Rental and Vice Versa IMP	<input type="checkbox"/>	Details **Election Required** (Separate Filing is Required)	
DEDUCTIONS	INCLUDED	SLIPS REQUIRED	
RRSP Contribution	<input type="checkbox"/>	Official RRSP contribution receipts	
Moving Expenses	<input type="checkbox"/>	Details of expense	
Spousal Support	<input type="checkbox"/>	Name, address, payee, amount paid	
Interest Expenses, Investment Expenses, Carrying Charges	<input type="checkbox"/>	Details of expenses	
DayCare Expenses	<input type="checkbox"/>	Caregiver name, SIN, Total paid (receipts)	
Employment Expenses	<input type="checkbox"/>	Copy of T2200 signed by employer and complete Table # 1	
Donations	<input type="checkbox"/>	Official receipts	
Caregiver and Home Accessibility For Seniors/Disabled	<input type="checkbox"/>	Details and renovation summary with amount paid	
Medical, Dental, Physio, Eye Glasses Expenses	<input type="checkbox"/>	Summary or statement from pharmacy	
Interest Paid on Student Loan	<input type="checkbox"/>	Official receipt	
Digital News Subscription Expenses	<input type="checkbox"/>	Receipt or email copy or summary	

EMPLOYMENT EXPENSES (TABLE # 1) Signed T2200 from your employer is required. Complete the table, original receipts are not required. Keep them for 7 years.

Accounting and Legal	\$	Parking	\$
Advertising and Promotion	\$	Supplies, Postage, office	\$
Automobile	Complete Table # 4	Tools	\$
Lodging	\$	Other	\$
Meals (report 100%)		Apprenticeship Level Passed	

RENTAL INCOME (TABLE # 2) Original receipts are not required by CNC, keep them for 7 years. In the case of multiple properties, see a dedicated rental income schedule on CNC website. Cncpa.ca

Property Address:		Owner Name	SIN
Co - Owner name	SIN	Gross Rental Income	\$
Advertising	\$	Insurance	\$
Mortgage Interest	\$	Repairs & Maintenance	\$
Property Taxes	\$	Utilities + Heat + Hydro	\$
Renovations	\$	Strata + management fee	\$

SELF-EMPLOYMENT/BUSINESS/PROFESSIONAL INCOME/CONTRACTOR (TABLE # 3) Original receipts are not required by CNC. Keep them for 7 years.

Register for GST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Want CNC to Prepare GST	<input type="checkbox"/> Yes <input type="checkbox"/> No
GST Number		Are all numbers GST inclusive	<input type="checkbox"/> Yes <input type="checkbox"/> No
SALE / REVENUE	\$	Advertising expense	\$
Meals expense (100%)	\$	Business license/membership	\$
Office expense, supplies	\$	Office rent (NOT home office)	\$
Repairs and maintenance	\$	Salaries & Wages	\$
Travel	\$	Insurance	\$
Bank charges	\$	Automobile	COMPLETE TABLE # 4
Utilities and Property taxes	\$	All Other expenses	\$

AUTO EXPENSES (TABLE # 4) Original receipts are not required by CNC. Keep them for 7 years.

Bought a new vehicle last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lease a new vehicle last year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase documents included	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lease documents included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel	\$	Insurance	\$
Repairs & maintenance	\$	Leasing cost (entire year)	\$
Business KM driven last year		Total KM driven last year	

HOME OFFICE EXPENSES (TABLE # 5) Original receipts are not required by CNC. Keep them for 7 years.

Office SQ FT		Total Home SQ FT	
BC Hydro	\$	Fortis	\$
Insurance	\$	Mortgage Interest Only	\$
Home Rent	\$	Property Taxes	\$
Maintenance	\$	Utilities (Water & Sewer)	\$
Other	\$	Other	\$