

HENDERSON PARTNERS, LLP

Phone: (905) 829-3701

2015 Personal Tax Questionnaire

Fax: (905) 829-1454

To help us prepare your tax returns, please complete this fillable PDF as required and return it to us with your tax information

Please call us at (905) 829-3701 for an appointment.

I. PERSONAL AND FAMILY DATA

Your Name _____ Spouse's Name _____

Your Date of Birth _____ Spouse's Date of Birth _____

Your Place of Birth _____ Spouse's Place of Birth _____

Country of Citizenship _____ Spouse's Country of Citizenship _____

Your SIN _____ Spouse's SIN _____

Your US SSN/ITIN _____ Spouse's US SSN/ITIN _____

Occupation _____ Occupation _____

Home Address _____

Business Address _____

Telephone #: Residence _____ Business _____ Cell _____

Email Address: _____ Business email address _____

Dependant Children (indicate if by previous marriage of you or your spouse, or by adoption)

<i>Name</i>	<i>Date of Birth</i>	<i>SIN</i>	<i>US SSN or ITIN</i>	<i>Income of Child</i>

Other Dependents (if any)

<i>Name</i>	<i>Date of Birth</i>	<i>Income</i>	<i>Relationship</i>

1.If your marital status changed in 2015, please provide details: _____

Date of change: _____ Separation Agreement: Yes _____ No _____
(please provide us with a copy of separation agreement, if applicable)

2. If we do not prepare your spouse's return, please provide us with their net income for 2015 \$ _____

3. Do you wish to be contacted by Henderson Partners in May regarding any of the following services we offer:

- 1. Financial check-up Yes _____ No _____
- 2. Tax and estate planning Yes _____ No _____
- 3. Review of investments Yes _____ No _____
- 4. Retirement planning Yes _____ No _____
- 5. Review of insurance Yes _____ No _____
- 6. US tax filings Yes _____ No _____

II. REQUIRED INFORMATION

1. Please indicate your preference regarding delivery of your completed tax return:

PDF via Email Courier – home Courier – business You will pick up Other: _____

2. Do you want Canada Revenue Agency to forward your name, address and date of birth to Elections Canada for updating of the National Register of Electors? Yes _____ No _____

3. Do you have direct deposit instructions in place? Yes _____ No _____
If you would like to set up direct deposit with the Canada Revenue Agency, please let us know and we will contact you to obtain the information required: Yes, please contact me to set up direct deposit: _____

4. If you have the following items, please indicate and provide them for our review:

- Copy of your 2014 return (if Henderson Partners did not prepare it)
- Copy of your 2014 Notice of Assessment
- RRSP contribution limit advice notice if separate from your assessment notice
- Correspondence received from Canada Revenue Agency during 2015
- GST/HST return for self-employed individuals
- Instalment confirmation/reminder received for March 2016 – Total 2015 instalments \$ _____
- Details of any stock options exercised during 2015
- 2015 realty tax bill for residence and/or amount of rent paid for residence
- Details of any foreign property owned in the year if total cost exceeds \$100,000. Please note that failure to report foreign property holdings on Form T1135 on an annual basis could result in significant penalties being assessed. Foreign property holdings include (among other things): (1) funds in foreign bank accounts (2) shares of foreign corporations (public or private) (3) foreign rental property (4) debts owed by non-residents (5) other foreign assets (contact us to discuss)**

III. INCOME

Please indicate with an “X” if the following sources of income apply to you for 2015. Please enclose all tax reporting and other information slips supporting these sources of income.

- Employment and related (T4),(W-2 (US)), etc. If no slip, provide amount: \$ _____
- Old Age Security (T4A(OAS))
- Canada Pension Plan (T4A(P))
- RRSP Income (T4RSP) ,(T4RIF)
- Other Pensions (T4A)(T4A-RCA)
- Universal Child Care Benefit (RC62)
- Employment Insurance (T4E)
- Interest, Dividends and other investment income (T3) (T5) (T5008) (1042-US) (1099-US) etc. (if joint accounts, please segregate)
- Partnership Income (T5013 slips, financial statements, etc.)
- Alimony or Child support received – Details: _____
- Capital Gains or Losses - If you disposed of any property during 2015 (such as real estate, stocks, bonds, etc.), please provide us with a description of the property, year of acquisition, cost of acquisition, proceeds of disposition and costs of disposition. Also provide original purchase and sale documentation if available. Copies of your broker’s trade summaries for the year of purchase(s) and sale(s) may also be provided.
- Foreign Property Transactions/Reporting** - Please provide details of the following: (1) any income or realized gains/losses from foreign property, (2) any loans or transfer of funds to a non-resident trust in the year, (3) any funds or property received from a non-resident trust of which you were beneficially interested, (4) an interest in a foreign corporation where you together with related persons hold a greater than 10% equity percentage and/or (5) any ownership interest in the shares/units of a foreign entity (corporation, trust or partnership) that is not publicly traded. Details: _____
- Any other sources of income: Please provide details _____
- Rental Income – Please provide financial statements or complete schedule (page 5)
- Business (self employed) income - Please provide financial statements or complete schedule (page 6 & 7)

IV. DEDUCTIONS/TAX CREDITS

Please indicate with an "X" if the following deductions/tax credits apply to you for 2015. Please enclose all tax reporting and other information slips supporting these deductions/tax credits.

- RRSP Contributions - please provide original contribution receipts for all contributions made during 2015 and the first 60 days of 2016. In addition, if you participate in an RRSP homebuyer's plan, please provide annual statement or details of withdrawal. If you have overcontributed to your RRSP and require a Form T1-OVP to be filed, please let us know so that we may file for you before the March 31 deadline.
- Union Dues and Professional Association Fees
- Attendant Care expenses
- Child Care Expenses – If a T4 or receipt is not being provided, please include the name, address and social insurance number of the childcare provider:
 - Name: _____
 - Address: _____
 - SIN: _____
 - Amount paid: \$ _____
- Spousal or Child Support Paid – Provide copy of the agreement (if there has been a change or amendment).
 - Spousal support \$ _____
 - Child support \$ _____ (may not be deductible if agreement made or varied after April 30, 1997)
- Carrying charges and other costs related to earning investment income
 - Interest paid to earn investment income \$ _____
 - Accounting or investment counsel fees \$ _____
 - Other related expenses: _____ \$ _____
- Moving Expenses \$ _____

Please provide details (i.e. receipts, employer reimbursements, etc) of moving expenses related to business, professional, employment and/or education transfers including costs of maintaining vacant former residence. The move should be in excess of 40 km closer to new place of employment or business.
- Legal Expenses \$ _____

Please provide information related to any legal costs you incurred in order to earn or receive employment, pension or other amounts due to you.
- Employment/Commission Expenses – please complete the schedule on page 4. **Please provide us with a copy of the signed form T2200 from your employer which is required to claim employment expenses.**
- Other expenses – Details: _____ \$ _____
- Tuition and Education Amounts – please have Form T2202/T2202A "Tuition, Education and Textbook Amounts Certificate" signed by the student if tuition amount is to be transferred from a child or grandchild.
- Students attending a university outside of Canada should complete Form TL11A "Tuition, Education and Textbook Amounts Certificate – University Outside Canada".
- Charitable and Political donations
- Medical Expenses - provide original receipts for amounts paid for medical services, devices, prescriptions and provide details of any medical insurance you are paying. If any of the expenses were reimbursed by an insurance company, please provide details of the amount reimbursed. Where you are paying for an attendant to provide care in the home, please provide the name, address, and SIN of the recipient.
- Disability amounts – please provide a signed form T2201 if you or dependent is claiming disability because of mental or physical impairment.
- Interest on student loans – provide 2015 Interest Summary from financial institution.
- Public Transit – provide public transit passes/receipts from January to December 2015
- Child Fitness/Activities/Arts Tax credit – provide all receipts from organizations that provide prescribed programs of physical/artistic activity for children who are under the age of 16.
- First-time Home Buyers' Tax Credit – did you or your spouse purchase your first home between January 1, 2015 and December 31, 2015? Yes _____
- Other federal and provincial tax credits: Details: _____ \$ _____

COMMISSION EXPENSES/EMPLOYMENT EXPENSES

Advertising, promotion and gifts	\$ _____
Meals & Entertainment - please provide 100% of the costs (50% deductible)	\$ _____
Office supplies (stationary, publications, etc)	\$ _____
Communications (cell phone, pager, email,)	\$ _____
Business telephone (separate line)	\$ _____
Professional fees (legal, accounting)	\$ _____
Professional development (training, etc)	\$ _____
Salaries or commissions paid	\$ _____
Travel and lodging	\$ _____
Other: _____	\$ _____

AUTOMOBILE EXPENSE

(a) Acquisition cost vehicle (if purchased in 2015) (if applicable)	\$ _____
Please provide us with a copy of purchase or lease agreement if entered into in 2015	
Proceeds from disposal of old car during 2015 (if applicable)	\$ _____
(b) Total kilometres driven during 2015	_____
Number of kilometres which pertain to business use	_____
(c) Details of car expense including the following:	
Gas/oil/fluids	\$ _____
Repairs/maintenance	\$ _____
Insurance	\$ _____
Licence and registration	\$ _____
Car Loan interest	\$ _____
Lease payments	\$ _____
Car wash / CAA / 407 ETR	\$ _____
Parking	\$ _____
(d) Car allowance/mileage reimbursements received if any	\$ _____

Note: Non-commission employees require form T2200 to be signed by your employer.

WORK SPACE IN THE HOME

Expenses

(a) Heat	\$ _____
Electricity	\$ _____
Water	\$ _____
Maintenance and repairs	\$ _____
Insurance - property	\$ _____
Property Tax	\$ _____
Other : _____	\$ _____
(b) Total square footage of home	_____
Square footage of home used for business	_____
Percentage use for business	_____

Note: Insurance and property tax deductible only by commission employees.

STATEMENT OF RENTAL OPERATIONS

Address of rental property: _____

Ownership of the property (taxpayer, spouse, joint, other parties (include%): _____

Number of Days of Personal use of the rental property (if any): _____

INCOME

Gross rents received (excluding deposits) \$ _____
Other related income: _____ \$ _____

EXPENSES

Advertising \$ _____
Insurance \$ _____
Interest \$ _____
Maintenance and repairs \$ _____
Management and Administration fees \$ _____
Motor vehicle \$ _____
Legal, accounting and professional fees \$ _____
Property taxes \$ _____
Salaries, wages and benefits \$ _____
Travel \$ _____
Utilities \$ _____
Condo fees \$ _____
Other: _____ \$ _____
Other: _____ \$ _____

Details of asset acquisitions (i.e. furniture, appliances, paving, capital improvements, etc) during 2015:
Asset: _____ \$ _____
Asset: _____ \$ _____
Asset: _____ \$ _____

If the property was acquired in 2015, please provide the following:
Acquisition price (include copy of the purchase agreement) \$ _____
Land Transfer Tax, legal and other costs relating to acquisition \$ _____
Allocation of purchase price between land/building (%) _____

If the property was disposed of in 2015, please provide the following:
Selling price of property (include copy of sales agreement) \$ _____
Capital cost (original purchase price plus capital improvements) _____
Allocation of purchase price between land/building (%) _____
Real Estate Commissions paid \$ _____
Legal expenses \$ _____
Other expenses: _____ \$ _____

STATEMENT OF BUSINESS ACTIVITIES

- Name of Business: _____
- Description of Business: _____
- Is the business registered for GST/HST? Yes: _____ No: _____
- Canada Revenue Agency Business Number (BN#) : _____
- GST/HST Return (indicate with an "X"): Prepared by client _____ To be prepared by HP _____ N/A _____
- Address of Business (if different from address on tax return): _____
- Were there any sales outside of Ontario (i.e. other provinces, foreign sales, etc)? : Yes _____ No _____

	Net Amount (before HST)	HST 13%	TOTAL (incl. HST)
INCOME			
Sales, commissions or fees	\$ _____	\$ _____	\$ _____
COST OF GOODS SOLD			
Opening inventory	\$ _____	\$ _____	\$ _____
Purchases	\$ _____	\$ _____	\$ _____
Direct wage costs	\$ _____	n/a	n/a
Sub-contracts	\$ _____	\$ _____	\$ _____
Less: Closing inventory	\$ _____	\$ _____	\$ _____
EXPENSES			
Advertising and promotion	\$ _____	\$ _____	\$ _____
Meals and Entertainment (enter 100%)	\$ _____	\$ _____	\$ _____
Bad Debts	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	n/a	n/a
Interest	\$ _____	n/a	n/a
Business tax, licenses, dues, memberships, subscriptions	\$ _____	\$ _____	\$ _____
Office expenses	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Legal and accounting	\$ _____	\$ _____	\$ _____
Management and Administration fees	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____
Maintenance and repairs	\$ _____	\$ _____	\$ _____
Salaries, wages and benefits	\$ _____	n/a	n/a
Property tax	\$ _____	n/a	n/a
Travel expense	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Delivery, freight and express	\$ _____	\$ _____	\$ _____
Motor Vehicle Expenses (see below on page 7)	\$ _____	\$ _____	\$ _____
Private health services plan premiums	\$ _____	n/a	n/a
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Business use of home expenses (see below on page 7)	\$ _____	\$ _____	\$ _____

DETAILS OF ASSET ACQUISITIONS DURING 2015

<i>Description of Asset</i>	<i>Date Acquired</i>	<i>Amount</i>	<i>GST/HST</i>	<i>Total</i>

DETAILS OF ASSET DISPOSITIONS DURING 2015

<i>Description of Asset</i>	<i>Date Disposed</i>	<i>Amount</i>	<i>GST/HST</i>	<i>Total</i>

AUTOMOBILE EXPENSE

	Net Amount (before HST)	HST 13%	TOTAL (incl. HST)
Acquisition Cost (if purchased in 2015) (provide copy of purchase or lease agreement)	\$ _____	\$ _____	\$ _____
Proceeds from disposal of vehicle during 2015 (if applicable)	\$ _____	\$ _____	\$ _____
Total kilometres driven during 2015			_____
Number of kilometres which pertain to business use			_____

EXPENSES

Gas/oil/fluids	\$ _____	\$ _____	\$ _____
Repairs/maintenance	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	n/a	n/a
License and Registration	\$ _____	n/a	n/a
Interest on car loan	\$ _____	n/a	n/a
Lease payments	\$ _____	\$ _____	\$ _____
Car wash/CAA/407 ETR	\$ _____	\$ _____	\$ _____
Parking	\$ _____	\$ _____	\$ _____
Car allowance/reimbursement received, if any	\$ _____	\$ _____	\$ _____

BUSINESS USE OF HOME EXPENSES

Heat	\$ _____	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	n/a	n/a
Maintenance	\$ _____	\$ _____	\$ _____
Mortgage interest	\$ _____	n/a	n/a
Property taxes	\$ _____	n/a	n/a
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

Total square footage of home	_____
Square footage of home used for business	_____
Percentage of home used for business	_____