

ELECTRONIC OR PAPER DELIVERY (PLEASE CHOOSE ONE)			
<input type="checkbox"/>	<b>E-DELIVERY</b> Please send my tax returns securely via <b>e-Delivery</b> to the <b>email</b> address or <b>Sharefile</b> . (I understand that I will not receive a paper copy of my tax returns and that my original supporting documents will be shredded. An electronic copy of these documents will be included with my tax. No fee)		
<input type="checkbox"/>	<b>PAPPER DELIVERY \$15.00/copy</b> I will pick up the <b>paper copy</b> and my tax slips from the office. Charge me \$15.00 for each printing copy.		
PERSONAL INFORMATION			
Name:		SIN:	Date of Birth:    YYYY    /    MM    /    DD
Spouse Name:		SIN:	Date of Birth:    YYYY    /    MM    /    DD
Address:			
Tel:	Email:	<b>Martial Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Do you own foreign property with aggregate cost \$100,000 Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete T1135 checklist on our website)			
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> New Immigrant, <b>Canada Arrival Date:</b>			
Do any of your family members qualify for the disability tax credit T2201 <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide CRA approvals letter copy)			
MINOR, INFIRM, OR ELDERLY DEPENDANTS INFORMATION		Date of Birth YYYY/MM/DD	Net Income; if any
NAME	SIN		
	-    -		\$
	-    -		\$
INCOME	INCLUDED	SLIPS REQUIRED	
Salaries, Commissions, Gratuities, Foreign employment income	<input type="checkbox"/>	T4, T4A Slips, and/or Foreign income country name	
Pension income (CPP / OAS / RRSP / RRIF / Foreign Pension)	<input type="checkbox"/>	T4A, T4AP, T4A(OAS), T4RSP, T4RIF	
Employment insurance (EI), Covid19 benefits	<input type="checkbox"/>	T4E, T4A	
Investment Income	<input type="checkbox"/>	T3, T5, OTHER	
Partnership Income	<input type="checkbox"/>	T5013 or Details	
Self-Employment Income (Business, Commission, Contractor)	<input type="checkbox"/>	Complete Table #3, #4, #5 OR The separate form see <a href="#">website</a>	
Rental Income and Expenses	<input type="checkbox"/>	Complete Table #2 OR The separate form see on <a href="#">website</a>	
Taxable Capital Gain or Losses	<input type="checkbox"/>	T5008 slip, Realized capital gain/loss summary from broker	
Spousal Support Payment Made	<input type="checkbox"/>	Details (spouse name, SIN and address)	
Sale of Principal Residence (Reply to this Yes or No)	<input type="checkbox"/>	Purchase Year, Sale Date and Proceed <b>**Election Required**</b>	
Change in use of principal residence to Rental and Vice Versa <b>IMP</b>	<input type="checkbox"/>	Details <b>**Election Required**</b> (Separate Filing is Required)	
DEDUCTIONS	INCLUDED	SLIPS REQUIRED	
RRSP Contribution	<input type="checkbox"/>	Official RRSP contribution receipts	
Moving Expenses	<input type="checkbox"/>	Details of expense	
Spousal Support	<input type="checkbox"/>	Name, address, payee, amount paid	
Interest Expenses, Investment Expenses, Carrying Charges	<input type="checkbox"/>	Details of expenses	
DayCare Expenses	<input type="checkbox"/>	Caregiver name, SIN, Total paid (receipts)	
Employment Expenses	<input type="checkbox"/>	Copy of T2200 signed by employer and complete Table # 1	
Donations	<input type="checkbox"/>	Official receipts	
Caregiver and Home Accessibility For Seniors/Disabled	<input type="checkbox"/>	Details and renovation summary with amount paid	
Medical, Dental, Physio, Eye Glasses Expenses	<input type="checkbox"/>	Summary or statement from pharmacy	
Interest Paid on Student Loan	<input type="checkbox"/>	Official receipt	
Digital News Subscription Expenses	<input type="checkbox"/>	Receipt or email copy or summary	

<b>EMPLOYMENT EXPENSES (TABLE # 1)</b> Signed T2200 from your employer is required. Complete the table, original receipts are not required. Keep them for 7 years.			
Accounting and Legal	\$	Parking	\$
Advertising and Promotion	\$	Supplies, Postage, office	\$
Automobile	<b>Complete Table # 4</b>	Tools	\$
Lodging	\$	Other	\$
Meals (report 100%)		Apprenticeship Level Passed	
<b>RENTAL INCOME (TABLE # 2)</b> Original receipts are not required by CWAL, keep them for 7 years. In the case of multiple properties, see a dedicated rental income schedule via Email at <a href="mailto:consult.cwal@gmail.com">consult.cwal@gmail.com</a>			
		Owner Name	SIN
Co - Owner name	SIN	<b>Gross Rental Income</b>	\$
Advertising	\$	Insurance	\$
Mortgage Interest	\$	Repairs & Maintenance	\$
Property Taxes	\$	Utilities + Heat + Hydro	\$
Renovations	\$	Strata + management fee	\$
<b>SELF-EMPLOYMENT/BUSINESS/PROFESSIONAL INCOME/CONTRACTOR (TABLE # 3)</b> Original receipts are not required by CWA. Keep them for 7 years.			
Register for GST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Want CNC to Prepare GST	<input type="checkbox"/> Yes <input type="checkbox"/> No
GST Number		Are all numbers GST inclusive	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SALE / REVENUE</b>	\$	Advertising expense	\$
Meals expense (100%)	\$	Business license/membership	\$
Office expense, supplies	\$	Office rent (NOT home office)	\$
Repairs and maintenance	\$	Salaries & Wages	\$
Travel	\$	Insurance	\$
Bank charges	\$	Automobile	<b>COMPLETE TABLE # 4</b>
Utilities and Property taxes	\$	All Other expenses	\$
<b>AUTO EXPENSES (TABLE # 4)</b> Original receipts are not required by CWA Keep them for 7 years.			
Bought a new vehicle last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lease a new vehicle last year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase documents included	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lease documents included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel	\$	Insurance	\$
Repairs & maintenance	\$	Leasing cost (entire year)	\$
<b>Business KM driven last year</b>		<b>Total KM driven last year</b>	
<b>HOME OFFICE EXPENSES (TABLE # 5)</b> Original receipts are not required by CWA. Keep them for 7 years.			
<b>Office SQ FT</b>		<b>Total Home SQ FT</b>	
BC Hydro	\$	Fortis	\$
Insurance	\$	Mortgage Interest Only	\$
Home Rent	\$	Property Taxes	\$
Maintenance	\$	Utilities (Water & Sewer)	\$
Other	\$	Other	\$