

# Tax Questionnaire

1. Please provide the following **personal information**:

First and last name:		SIN:	
Address:		Gender:	
City, Province, Postal Code:		Phone #:	
Email address (optional):		Date of birth: (yyyy/mm/dd)	

2. At December 31 of the current tax year, what was your **marital status**?

- |            |           |
|------------|-----------|
| Single     | Separated |
| Common law | Divorced  |
| Married    | Widowed   |

If your marital status changed during the tax year, please provide the change the date took place:

\_\_\_\_\_

For definitions of "common law" and "separated", visit: <http://www.cra-arc.gc.ca/tx/ndvdlst/tpcs/ncm-tx/rtrn/cmpltng/prsnl-nf/mrtl-eng.html>

Spouse's full legal name: \_\_\_\_\_

If you are married or common law and we are **not** preparing your spouse's tax return, please provide the following information about your **spouse**:

Date of birth: (yyyy/mm/dd)		SIN:	
Taxable income for the current tax year:		Gender:	

3. Please provide the following information about your **dependent(s)**, if applicable:

First name:				
Last name:				
Relationship:				
SIN: (if applicable)				
Date of birth: (yyyy/mm/dd)				
Was the dependent in child care?				
Total child care cost:				

4. Please indicate which of the following **tax slips** you are including:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | T4 slips (T4, T4A, T4A(OAS), T4E, T4RSP, T4RIF) |
| <input type="checkbox"/> | T5 slips (T5, T5007, T5008, T5013)              |
| <input type="checkbox"/> | T3 slips  |
| <input type="checkbox"/> | RC63 universal child care benefits              |
| <input type="checkbox"/> | RRSP contribution slips                         |
| <input type="checkbox"/> | T2202A tuition/education receipt                |

5. Please indicate if you are including receipts for any of the following **deductions and credits**:

- |                          |                         |  |                              |
|--------------------------|-------------------------|--|------------------------------|
| <input type="checkbox"/> | Receipts for deductions | • Public transit passes (before June 2017) | • Spousal support payments   |
|                          |                         | • Medical expenses                         | • Professional or union dues |
|                          |                         | • Charitable donations                     | • Political contributions    |
|                          |                         | • Interest paid on student loans           | • Child care expenses        |
|                          |                         | • Moving expenses                          | • Adoption expenses          |
|                          |                         |  |                              |

6. If available, please include the following **additional information**:

- |                          |   |                          |                                     |
|--------------------------|---|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Prior year information (2016 tax return, 2016 Notice of Assessment and/or other CRA correspondence) |                          |                                     |
| <input type="checkbox"/> | Disability tax credit certificate   | <input type="checkbox"/> | Rental property income and expenses |
| <input type="checkbox"/> | Business income and expenses  | <input type="checkbox"/> | Fishing/farming income and expenses |
| <input type="checkbox"/> | Home office expenses  | <input type="checkbox"/> | Rent or property tax paid in 2017   |

I understand that Beacon Heights Bookkeeping is not responsible for any inaccuracies in my tax return due to inaccurate information or receipts/forms/credits not provided to them. By signing my name below, I declare that all information provided is up to date, complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date