

PERSONAL INFORMATION

Preparation Form



Complete **one** of these forms for **each person we are preparing a tax return for**. Please fill in only the sections that are applicable to your specific situation and provide us with all relevant T-slips, Tuition slips and RRSP contribution slips. Also, we do not need receipts or statements to support the figures below but please keep them as supporting documentation.

Name: _____

Tax Return Year: _____

GENERAL

Do you want to share your information with Elections Canada? (Y/N) _____

Are you an eligible recipient of the Disability Tax Credit Certificate? (Y/N)
(If yes, please provide a copy of the CRA issued certificate with your submission.) _____

Do you have Income Exempt From Tax under the Indian Act (Y/N) _____

Did you make a withdrawal under the Home Buyers Plan? (Y/N)(If yes, indicate the amount and date (MM/YYYY)) _____

Are you an eligible recipient of the Volunteer Firefighters' Amount (VFA) or Search and Rescue Volunteers' Amount (SRVA)? (Y/N) _____

Do you have qualifying subscription expenses for the Digital News Subscription Tax Credit (Y/N) _____

MARITAL AND FAMILY STATUS

Marital Status as of December 31:

Single Married Common Law Separated Divorced Widowed

Spouse Name _____

Spouse Date of Birth (MM/DD/YYYY) _____

Spouse Net Income (Mandatory If Optimize is not doing the return) _____

Ownership percentage of joint accounts? (50% will be used unless otherwise indicated)

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CHILDREN INFORMATION

Name 1 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Name 2 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Name 3 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Name 4 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Name 5 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

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DEPENDENT INFORMATION

Name 1 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Name 2 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Name 3 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Name 4 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Name 5 _____

Social Insurance Number _____

Date of Birth (MM/DD/YYYY) _____

Physically or Mentally Impaired? (Y/N) _____

Eligible Recipient of Disability Tax Credit? (Y/N) _____

Medical Expenses - Did you have medical expenses for yourself, your spouse or your dependents? If yes, please input the details below

QUALIFIED MEDICAL EXPENSES	AMOUNT
Premiums paid to private health insurance plans (not already included on T4)	
Medical expenses paid that were not covered by a private health insurance plan or by OHIP	
Medical expenses paid for a child or grandchildren under the age of 18 that were not covered by a private health insurance plan or OHIP	
Medical expenses paid for other relatives who were residents of Canada (ie. Nursing home costs for parent)	

Charitable Donations - Did you make donations to a charity or political party? If yes, please input the details below

QUALIFIED DONATIONS	AMOUNT
Donations made to registered Canadian Charities, registered Canadian amateur athletic associations, and registered Canadian low-cost housing corporations	
Donations made to Federal Parties or Candidates	
Donation made to provincial Parties	
Donations made to registered US Charities* (in \$USD)	

Carrying Charges - Did you have charges / expenses related to the management of your non-registered investments? If yes, please input the details below Expense Type

EXPENSES TYPE	AMOUNT
Fees paid on non-registered investment accounts	
Fees paid on non-registered joint investment accounts	
Interest paid on loans for investment purposes	

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Annual Union or Professional Dues not reported on T4 - Did you have any union or professional dues? If yes, please input the details below

COMPANY OR ASSOCIATION NAME	AMOUNT

Purchase and Sale of Principal Residence - Did you purchase or dispose of a property in the current tax year that was designated as your principal residence? If yes, please input the details below

PURCHASE DETAILS	AMOUNT
Full Civic Address	
Date of Purchase (MM/DD/YYYY)	
Purchase Price	
Did you use the First-Time Home Buyers Plan as part of your down payment?	
If yes, provide the gross amount redeemed and date of redemption	

SALE DETAILS	AMOUNT
Full Civic Address	
Date of Sale (MM/DD/YYYY)	
Sale Price	
Outlay Expenses (legal fees, realtor fees, appraisal fees)	
Year of Acquisition	
Property solely or jointly held?	

Spousal Support Payments - Did you make any spousal or support payments? If yes, please input details below

SPOUSAL SUPPORT PAYMENTS	AMOUNT
Recipient's Name	
Recipient's Social Insurance Number	
Total Amount Paid	

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Spousal Support Received - Did you receive any spousal support payments? If yes, please input details below

SPOUSAL SUPPORT RECEIVED	AMOUNT
Payment Amount	

TAX INSTALLMENTS PAID	AMOUNT
Amount Paid	
Date Paid	

Interest Paid on Student Loans - Did you pay interest on loans for post-secondary education purposes? If yes, please provide details below

INTEREST ON STUDENT LOANS	AMOUNT
Amount Paid	
Date Paid	

Foreign Property - Did you own or hold specified foreign property where the total cost amount of all such property, at any time in the current tax year, was more than \$100,000? Yes No

If yes, please provide the details below applicable to your situation. **If you provide us with a Foreign Asset Report which includes Country Code, Income, Gain or Loss, Maximum Cost during the year and Cost at year end, you do not need to fill in the details below**

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Foreign Property - I had Foreign Property greater than \$100,000 but less than \$250,000. Please provide an aggregate total for the following

TYPE OF FOREIGN PROPERTY	AMOUNT
Funds held outside Canada	
Shares of non-resident corporations (other than foreign affiliates)	
Indebtedness owed by non-resident	
Interests in non-resident trusts	
Real property outside Canada (other than personal use)	
Other property outside Canada	
Property held in an account with a Canadian registered securities dealer or a Canadian trust company	

Country Code _____

Total Income from all specified foreign property _____

Gain (loss) from the disposition from all specified foreign property _____

Foreign Property - I had Foreign Property greater than \$250,000. Please provide a list per security / asset with the following details for each

FOREIGN PROPERTY
Name _____
Country Code _____
Maximum cost amount during the year _____
Cost amount at year end _____
Total income _____
Gain (loss) on disposition _____