

WPF INCOME TAX RETURN PREPARATION FORM

CLIENT:	Progress	Morningside	Astonbee	Story Arts Centre	Alumni	Other				
TAX YEARS:	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
SIN#:				Student#:				First Return?	Y / N	
Marital Status:	Single	Married / CL	Separated	Divorced	Widowed	Spousal return?	Y / N	CDN Citizen?	Y / N	
Date of marriage, if during tax year:	mm	dd	yy	Name Change:	Y / N		Date of Arrival	mm	/dd	/yy

Info provided to Election's Canada?	Y / N	Did you own any Foreign Property over \$100,000 CDN?	Y / N	
Other Relevant Info:			Status in Canada:	

CLIENT INFORMATION	Title: Mr / Ms / Mrs	Foreign Income(\$CAD)		Telephone #:	
Last Name:				First Name:	MI:
Address:				City & Prov.:	Postal Code:
Personal Email Address:				DOB:	mm dd yy
Provide email address to CRA? Y / N				Medical Expenses: \$	New / Prior Year Client

Spousal Information	Title: Mr / Ms / Mrs	Foreign Income(\$CAD)		SIN:	
Line 236	\$				Telephone #:
Last Name:				First Name:	MI:
Address:				City & Prov.:	Postal Code
Personal Email Address:				DOB:	mm dd yy
Provide email address to CRA? Y / N				Medical Expenses: \$	New / Prior Year Client

Dependant #1 Info.	Relation: Daughter	Son	Dep. return?	Y / N	SIN:	
Last Name:				First Name:		
DOB:	mm	dd	yy	Medical Expenses: \$	Other Details:	
Line 236	\$					

Dependant #2 Info.	Relation: Daughter	Son	Dep. return?	Y / N	SIN:	
Last Name:				First Name:		
DOB:	mm	dd	yy	Medical Expenses: \$	Other Details:	
Line 236	\$					

Dependant #3 Info.	Relation: Daughter	Son	Dep. return?	Y / N	SIN:	
Last Name:				First Name:		
DOB:	mm	dd	yy	Medical Expenses: \$	Other Details:	
Line 236	\$					

Dependant #4 Info.	Relation: Daughter	Son	Dep. return?	Y / N	SIN:	
Last Name:				First Name:		
DOB:	mm	dd	yy	Medical Expenses: \$	Other Details:	
Line 236	\$					

(For more dependants please ask for Additional Dependant Form)

Do you, your spouse or dependants have a Disability? Y / N	Disability transfer? Y / N	Long Term Care \$	Canada Caregiver Credit? Y / N
Did you, your spouse or dependants attend college or university? Y / N	T2202A? Y / N	Tuition transfer? Y / N	

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Are you repaying a student loan?	Y / N	<i>If yes, Loan interest?</i>	\$ _____	Public Transit? (until June 30/17)	Y / N	Amt Pd \$ _____	Have you moved more than 40kms for school or work?	Y / N
Did you pay Health Coverage with your tuition?				Y / N (If so please provided your fee statement from the College/University.)				

Political/Charitable Contributions?	Y / N	If yes, have you made any donations if the past 5 yrs?	Y / N
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RRSP Contributions	Y / N	\$ _____	HBP/LLP Repayment Amount	\$ _____	RRSP Withdrawal?	Y / N
Are you a First Time Home Buyer/LLP?		Y / N	RRSP Contribution Limit from last Notice of Assessment for the last tax year filed: \$ _____			

Did you provide Volunteer Emergency Services?	Y / N	Did you provide Volunteer Search & Rescue Services?	Y / N		
Did you dispose of your principal residence for which you would like to claim the total or partial exemption?		Y / N			
Do you have any Capital Gains/Losses?	Y / N	Apply for Pension Income Splitting?	Y / N	TFSA?	Y / N

Benefits & Credits	Apply for the Ontario Trillium Benefit?	Y / N	<i>(Including the Ontario Sales Tax Credit)</i>	OSHPTG?	Y / N
Did you pay rent/property tax, if so select.		Y / N	Landlords Name: _____		
1. Rental address/city: _____				Postal Code: _____	
<i>GST Credit will be automatically issued by CRA if you qualify for 2017.</i>		Total Rent/Tax Paid: \$ _____		# of mths: _____	
2. Rental address/city: _____		Landlords Name: _____		Postal Code: _____	
		Total Rent/Tax Paid: \$ _____		# of mths: _____	
3. Rental address/city: _____		Landlords Name: _____		Postal Code: _____	
		Total Rent/Tax Paid: \$ _____		# of mths: _____	

Direct Deposit	Y / N	Banking Info: Transit#:	XXXXXX	Account#:	XXXXXXXXXX	Branch #:	XXX
<i>The Government of Canada will be phasing out paper cheques on April 1, 2016. This application must be made to avoid interruption of benefits.</i>							(\$5 Fee)

Slips	<i>(Indicate the number slips)</i>				Self-Employment
T4 _____	T4(AP) _____	T4RSP _____	T3 _____	Y / N	
T4E _____	T4(OAS) _____	T5007 _____	T5 _____	Rental Income	
T4A _____	T4PS _____	T2202A _____	Other _____	Y / N	
				<i>(If these apply please ask for related form)</i>	

Additional Information:	_____ _____ _____ _____
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I, _____ hereby declare that all information provided to prepare my Income Tax Return(s) to be true and that I am eligible for all applied credits. I agree to submission either electronically or paper filed depending on my situation. Information and receipts requested by the CRA will be provided by the Taxpayer upon request.	
Signature: _____	Date: _____