

Tax Questionnaire

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

First and last name:					SIN:		
Address:					Gender:		
City, Province, Postal Cod	le:				Phone #:		
Email address (optional):					Date of birth: (yyyy/mm/dd)		
At December 31 of the Control of the Grant State of the Grant Sta	•		-			rsnl-nf/mrtl-eng.html	
Single	Married	Married Divorced					
Common law	Separated	Separated Widowed		dowed			
Spouse's full legal name: If you are married or common law and we are <u>not</u> 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 cu				Gender:			
3. Please provide the following information about your dependent(s) , if applicable:							
			п исре	ndent(s),	if applicable:		
First name:			п чере	ndent(s),	if applicable:		
Last name:			писре	ndent(s),	if applicable:		
		,	Писре	ndent(s),	if applicable:		
Last name:		,	Писре	endent(s),	if applicable:		
Last name: Relationship:				endent(s),	if applicable:		
Last name: Relationship: SIN: (if applicable)				endent(s),	if applicable:		

4.	Please indicate which of the following tax slips y	/ou	are including:			
	T4 slips: T4, T4A (including for COVID benefits) T4A	(OA	S), T4E, T4RSP, T4RIF			
	T5 slips: T5, T5007, T5008, T5013					
	T3 slips					
	RRSP contribution slips					
	T2202A tuition/education receipt					
5.	Please indicate if you are including receipts for a	ıny (of the following deductions and credits :			
	Receipts for deductions, such as:					
	 Medical expenses Professional or union dues Charitable donations Political cont Interest paid Childcare ex 	on :	student loans • Adoption expenses			
6.	Did you work from home in 2020 due to COVID)-1 9	? (Select one answer only.)			
	se visit the website below to see if you qualify to claim expe					
	pe claimed, and your options for how to claim them: https://www.tex-return/completing-a-tax-return/deductions-credits-expenses/line-229-oth-					
	Yes. I will be using the temporary Flat Rate Method reimbursed me. (Complete section below for claim amount of days you worked from home within	ınt.)				
	X \$2.00 Temporary flat rate amount	,	,			
	= Amount of your claim (to a maximum of	\$40	0)			
			,			
	Yes. I will be using the Detailed Method to claim exp	ens	es for which my employer has not reimbursed me.			
	I have included receipts for items my employer has not rei by my employer. (Digital signatures are acceptable for eith		rsed me for, as well as a completed T2200 or T2200S signed orm.)			
	total size of your work space (sq ft)					
	÷ total size of all finished areas in your home, including your work space (sq ft)					
	= % of home being used as work space					
7.	If available, please include the following addition	nal	nformation:			
	Prior year information (2019 tax return, 2019 Notice	of A	ssessment and/or other CRA correspondence)			
	Disability tax credit certificate		Rental property income and expenses			
	Business income and expenses		Fishing/farming income and expenses			
	Home office expenses (non-COVID related)		Rent or property tax paid in 2020			