



**2013 PERSONAL INCOME TAX QUESTIONNAIRE**  
**Page 2**

---

*Please indicate items that you have attached.*

**INCOME**

**Tax Payer**

**A      B**

- Employment – T4
- Old Age Security – T4A(OAS)
- Canada Pension Plan benefits – T4A(P)
- Other Pensions – T4A
- Employment Insurance – T4E
- Interest, Dividends and other Investment Income – T5/T60
- Mutual Funds and other Trust Income – T3
- Limited Partnership – T5013
- Business or Professional income and receipts, GST information and filings or T5013
- Rental Property (attach details of income, expenses, purchases and sales)
  
- \* Capital Gains/Losses  
Did you dispose of any capital properties this year?, transfer to RRSP's?  
(attach copies of sales detail and original purchase documentation)
- Yes
- No
- Child support (provide copy of post-April 30, 1997 agreement or election, if changed or not previously provided)
- Alimony (provide copy of agreement)
- Other Income (e.g., stock options, annuities, research grants and bursaries, RRSP's – T4RSP, Worker's Compensation benefits).
  
- \* Did you receive shares or cash upon demutualization of life insurance companies?
- Yes
- No

**DEDUCTIONS**

**Tax Payer**

**A      B**

- Registered Retirement Savings Plan contributions (attach receipts)
- Annual union, professional dues (attach receipts)
- Child care expense (attach receipts)
- for individual providers, include S.I.N. and address \_\_\_\_\_  
A : \_\_\_\_\_  
B: \_\_\_\_\_
- for summer camps, indicate number of weeks that were in-residence  
A : \_\_\_\_\_  
B : \_\_\_\_\_

**2013 PERSONAL INCOME TAX QUESTIONNAIRE**  
**Page 3**

---

*Please indicate items that you have attached.*

**DEDUCTIONS - continued**

**Tax Payer**

**A   B**

- |   |   |   |
|---|---|---|
| Ⓢ | Ⓢ | Attendant care expenses (attach receipts)   |
| Ⓢ | Ⓢ | Allowable business investment losses (refer to Capital Gains/Losses above)  |
| Ⓢ | Ⓢ | Moving expenses (attach receipts). Indicate distance moved to new employment and I identify new employer _____<br>A : _____<br>B : _____  |
| Ⓢ | Ⓢ | Alimony or separation allowances paid (include name(s) and address(es) of recipients; attach copy of agreement or court order which was signed on or after May 1, 1997 or election if changed or not previously provided)<br>A : _____<br>B : _____ |
| Ⓢ | Ⓢ | Child support   |
| Ⓢ | Ⓢ | Commission and employment expenses (include details and T2200 or TL2)   |
| Ⓢ | Ⓢ | Carrying charges (interest on money borrowed to earn dividend and interest, investment counselling fees, interest for limited partnerships, safety deposit box, legal fees)   |
| Ⓢ | Ⓢ | Northern Residence allowance from employer, if yes, please provide details of trips   |
| Ⓢ | Ⓢ | Home Renovation Tax Credit (attach receipts)  |
| Ⓢ | Ⓢ | Other deductions and expenses (attach receipts)   |
| Ⓢ | Ⓢ | Federal and provincial political contributions (attach receipts)  |
| Ⓢ | Ⓢ | Charitable donations (attach receipts)  |
| Ⓢ | Ⓢ | Medical expenses (attach receipts) and details of private health insurance premiums, including amounts paid while travelling and travel insurance   |
| Ⓢ | Ⓢ | Disability deduction for you or dependant (if first time claim, attach T2201 signed by physician)   |
| Ⓢ | Ⓢ | Care giver information (name, SIN, date of birth, income)   |
| Ⓢ | Ⓢ | Tuition fees (attach T2202/T2202A including amounts that can be transferred from dependants)  |
| Ⓢ | Ⓢ | Labor-sponsored funds – T5006   |
| Ⓢ | Ⓢ | Interest paid on student loans (attach reporting slip)  |
| Ⓢ | Ⓢ | For wholly-dependent persons, please attach list and indicate for each dependant: name, address if different, relationship, birth date, S.I.N., and net income. Note infirmity, if any.   |

**2013 PERSONAL INCOME TAX QUESTIONNAIRE**

Page 4

---

*Please indicate items that you have attached.*

**OTHER**

**Tax Payer**

**A    B**

       2013 Installments (attach February notice).

Total remitted: A: \$ \_\_\_\_\_ B: \$ \_\_\_\_\_

       Attach copy of 2011 assessment notices

       Attach details of RRSP – Home Buyers’ Plan or Lifelong Learning Plan withdrawals and/or CCRA’s Statement of Account concerning these plans, if received

\* Do you keep a vehicle log? If no, substantiate claim with written documentation

       Yes

       No

       Substantiate regular and continuous meetings with clients for business use of home office

       Details of carry forwards from previous years including losses, donations, forward averaging amounts

\* Update register of Electors? (if unanswered, you will be registered)

       Yes

       No