

2017 INCOME TAX RETURN QUESTIONNAIRE

In order that we may prepare and file your **INCOME TAX RETURN** please provide the information requested below and return this to us with all your T4 slips and other applicable receipts. **(Please send only after receiving all T4 slips that you expect to receive).**

FULL LEGAL NAME: _____ **SIN :** _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____ **DATE OF BIRTH:** _____

1. PLEASE INDICATE YOUR MARITAL STATUS AS AT DECEMBER 31, 2017

MARRIED ___ SINGLE ___ SEPARATED ___ DIVORCED ___ WIDOWED ___ COMMON-LAW ___

IF YOUR MARITAL STATUS CHANGED IN 2017 PLEASE PROVIDE THE DATE THE CHANGE OCCURRED
DATE OF CHANGE: _____. IF COMMON-LAW - SINCE WHAT DATE _____

IF YOU ARE MARRIED OR LIVE COMMON-LAW AND YOUR SPOUSE IS NOT ALSO BANKRUPT WITH US, WE NEED THE FOLLOWING INFORMATION CONCERNING YOUR SPOUSE SO THAT THE CRA WILL ASSESS YOUR RETURN.

FULL LEGAL NAME: _____ SIN: _____

DATE OF BIRTH: _____ NET INCOME (LINE 236 ON RETURN): _____

IS YOUR SPOUSE CLAIMING THE GST CREDIT - YES / NO PROPERTY TAX OR RENT CREDIT YES - NO

2. DID YOU PAY RENT OR PROPERTY TAXES IN 2017? PLEASE PROVIDE DETAILS OF YOUR ADDRESSES AND THE AMOUNTS PAID. PLEASE ATTACH RECEIPTS, IF AVAILABLE.

	<u>ADDRESS</u>	<u>NO. OF MONTHS</u>	<u>RENT or TAXES PAID</u>	<u>NAME OF LANDLORD</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

3. DEPENDANT INFORMATION

<u>NAME OF CHILD</u>	<u>DATE OF BIRTH</u>	<u>NAME OF CHILD</u>	<u>DATE OF BIRTH</u>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

4. PLEASE PROVIDE A LIST OF ALL EMPLOYERS, PERIODS OF UNEMPLOYMENT, OR DETAILS OF OTHER TYPES OF INCOME RECEIVED IN 2017, INCLUDING THE START AND END DATES OF ALL INCOME SO THAT IT CAN BE PROPERLY ALLOCATED BETWEEN THE PRE AND POST BANKRUPTCY PERIODS.

<u>EMPLOYER NAME / UNEMPLOYED</u>	<u>START DATE</u>	<u>END DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. DURING 2017 DID YOU RECEIVE:

EI BENEFITS	YES ___ NO ___	SOCIAL ASSISTANCE	YES ___ NO ___
PENSION INCOME	YES ___ NO ___	RRSP PROCEEDS	YES ___ NO ___
WSIB BENEFITS	YES ___ NO ___	WERE YOU SELF-EMPLOYED	YES ___ NO ___

IF YOU WERE SELF EMPLOYED IN 2016 PLEASE ATTACH A COMPLETED T2125 OR A SUMMARY OF INCOME AND EXPENSES FOR THE PRE AND POST BANKRUPTCY PERIODS.

6. DID YOU PAY TAX DEDUCTIBLE CHILDCARE EXPENSES IN 2017? YES ___ NO ___

PLEASE ATTACH AVAILABLE RECEIPTS & INDICATE THE SOCIAL INSURANCE NUMBER OF THE PROVIDER: CHILD CARE EXPENSES TO AN INDIVIDUAL ARE NOT DEDUCTIBLE WITHOUT THE S.I.N.

<u>NAME OF CARE PROVIDER</u>	<u>ADDRESS</u>	<u>S.I.N. (if applicable)</u>	<u>AMOUNT PAID</u>
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7. PLEASE PROVIDE DETAILS OF ANY OTHER DEDUCTIONS YOU MAY BE ENTITLED TO SUCH AS:

MEDICAL EXPENSES, TRANSPORT EMPLOYEES MEAL DEDUCTIONS, RRSP CONTRIBUTIONS, DONATIONS, DISABILITY AMOUNT, UNION DUES, OR ANY OTHER PERTINENT INFORMATION.
