

### **2015 Personal Tax Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

#### **Status as of December 31:**

Single ☐ Married ☐ Common-law ☐ Divorced ☐ Separated ☐ Widowed ☐ Deceased ☐

If status changed during 2015, enter date of change: \_\_\_\_\_

**Is this the first time that Hryciuk Gallinger has prepared your Tax Return?** Yes ☐ No ☐

If No, go to next box

**Your birthdate:** dd..... / mm..... / yyyy.....

We require a signed T1013 (CRA Authorization Form) Ask us for the form

We require a copy of previous year's Tax Return and Notice of Assessment

#### **Spouses Info (Including Common-law):**

Name: \_\_\_\_\_ Social Insurance # (if new client): \_\_\_\_\_

Birth Date (if new client): dd..... / mm..... / yyyy.....

Net Income from 2015 Tax Return: (If HG is not preparing Spouse's Tax Return) \$ \_\_\_\_\_

#### **Dependant's Information- Complete Schedule C**

**Do you or your spouse have Foreign Citizenship?** Yes ☐ No ☐ **Dual Citizenship?** Yes ☐ No ☐

**Country of Foreign Citizenship:** \_\_\_\_\_

**If a U.S. Citizen, have you taken steps to file a U.S. Tax Return?** Yes ☐ No ☐

**Do you or your spouse have a Tax Free Savings Account (TFSA)?** Yes ☐ No ☐

**During the year, did you own Property or Investments outside of Canada with total costs exceeding \$250,000.00 (Canadian)?** Yes ☐ No ☐

**If Yes, complete Schedule A** **If No, complete next question**

**During the year, did you own Property or Investments outside of Canada with total costs exceeding \$100,000.00 (Canadian)?** Yes ☐ No ☐

**If Yes, complete Schedule B**

Unless otherwise requested by the taxpayer, Hryciuk Gallinger will maximize tax savings by applying the principles of optimization to Pension Splitting, Family Income Splitting, Medical Expenses, and Donations.

\_\_\_\_\_  
**Client Signature:**

\_\_\_\_\_  
**Date:**

**Schedule A**  
**Types of Foreign Investments or Properties that must be reported:**

**Funds held outside of Canada:** Yes ☐ No ☐ Funds Held

Country: \_\_\_\_\_ Financial Institution: \_\_\_\_\_ Maximum During Year  
At December 31 2015

**Funds/Investments held in an account with a Canadian registered securities dealer or a Canadian trust company:** Yes ☐ No ☐

Provide Investment Statements for entire year of 2015 or check with your Broker to provide a report

**Real Estate Property outside of Canada:** Yes ☐ No ☐  
(Land, Vacation Property, Rental Property, etc.)

Cost Amount

Country: \_\_\_\_\_ Description of Property: \_\_\_\_\_ Maximum During Year  
At December 31 2015

Provide details if property was disposed of during the year

**Shares of Non- Resident Corporation:** Yes ☐ No ☐

Cost Amount

Country: \_\_\_\_\_ Name of Corporation: \_\_\_\_\_ Maximum During Year  
At December 31 2015

Provide details if property was disposed of during the year

**Indebtedness owed to you by Non-Resident:** Yes ☐ No ☐

Cost Amount

Country: \_\_\_\_\_ Description: \_\_\_\_\_ Maximum During Year  
At December 31 2015

**Interest in Non-Resident Trust:** Yes ☐ No ☐

Cost Amount

Country: \_\_\_\_\_ Name of Trust: \_\_\_\_\_ Maximum During Year  
At December 31 2015

**Other Property outside of Canada:** Yes ☐ No ☐

**egs.**

(Shares of a Canadian resident corporation held outside of Canada)

(Life Insurance Policy issued by a foreign issuer)

Cost Amount

Country: \_\_\_\_\_ Description: \_\_\_\_\_ Maximum During Year  
At December 31 2015

**Schedule B**  
**Types of Foreign Investments or Property**

**For each type of property that applies to you, check the appropriate box.**

**Type of property:**

Funds held outside Canada ..... ☐

Shares of non-resident corporations (other than foreign affiliates) ..... ☐

Indebtedness owed by a non-resident ..... ☐

Interests in non-resident trusts ..... ☐

Real property outside Canada (other than personal use and real estate used in an active business) ..... ☐

Other property outside Canada ..... ☐

Property held in an account with a Canadian registered securities dealer or a  
Canadian trust company ..... ☐

**What countries are your foreign investments in from most to least?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Schedule C**

**Dependant's Information: Children/Parent(s)/Other (If living with you)**

**Full name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Birthdate:** dd..... / mm..... / yyyy..... **Social Insurance #** \_\_\_\_\_

**Are we preparing a Tax Return for this person?** Yes ☐ No ☐ **If No, what is the Net Income for 2015:** \$ \_\_\_\_\_

**Is this person a University or College Student?** Yes ☐ No ☐ (T2202 or receipt over \$100 is required)

**If the Student wishes to transfer Tuition to a parent, please have them sign the T2202 form**

**Is this person Mentally or Physically Disabled?** Yes ☐ No ☐

**If Yes, has the T2201 Disability Tax Credit Application been filed w/ CRA?** Yes ☐ No ☐ **If No, ask us for the T2201 Form**

**Full name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Birthdate:** dd..... / mm..... / yyyy..... **Social Insurance #** \_\_\_\_\_

**Are we preparing a Tax Return for this person?** Yes ☐ No ☐ **If No, what is the Net Income for 2015:** \$ \_\_\_\_\_

**Is this person a University or College Student?** Yes ☐ No ☐ (T2202 or receipt over \$100 is required)

**If the Student wishes to transfer Tuition to a parent, please have them sign the T2202 form**

**Is this person Mentally or Physically Disabled?** Yes ☐ No ☐

**If Yes, has the T2201 Disability Tax Credit Application been filed w/ CRA?** Yes ☐ No ☐ **If No, ask us for the T2201 Form**

**Full name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Birthdate:** dd..... / mm..... / yyyy..... **Social Insurance #** \_\_\_\_\_

**Are we preparing a Tax Return for this person?** Yes ☐ No ☐ **If No, what is the Net Income for 2015:** \$ \_\_\_\_\_

**Is this person a University or College Student?** Yes ☐ No ☐ (T2202 or receipt over \$100 is required)

**If the Student wishes to transfer Tuition to a parent, please have them sign the T2202 form**

**Is this person Mentally or Physically Disabled?** Yes ☐ No ☐

**If Yes, has the T2201 Disability Tax Credit Application been filed w/ CRA?** Yes ☐ No ☐ **If No, ask us for the T2201 Form**

If you require an additional page, please let us know

## 2015 T1 Checklist

**Do you want your Tax Refund deposited directly to your Bank Account?**

**Already have Direct Deposit** ☐ **Yes (Attach a voided cheque)** ☐ **No** ☐

**1. Do you have new dependants for 2015?** Yes ☐ No ☐ **If Yes, provide details:**

Full name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Birthdate: dd..... / mm..... / yyyy..... Social Insurance # \_\_\_\_\_

**2. Do you or your spouse have a mental or physical disability?** Yes ☐ No ☐

If Yes, has the T2201 (Disability Tax Credit form) been filed w/ CRA? Yes ☐ No ☐ If No, ask us for the T2201 Form

**3. Did you, your spouse, or any dependants earn tips during the year?** Yes ☐ No ☐

If tips are not included on your T4, please provide approximate total amount:

Taxpayer: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Approx. Tip Amount for Year: \$ \_\_\_\_\_

Taxpayer: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Approx. Tip Amount for Year: \$ \_\_\_\_\_

**4. Did you pay or receive Taxable Child Support during the year?** Yes ☐ No ☐

**Note:** This only applies to those taxpayers who have not had their court document or written agreement altered since April 1997

**5. Did you pay or receive Spousal Support during the year?** Yes ☐ No ☐

**6. Did you sell securities during the year?** Yes ☐ No ☐

**If Yes, please provide details:**

Original Cost

Proceeds of Disposition

Broker's Statements or other Documentation ☐

**7. Did you sell Real Estate during the year?** Yes ☐ No ☐ **If Yes, please provide details:**

What was the use of property? Principal Residence (Preparer will discuss options with you) ☐

Personal Use Property (Vacation, etc.) ☐

Rental ☐

Property held for Investment Purposes ☐

Original cost of property, if not already provided \$ \_\_\_\_\_ or documents

Statement of Adjustments on Disposal of Property ☐

2015 T1 Checklist continued

**8. Are you a Railway or Transportation Employee?** Yes ☐ No ☐

If Yes, please provide details of trips which might be eligible for Meals and/or Lodging deductions

**9. Did you move during the year to a location that is 40km closer to Employment or School?** Yes ☐ No ☐

If Yes, please provide details per Schedule T1-M (request form from us)

**10. Did you pay Union dues or Professional dues during the year that are not included on your T4?** Yes ☐ No ☐

If Yes, please provide receipts

**11. Did you pay Child Care Expenses during the year?** Yes ☐ No ☐

If Yes, please provide receipts

**12. Did you contribute to a Registered Retirement Savings Plan prior to March 1, 2016?** Yes ☐ No ☐

If Yes, please provide receipts

**13. Did you pay any investment loan interest (excluding interest on RRSP contribution loans) or investment counsel fees during the year?** Yes ☐ No ☐

If Yes, please provide verifying document

**14. Did you live in a prescribed Northern or Intermediate zone on a permanent basis for a continuous period of six months beginning or ending in the year?** Yes ☐ No ☐

**15. Did you work at a special or remote worksite in a prescribed Northern or Intermediate zone during the year?**

Yes ☐ No ☐

If Yes for #14 or #15, please provide details

**16. Do you have any receipts for the following during the year:**

Charitable Donations ☐

Medical Expenses, including Extended Health Premiums ☐

Student Loan Interest ☐

Public Transit Passes ☐

Arts and/or Fitness payments for child (ren) ☐

First Time Home Buyer ☐

**17. Do you have Self-Employment Income /Expenses during the year?** Yes ☐ No ☐

If Yes, please complete Appendix A, A.1

**18. Do you have Employment Expenses during the year? \*\*\*** Yes ☐ No ☐

\*\*\* You must have a T2200 form from your employer to qualify

If Yes, complete Appendix B, B.1

**19. Do you have Rental Income/ Expenses during the year?** Yes ☐ No ☐

If Yes, please complete Appendix C

## Appendix A

### Self-Employed Income & Expenses: (For Business only, N/A for Employment)

Name of Business: \_\_\_\_\_

First period: Yes ☐ No ☐

Single Owner ☐ Partnership ☐

If Partnership: Partner's Name: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

#### Business Information provided by:

Electronic (we require data) ☐

Listing of Income & Expenses\* ☐

\*Provide documentation for all major expenses, asset purchases and disposals.

Invoices for Income/Expenses/Asset Purchases and Disposals

GST Registrant: Yes ☐ No ☐ Business #: \_\_\_\_\_

If Yes, do you require us to complete any GST Returns? Yes ☐ No ☐

Automobile Expenses ☐

(If check marked, complete **Automobile Expenses** section below)

Home Office Expenses ☐

(If check marked, complete the **Home Office** section on the following page, Appendix A.1)

### Automobile Expenses:

Maintain a Mileage Log Book for Business km's travelled? Yes ☐ No ☐ \*\*

**\*\*If No, please ask us for a Log Book.**

Odometer Reading at Beginning of Year: \_\_\_\_\_

Odometer Reading at End of Year: \_\_\_\_\_

Provide Log Book for examination or

Approximate % of vehicle used to earn Income: \_\_\_\_\_

If vehicle was leased, purchased or sold during year, please provide documents.

#### We require documents for the following expenses:

Fuel

Insurance

Repairs/maintenance

Financing Interest

Lease Payments

Business Parking

Other

## Appendix A.1

**Home Office:**

Total Square Footage of Home \_\_\_\_\_

Square Footage of Office \_\_\_\_\_

**Complete the amounts or provide documents for the following:**

Heat \_\_\_\_\_

Hydro \_\_\_\_\_

Insurance \_\_\_\_\_

Property Taxes \_\_\_\_\_

Mortgage Interest \_\_\_\_\_

(Excluding Principal Portion) \_\_\_\_\_

Water, Sewer, Garbage \_\_\_\_\_

Rent \_\_\_\_\_

Strata Fees \_\_\_\_\_

Other \_\_\_\_\_

## Appendix B

### Employment Expenses:

**We must have a signed T2200 (Deduction of Conditions of Employment) from your employer**

**We require documents for the following, where applicable:**

Accounting and Legal fees  
Advertising and Promotion  
Assistant's Salary/Benefits  
Food, Beverage and/or Entertainment  
Travel  
Lodging  
Parking  
Supplies, Postage, Stationary/Other  
Telephone  
Tradesperson-Tools Expenses  
Apprentice Mechanic-Tools Expenses

Complete this section, if applicable: **Automobile Expenses**

Complete this section, if applicable: **Home Office Expenses**

### Automobile Expenses:

Maintain a Mileage Log Book for Employment km's travelled? Yes ☐ No ☐ \*\*

**\*\*If No, please ask us for a Log Book.**

Odometer Reading at Beginning of Year: \_\_\_\_\_

Odometer Reading at End of Year: \_\_\_\_\_

Provide Log Book for examination or

Approximate % of vehicle used to earn Income: \_\_\_\_\_

If vehicle was leased, purchased or sold during year, please provide documents.

### We require documents for the following expenses:

Fuel  
Insurance  
Repairs/maintenance  
Financing Interest  
Lease Payments  
Business Parking  
Other

## Appendix B.1

### Home Office:

Total Square Footage of Home \_\_\_\_\_

Square Footage of Office \_\_\_\_\_

### Complete the amounts or provide documents for the following:

Heat \_\_\_\_\_

Hydro \_\_\_\_\_

Insurance\*\*\* \_\_\_\_\_

Property Taxes\*\*\* \_\_\_\_\_

Water, Sewer, Garbage \_\_\_\_\_

Rent \_\_\_\_\_

Strata Fees \_\_\_\_\_

Other \_\_\_\_\_

\*\*\* Commission Employees only.

## Appendix C

### Rental Property 1:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of Units: \_\_\_\_\_

Partnership: Yes ☐ No ☐

Is there personal use? Yes ☐ No ☐

If yes, what percentage: \_\_\_\_\_ %

First year of rental: Yes ☐ No ☐

If yes, Date of start: \_\_\_\_\_

Final year of rental: Yes ☐ No ☐

Property sold or changes of use during year: Yes ☐ No ☐

Income \$ \_\_\_\_\_

#### Complete the amounts or provide documents for the following expenses:

Insurance \$ \_\_\_\_\_

Property Taxes \$ \_\_\_\_\_

Mortgage Interest \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Repairs/Maintenance \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Management Fees \$ \_\_\_\_\_

Professional Fees \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

## Appendix C

### Rental Property 2:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of Units: \_\_\_\_\_

Partnership: Yes ☐ No ☐

Is there personal use? Yes ☐ No ☐

If yes, what percentage: \_\_\_\_\_ %

First year of rental: Yes ☐ No ☐

If yes, Date of start: dd..... / mm..... / yyyy.....

Final year of rental: Yes ☐ No ☐

Property sold or changes of use during year: Yes ☐ No ☐

Income \$ \_\_\_\_\_

Complete the amounts or provide documents for the following expenses:

Insurance \$ \_\_\_\_\_

Property Taxes \$ \_\_\_\_\_

Mortgage Interest \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Repairs/Maintenance \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Management Fees \$ \_\_\_\_\_

Professional Fees \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Please provide documents for major renovations, purchases, or disposals of equipment or property.