| 20 Tax Information | | Date: |
|--|-------------|---|
| Required Information | | |
| Name: | | Spouse Name: |
| SIN: | | Spouse SIN: |
| Address: | | |
| | | |
| Date of Birth (yyyy/mm/dd): | | Date of Birth (yyyy/mm/dd): |
| Email: | | Have you sold your Principal Residence this tax year? |
| Phone #: | | Canadian Citizen: (Y/N): |
| INCOMES | | |
| Description Type of Claim | Forms Yes/N | o Comments / Notes |
| Employment Income | T4 | |
| Other Income | T4A/P | |
| Old Age Security (OAS) | T4AOAS | |
| Elect Pension Split | T1032 | |
| Employment Insurance Income | T4E | |
| Interest / Dividend Income | T3, T5 | |
| Rental Income | T776 | |
| RRSP Income | T4RSP | |
| RRIF Income | T4RIF | |
| Business Income - Self Employed | T2125 | |
| Social Assistance / Worker's Comp | T5007 | |
| Other Investment Income | T5008 | |
| Other Income | | |
| Deductions | | |
| RRSP Contribution | RRSP | |
| Union / Professional Dues | Slip | |
| Child Care Expenses - T778 | T778 | Name & SIN of Care Giver Required: |
| Carrying & Interest Charges | S4 | |
| Commission Employee Expenses | T777 | |
| Work from Home Expenses (Covid-19) | T777S | |
| Employment Condition | T2200 | |
| Employment Conditions (Covid-19) | T2200S | |
| Moving Expenses | Move | |
| Other Deductions/Expenses | | |
| Net Capital Losses - From NOA | NOA | |
| Non-Refundable Tax Credit - S1 | S1 | |
| Age Amount - person 65 or Over | S1 | |
| Dependent Children | Dependent | Need Dependent Info: |
| Home Buyer Amount | S1 | |
| Care Giver Claim | S1 | Need Dependent Info: |
| Disability Claim | S1 | Need Dependent Info: |
| Interest on Student Loans | S1 | |
| Education Tuition Fee - T2022 | T2202A/TL11 | |
| Medical Expenses Claim | Medical | Break Down of Expenses: |
| Donation-Can Carry forward fot 5 years | Donation | Donation Receipt required: |
| Refundable Tax Credits | ONBEN | |
| Yearly - Rent / Propert Tax | Onben | Rent: \$ Months: Property Tax: \$ |
| Are you 64 yrs old or Over | Onben | |
| Claim GST / OTB/ Property Tax | GST | |
| | | |
| PLEASE PRINT YOUR NAME | Client Sign | |
| | Date | |
| f any question / Concern then contact: | | Madan Chauhan: 1(416)624-3210 ; Email: chauhanfinancial@gmail.com |
| Comments: | | |
| | | |