

Application A



Please indicate the tax year this return is for _____

Multiple years? NO YES

PERSONAL INFORMATION

Male/Female/X	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	Did you own foreign property with a total value more than \$1000,000 <input type="checkbox"/> NO <input type="checkbox"/> YES

Are you a Canadian Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES	Are you a Permanent Resident? <input type="checkbox"/> NO <input type="checkbox"/> YES	Did you sell a home? <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

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? _____
Deductible 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

Male/Female/X	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 Canada Child 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	Male/Female/X
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	Male/Female/X
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	Male/Female/X
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	Male/Female/X
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	Male/Female/X
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 _____