

# Application A



Please indicate the tax year this return is for \_\_\_\_\_

## PERSONAL INFORMATION

Mr/Mrs/Ms	Last Name	First Name	Social Insurance Number - -	Date of Birth yyyy/mm/dd / /
Apt #	Street Name and Number		City	
Province	Postal Code	Email	Phone Number ( )	

## MARITAL STATUS

On December 31, your marital status was:	Married <input type="checkbox"/>	Common-Law <input type="checkbox"/>	Widowed <input type="checkbox"/>	Has your marital status changed since your last return?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>		If YES, what date?(m/d/yr) / /

Note: If married or Common-Law, you must fill out Application B.

What Province was your place of residence on December 31, of last year?	_____	If Quebec, and you want us to prepare your TPI, you must also fill out Application Q.
Did you move in or out of Canada last year?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Is your name different from last year's return? <input type="checkbox"/> NO <input type="checkbox"/> YES
I submit my name for the National Register of Electors (Elections Canada). (Applies to Canadian Citizens only).	<input type="checkbox"/> NO <input type="checkbox"/> YES	
I am applying for the GST Credit* (Spouse/common-law partners cannot also claim, but must file a tax return).	<input type="checkbox"/> NO <input type="checkbox"/> YES	

## CHILDREN

Are you supporting children or other dependants?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, you must also fill in Application B
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## INCOME/EARNINGS

Number of jobs last year? _____	T4s required for each job
Did you receive a T4E for benefits or repayment of EI benefits?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Did you or your spouse/common-law partner receive a T5007 for Social Assistance or WCB payments?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Did you receive any income from investment (T5) or retirement (T4RSP, T4RIF, T4A, T4AP, T4OAS)?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Did you receive spousal or child support payments?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Taxable amount: _____ (100% of spousal support is taxable. Child support pre May 1997 agreements is taxable)	
Did you receive any other income for which you do not have a slip (i.e. gratuities, missing T4's etc?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Amount? _____	

## CREDITS/DEDUCTIONS

RRSP contribution	<input type="checkbox"/> NO <input type="checkbox"/> YES	CRA Notice of Assessment indicating RRSP deduction limit is required.
Are you applying for Rental or Property Tax Credit? (Ontario and Manitoba only)	<input type="checkbox"/> NO <input type="checkbox"/> YES	A rental statement or receipts signed by your landlord required. Only one spouse may claim.
Are you claiming education amounts or tuition for yourself?	<input type="checkbox"/> NO <input type="checkbox"/> YES	T2202A required.
Are you transferring education amounts or tuition from a dependant?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Require T2202A, signed by your dependant if transferred to you.
Are you claiming charitable or political donations, medical expenses, or other claims?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Official receipts required.
Are you claiming deductions or credits from prior tax years?	<input type="checkbox"/> NO <input type="checkbox"/> YES	CRA Notice of Assessment for proof of carry forward amount required.
Did you pay spousal or child support payments?	<input type="checkbox"/> NO <input type="checkbox"/> YES	How much? _____
Deductable amount _____ (100% of spousal support is deductible. Child support for pre May 1997 agreements is deductible)		

## SUPPORT PAID TO:

Last Name	First Name	Social Insurance Number / /
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\*Note: Require receipts **AND** copy of written agreement or court order

Have you previously claimed a disability amount deduction for yourself?*	<input type="checkbox"/> NO <input type="checkbox"/> YES	*Note: You will need to provide proof of eligibility for disability claim.
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I confirm that the information provided, and any documents attached are correct, complete and fully disclose all of my income.  
I authorize V@A[ ] to verify the information provided and prepare my Income Tax Return based on this information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Application B



## SPOUSE OR COMMON-LAW INFORMATION

Mr/Mrs/Ms	Last Name	First Name	Date of Birth yyyy/mm/dd / /
Social Insurance Number - -		Spouse's/Common-Law Spouse's Net Income* (Specify if zero – do not leave blank).	
Is your Spouse/Common-Law Spouse filing a tax return?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Are we preparing your Spouse's/Common-Law Spouse's return?	<input type="checkbox"/> NO <input type="checkbox"/> YES

\*If The Ford Group is not preparing your spouse's/common-law's tax return, we may require proof of their net income such as a copy of their return, or copies of all T-slips and other receipts. This information is required by CRA to accurately assess your tax return.

## CHILDREN

Complete this section if you support children or other dependants. How many dependants are you claiming? \_\_\_\_\_

Are you claiming an eligible dependant (Equivalent-to-Spouse)?\*  NO  YES \*Taxpayer must be single, separated or divorced to make this claim.

Which dependant will you be claiming as an eligible dependant (Equivalent-to Spouse)? Name \_\_\_\_\_

Did you receive the Child Tax Benefit last year?  NO  YES (Your spouse/common-law partner cannot also claim, but must file a tax return.)

Did the dependant live with you (not just visit) at any time during the tax year while you were single, divorced or separated?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is anyone else making this claim in respect of this dependant?	<input type="checkbox"/> NO <input type="checkbox"/> YES

### Dependant One:

Last Name	First Name	Date of Birth yyyy/mm/dd / /	Relationship to you
Net Income	Social Insurance Number (if applicable) - -	Disability	<input type="checkbox"/> NO <input type="checkbox"/> YES**

\*\*Note: You will need to provide proof of eligibility for disability claim.

### Dependant Two:

Last Name	First Name	Date of Birth yyyy/mm/dd / /	Relationship to you
Net Income	Social Insurance Number (if applicable) - -	Disability	<input type="checkbox"/> NO <input type="checkbox"/> YES

### Dependant Three:

Last Name	First Name	Date of Birth yyyy/mm/dd / /	Relationship to you
Net Income	Social Insurance Number (if applicable) - -	Disability	<input type="checkbox"/> NO <input type="checkbox"/> YES

### Dependant Four:

Last Name	First Name	Date of Birth yyyy/mm/dd / /	Relationship to you
Net Income	Social Insurance Number (if applicable) - -	Disability	<input type="checkbox"/> NO <input type="checkbox"/> YES

### Dependant Five:

Last Name	First Name	Date of Birth yyyy/mm/dd / /	Relationship to you
Net Income	Social Insurance Number (if applicable) - -	Disability	<input type="checkbox"/> NO <input type="checkbox"/> YES

## CHILD CARE EXPENSES

If child care is provided by an individual, that individual's Social Insurance Number must be included on receipts.

Paid To: \_\_\_\_\_ Amount \_\_\_\_\_ SIN: \_\_\_\_\_

Paid To: \_\_\_\_\_ Amount \_\_\_\_\_ SIN: \_\_\_\_\_

If care is provided by a company, standard receipts from the company (including company address) are required.

Number of receipts: \_\_\_\_\_

I confirm that the information provided, and any documents attached are correct, complete and fully disclose all of my income. I authorize V@A[ iãÖ: [ ] to verify the information provided and prepare my Income Tax Return based on this information.

Signature \_\_\_\_\_

Date \_\_\_\_\_