

## Personal Information

Social insurance number \_\_\_\_\_ Birth date *yyyy/mm/dd* \_\_\_\_\_ Age on Dec. 31 \_\_\_\_\_

Title \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_ Last name \_\_\_\_\_

Nickname \_\_\_\_\_

Gender  Male  Female Language of correspondence 1. English

Marital status on December 31 ..... \_\_\_\_\_

If Client's marital status changed in 2022, enter:  
Date of change *yyyy/mm/dd* \_\_\_\_\_ Previous status \_\_\_\_\_

Did Client's **last name change** in 2022? .....  Yes  No

Is Client a **Canadian Citizen**? .....  Yes  No

### ^ Contact

Care of \_\_\_\_\_

Street \_\_\_\_\_

Apartment PO Box PO Box location RR# \_\_\_\_\_

City \_\_\_\_\_

Province / territory \_\_\_\_\_ Postal code \_\_\_\_\_

Email address \_\_\_\_\_

Home phone ( ) - \_\_\_\_\_ Work phone ( ) - \_\_\_\_\_ Extension \_\_\_\_\_

Mobile phone ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Foreign mailing address \_\_\_\_\_

State / region \_\_\_\_\_ Country \_\_\_\_\_ Postal / zip code \_\_\_\_\_

### ^ Residency

Province / territory of residence on  
• December 31, 2022 , or  
• the date Client died or emigrated from Canada \_\_\_\_\_

If the province or territory of residence changed in 2022 , enter the date of your move: \_\_\_\_\_

Is the home address the same as the mailing address? .....  Yes  No

Province or territory where Client **currently resides** if it is **not** the same as in the **mailing address** , \_\_\_\_\_

Residency status \_\_\_\_\_

If Client became or ceased to be a resident of Canada in 2022, please enter:  
Entry date *yyyy/mm/dd* \_\_\_\_\_ Exit date *yyyy/mm/dd* \_\_\_\_\_

Should non-refundable tax credit amounts be pro-rated? .....  Yes  No

Proration factor ..... 365 / 365

### ^ Spouse

Social insurance number \_\_\_\_\_ Birth date *yyyy/mm/dd* \_\_\_\_\_

Title \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_ Last name \_\_\_\_\_

Nickname \_\_\_\_\_

Gender  Male  Female Language of correspondence 1. English

Email address \_\_\_\_\_

Home phone ( ) - \_\_\_\_\_ Work phone ( ) - \_\_\_\_\_ Extension \_\_\_\_\_

Mobile phone ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Use same address as Client? .....  Yes  No

Care of \_\_\_\_\_

Street \_\_\_\_\_

Apartment PO Box PO Box location RR# \_\_\_\_\_

City \_\_\_\_\_

Province / territory \_\_\_\_\_ Postal code \_\_\_\_\_

State / region \_\_\_\_\_ Country \_\_\_\_\_ Postal / zip code \_\_\_\_\_

## ^ Credits

Is Client claiming the **disability amount**? .....  Yes  No  
If Yes, does CRA have a **valid T2201** on file? .....  Yes  No  
If Yes, does the T2201 have an expiry date? .....  Yes  No  
T2201 expiry date yyyy/mm/dd \_\_\_\_\_

### Education amount

In the year, did Client have a mental or physical impairment, certified by a doctor, the effects of which are such that they cannot reasonably be expected to be enrolled as a full-time student? .....  Yes  No

### Canada caregiver amount

(supplement to the spousal amount)

Was Spouse dependant on Client due to mental or physical infirmity? .....  Yes  No

### Volunteer Firefighter or Search & rescue credits

If Client qualifies, claim the:

- federal volunteer firefighters' amount  
 federal search & rescue volunteers' amount

### Canada Workers Benefit and Climate Action Incentive

Is Client **exempt from income tax** in Canada at any time in 2022 because they were an officer or servant of the government of another country, such as a diplomat, a family member who resided with such a person, or an employee of such a person? .....  Yes  No

Was Client a person in respect of whom a **children's special allowance (CSA)** was payable at any time in 2022? .....  Yes  No

Are you supporting children or other dependant's?  
**If YES, you must also fill in Application B** .....  Yes  No

## ^ Filing

Provide information to **Elections Canada**? .....  Yes  No

Did Client own **foreign property** at any time in 2022 with a total cost of more than \$100,000? .....  Yes  No

Did Client sell a **home** in 2022 and want to claim the principal residence exemption? .....  Yes  No

Is Client's **income zero**? .....  Yes  No

Is Spouse's **net income zero**? .....  Yes  No

Is Client filing for the **first time** in 2022? .....  Yes  No

Are returns for **prior years** being **filed at the same time** as the 2022 return? .....  Yes  No

Which years? \_\_\_\_\_

Filing a return for a **seasonal agricultural worker**? ..  Yes  No

## Life events

If Client is deceased, **date of death** yyyy/mm/dd \_\_\_\_\_  
Legal representative \_\_\_\_\_ Title \_\_\_\_\_  
Legal representative email address \_\_\_\_\_ Mobile phone ( ) - \_\_\_\_\_  
Type of return \_\_\_\_\_

The final return includes certain income from a **subsection 104(13.4) election**? .....  Yes  No

If Spouse is deceased, enter date of death ..... \_\_\_\_\_

If Client is **bankrupt**, enter date of bankruptcy ..... \_\_\_\_\_

Type of return ..... \_\_\_\_\_

Date of discharge ..... \_\_\_\_\_

Confinement to a **prison** or similar institution (check if applicable)

	Client	Spouse
Confined for more than 90 days in 2022 (S6) .....	<input type="checkbox"/>	<input type="checkbox"/>
Confined on Dec 31, 2022 and were there for 6 months or more .....	<input type="checkbox"/>	<input type="checkbox"/>
Confined on December 31, 2021 and for the first 179 days of 2022.....	<input type="checkbox"/>	<input type="checkbox"/>

### Canada Workers Benefit and Climate Action Incentive - spouse

Is Spouse **exempt from income tax** in Canada at any time in 2022 because you were an officer or servant of the government of another country, such as a diplomat, a family member who resided with such a person, or an employee of such a person? .....  Yes  No

Was Spouse a person in respect of whom a **children's special allowance (CSA)** was payable at any time in 2022? .....  Yes  No

Did Client own or hold an interest in a non-resident corporation or trust that is a foreign affiliate or controlled-foreign affiliate at any time during 2022? ....  Yes  No

### Contact person for this return

Pre-assessment review contact ..... 3. Contact Client

Post-assessment review contact ..... 3. Contact Client

### T183 - Delivery of the notice of assessment

How does Client want to receive their **Notice of assessment (NOA)**?  
\_\_\_\_\_

and/or

Online mail:  
\_\_\_\_\_

**Note:** The client can choose to have the preparer receive a copy, as well as be signed up for online mail.

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## Income / Earnings

- Did you **receive** a T4E for benefits or repayment of EI benefits?  Yes  No
- Did you or your spouse/common-law partner **receive** a T5007 for Social Assistance or WCB payments?  Yes  No
- Did you **receive** any income from investment (T5) or retirement (T4RSP, T4RIF, T4A, T4AP, T4OAS)  Yes  No
- Did you **receive** spousal or child support payments?  
How much? \_\_\_\_\_  Yes  No
- Did you **receive** any government related financial assistance such as CERB or CRB?  
Amount? \_\_\_\_\_  Yes  No
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## Credits & Deductions Official receipts required.

- Are you **applying** for Rental or Property Tax Credit? (Ontario and Manitoba only)  Yes  No
- Are you **claiming** education amounts or tuition for yourself?  Yes  No
- Are you **transferring** education amounts or tuition from a Dependant?  Yes  No
- Are you **claiming** charitable or political donations, medical expenses, or other claims?  Yes  No
- Are you **claiming** deductions or credits from prior tax years?  Yes  No
- Are you **claiming** child care expenses?  Yes  No
- If childcare is provided by an individual, that individual's Social Insurance Number or Business Number must be included on receipts.
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## Other

- Did you pay spousal or child support payments?  Yes  No \*Note: Require receipts AND copy of written agreement or court order  
(100% of spousal support is deductible. Child support for pre-May 1997 agreements is deductible)

First name	Initial	Last name	Social insurance number	Amount \$
_____	_____	_____	_____	_____

## Notes / Comments:

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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 The Ford Group to verify the information provided and prepare my Income Tax Return based on this information.

Signature \_\_\_\_\_ Date yyyy/mm/dd \_\_\_\_\_

## Dependant Information # \_\_\_\_\_

First name \_\_\_\_\_

Date of birth yyyy/mm/dd | \_\_\_\_\_

Last name \_\_\_\_\_

Age on Dec. 31 \_\_\_\_\_

Relationship: \_\_\_\_\_

Social insurance number | \_\_\_\_\_

If deceased, enter date of death | \_\_\_\_\_

Address, **if different** from Client  
Street \_\_\_\_\_

Apartment \_\_\_\_\_

PO Box \_\_\_\_\_

PO Box location \_\_\_\_\_

RR# \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_

State / region \_\_\_\_\_

Zip code \_\_\_\_\_

Country \_\_\_\_\_

### Information about credits to claim

Claim as eligible dependant? .....  Yes  No

Claim the disability amount? .....  Yes  No

Eligible dependant lived with ..... \_\_\_\_\_

Valid T2201 on file with CRA? .....  Yes  No

Lived with client? .....  Yes  No

Expiry of T2201, if applicable: yyyy/mm/dd \_\_\_\_\_

Count for CCB & GST credits? \_\_\_\_\_

Dependant due to mental or physical infirmity? .....  Yes  No

Nature of the impairment: \_\_\_\_\_

Did client and spouse separate and reconcile in 2022, or was there a period in the year where they lived apart and neither supported the other?

Yes  No

## Dependant Information # \_\_\_\_\_

First name \_\_\_\_\_

Date of birth yyyy/mm/dd | \_\_\_\_\_

Last name \_\_\_\_\_

Age on Dec. 31 \_\_\_\_\_

Relationship: \_\_\_\_\_

Social insurance number | \_\_\_\_\_

If deceased, enter date of death | \_\_\_\_\_

Address, **if different** from Client  
Street \_\_\_\_\_

Apartment \_\_\_\_\_

PO Box \_\_\_\_\_

PO Box location \_\_\_\_\_

RR# \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

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Yes  No

# Authorization request – signature page

1. Have the taxpayer or legal representative sign and date this page.
2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send us the signature page by mail or fax unless requested to do so.

## Taxpayer information

SIN: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

## Representative information and authorization

Rep ID: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Group ID: \_\_\_\_\_ Group name: \_\_\_\_\_

Business number (BN) 841763436 Business name: The Ford Group Corporation

Level of authorization (Level 1 or 2) Level 2 Telephone: 289-464-1001

Expiry date, if applicable: \_\_\_\_\_

## Signature information

Only check if signed by the **legal representative** (power of attorney, legal guardian or parent under the age of 16).

\_\_\_\_\_  
Name of taxpayer or legal representative

\_\_\_\_\_  
Signee's telephone number

## Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative(s) mentioned above.

**X**  
\_\_\_\_\_  
Signature of taxpayer or legal representative

Year    Month    Day  
\_\_\_\_\_  
Date of signature