2017	<u>2017</u>			
Section A	<u>IC</u>	DENTIFICATION		
PLEASE CIRCLE Mr. Mrs	s. Ms. Miss or			
NAME				
	LAST	FIRST	INITIAL	SOCIAL INSURANCE NUMBER
DATE OF BIRTH	(YYYY-MM-DD)			
PLEASE CIRCLE Mr. Mrs	s. Ms. Miss or			
SPOUSE				
	LAST	FIRST	INITIAL	SOCIAL INSURANCE NUMBER
DATE OF BIRTH				
ADDRESS	(YYYY-MM-DD)			
		200		
NUMBER AND STREET		APT or UNIT	CITY	PROV POSTAL CODE
TELEPHONE	RESIDENCE	BUSINESS	E-mail ac	ddress
MARITAL STATUS	RESIDENCE			() SEPARATED
() SINGLE () MARRIEI	D	() MIDOWED () DIVORCED		() COMMON LAW
If marital status changed d	luring 2016. Please provide change and	d date		
DEPENDENTS			X	
NAME		DATE OF BIRTH (YYYY-MM-DD)	Son/ INCOME Daugh - IF ANY	SIN NUMBER
			Parent	
				n
-				
		147		
Section B	PL	EASE ANSWER THE FOLLOWING	G QUESTIONS	
			OUTUTENIS ONLY	YES NO N/A
<ul> <li>Do you agree to Canage your name, address ar</li> </ul>	da Revenue Agency providing, nd date of birth to Elections Canac	APPLICABLE TO CANADIAN da?	CITIZENS ONLY	YES NO N/A
* SERVICE CONTROL CONT			017	YES NO
. Did you own any Foreign Property such as stocks, bonds or rental property at any time in 2017 with a total cost of more than \$100,000.00 Canadian? If so, please complete T1135 (SUBMIT by Apr. 30)				
		and the terms		YES NO
4. If you are not already receiving your refund by direct deposit, do you wish to have direct deposit of your refund? If so, please provide a "VOID" cheque.				TES NO
If you have changed b	eank accounts, a "VOID" cheque is	also necessary.		
. Do you have self emp	YES NO			
on the supplementary	VES NO			
i. If Self Employed did y	YES NO			
. De veu beve sentel !-			d expenses on the	YES NO
	come and evnenege? If en plan	se provide a summary of income an		
supplementary work	ncome and expenses? If so, plea sheet.	se provide a summary of income an	d expenses on the	

PLEASE SEE INCOME AND DEDUCTION CHECKLIST ON THE REVERSE AND SUPPLEMENTARY WORK SHEET.

supplementary work sheet.

## INCOME AND DEDUCTION CHECKLIST

INCOME	Please check where applicable and provide an information slip or supporting documentation.					
( ) ( ) ( ) ( )	Employment Income - T4 Slip Other Employment Income. If not a T4 - please provide details Pension Income - Old Age, CPP, Reg Pensions incl., US Social security & Foreign PensionsT4A/T4A(OAS)/T4A(P) RRSP, RRIF & Annuities - T4RSP/T4RRIF Employment Insurance Benefits - T4E Alimony and Separation Allowances received Pre May 1997 Agreement Post May 1997 Agreement					
( ) ( ) ( ) ( ) ( )	Spousal Support  Received from:  Social Insurance Number  Rental Income and Expenses - Please provide details on the Work Sheet  Investment Income - Dividends from Canadian and Foreign Corporations - T5's etc.  Interest Income (GIC, Bonds & Mortgages) - T5  Estate & Trust Income including from Trust Units and REITS - T3  Other Investment Income not listed such as flow through shares  Capital Gain or Loss Transactions - Please provide Trading slips and  Brokers statements as well as the cost of the sold securities.					
()	Include any Mutual Fund sales <b>outside</b> your RRSP/RRIF accounts. <b>Self- Employment Income - Please provide a detailed listing of Income and Expenses</b> Workers Safety Insurance Board and Social Assistance payments - T5007  Universal Child Care Benefit - RC62  Other Income not listed - Please provide details					
DEDUCTI	ONS AND CREDITS					
	Please check where applicable and provide an information slip, receipt or other supporting documentation.					
()	Adoption expenses ( Please call our office for details) Alimony and Child support payments. Please check Pre May 1997 Agreement Post May 1997 Agreement Spousal Support \$ Child Support \$ Paid to: Social Insurance Number					
( ) ( ) ( ) ( )	Annual Union and Professional Dues Receipts Caregiver Credit information - Please provide name, birth date & net income of your qualified dependent Carrying Charges - Investment loan interest expense, Safe deposit box and accounting fees Charitable Contributions and Federal and Provincial Political donations receipts Child Care & Child Fitness & Arts Receipts Disability Claim - T2201 required for first time claimants					
() () () () () () () ()	Limited Partnerships & other Tax Shelter receipts.  Medical Receipts Including personally paid health plan premiums.  Moving expenses T1M form(Please provide new and old work locations, addresses and total KMS travelled)  Public Transit Weekly & Monthly Pass Receipts  Rent or Property Taxes paid if applicable to your situation.  Pension Split election amount (Please contact our office for details)					
()	RRSP - Home Buyers Plan receipts and documentation. RRSP Contribution Receipts Ontario Healthy Home Renovation Tax Credit Receipts (Seniors only) Travel, Employment or Commission Expenses - Form T2200/TL2 as required.  Receipts on the Work Sheet					
( )	Tuition Fees, education and textbooks as shown on the T2202A/TL11, A REQUIRED FORM  Other items. Please provide details on a separate sheet.					

If you have any questions please contact either of our office at 905-686-2407 or 905-666-2111 or email ajaxadmin@copetti.ca

Form prepared by: Copetti & Co Professional Corporation Suite 211, 50 Commercial Avenue, Ajax, ON L1S 2H5 Telephone (905)686-2407/905-666-2111 Fax 1-888-271-2778 Web www.copetti.ca E-Mail ajaxadmin@copetti.ca



	SUPPLEMENTARY WORKSHEE				
	Please complete as applicable to your type of inco				
YOU MAY FIND	IT MORE CONVENIENT TO PROVIDE A SPREAD SHEET OF YOUR EXPENSES I	USING A SI	MILAR FORMAT AS THIS V	ORKSHEET.	Marchine Res page 1977
INCOME			BUSINESS		RENTAL
	Rental Income			\$_	
	Self employed income	\$			
	a an				
EXPENSES					
	Advertising	\$			
	Meals and entertainment	-		-	
	Bad Debts				
	Insurance				
	Bank charges and Interest	-			
	Business fees dues licences & memberships			-	
				_	
	Office expenses	-		<u>-</u>	
	Supplies				
	Legal and Accounting fees			-	
( )	Management and administration fees	-			
	Rent of business premises	==	-		
	Maintenance and repairs			-	
	Salaries, wages and benefits of employees				
	Property taxes applicable to business/rental premises				
	Travel other than automobile	= 1			
	Subcontract cost				
	Telephone and communications including internet			_	
	Utilities related to business or rental premises				
	Motor vehicle cost ( Please detail below)				
	Private health services plan premiums				
	Other	8			
	(Please provide details)				
	Capital additions (Type)				
	If you bought a new vehicle please provide				
	purchase agreement including any loan information.				
	purchase agreement including any loan information.				
VEHICLE EXF	PENSES Bus Kms	Total Kms			
VEITIGEE EX	Gasoline	\$			
	Repairs & Maintenance				
1	License				
1	Interest on Loan				
	Insurance				
	Lease costs				
	Purchase/lease of new vehicle				
		Total Co. F.		Bus, Sq Ft	
WORK SPAC	L IIV I LIKOOM, IL III LIKOOM, IL II	Total Sq Ft		Bus, oq Ft	
	Electricity and Water	\$			
	Heat				
	Maintenance & repairs not including capital renovation	ns			
	Insurance				
1	Security				
	Telephone and communication (includedCable & Inte	ernet)			
	Property Taxes				
	Mortgage interest				
	Other costs( Provide details)				
IE VOILLIANE	COMMENTS AND OTHER INFORMATION PLEASE USE A SEP	ARATE S	SHEET		
IF YOU HAVE	OMMENTS AND OTHER INFORMATION FEEL OF A GET	711011			