

The information in this document outlines some of the primary data used to accurately compile your tax return. Please review it carefully and make notes of any changes. You are asked to sign page two and include this form with your 2015 income tax paperwork. **PLEASE REVIEW BOTH SIDES AND ANSWER ALL QUESTIONS.**

BASIC INFORMATION:

Name:

Birthdate:

Marital Status @ December 31, 2015:
(provide effective date for any changes)

Address:

Phone: Primary/Home

Work:

Cell:

Email:

THIS EMAIL ADDRESS WILL ASSIST OUR COMMUNICATION WITH YOU. WE URGE YOU TO PROVIDE AND CONFIRM IT. PROVIDING THE EMAIL ADDRESS AUTHORIZES US TO USE IT IN COMMUNICATING WITH YOU. YOU MAY CANCEL THIS OPTION AT ANY TIME BY CONTACTING OUR OFFICE OR EMAILING US WITH THE WORD "CANCEL" IN THE SUBJECT LINE (EMAIL US AT CONTACT@WGSCMA.CA)

DEPENDANT INFORMATION (DOES NOT APPLY TO SPOUSE):

Dependant Name	Date of Birth	Living with you	Income
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SELECTED CARRYFORWARD INFORMATION:

The following is a brief summary of certain critical tax carryforward information we have on file for you. There may be other information our office does or does not have available which may impact your tax return. If information does not appear or appears incorrect please make the applicable notes.

RRSP Contribution Room:	Unused Contributions:
Net Capital Losses:	NON Capital Losses:
Provincial Tuition Credits:	Federal Tuition Credits:
Unclaimed Charitable Donations:	
Home Buyers Plan Balance:	
LifeLong Learning Plan Balance:	

RETURN PICKUP OPTIONS: (PLEASE CHOOSE ONE)

Please indicate your preferred option for picking up your return. Returns received in our offices after March 31 will have restricted availability of Option 1.

- 1. Prefer to meet with Walter to review the tax return (15 minute limit)
- 2. Pick up return and sign forms at office
- 3. Pick up return and sign forms. Delay filing for 2 days while I review materials

ADDITIONAL INFORMATION: (ABSENCE OF ANSWERS MAY BE PRESUMED NEGATIVE)

Do you support extended members of your family due to health or other circumstances	YES	NO
Did you pay or receive child and/or spousal support payments?*	YES	NO
Has there been any ongoing change in medical conditions of someone in your family?	YES	NO
Did you pay rent or property taxes in 2015?*	YES	NO
Did you receive the Ontario Property Tax Grant for Seniors in 2015?	YES	NO
Were you a student residing in college or university residence during 2015?	YES	NO
Did you attend college or university at any time during 2015?	YES	NO
Did you pay for your child's sports or arts activities in 2015? (valid for children under 16 or under 18 if T2201 approved by CRA)	YES	NO
Did you have any outstanding student loans (student lines of credit do not apply)	YES	NO
Do you own foreign holdings/property with a cost of \$100,000 or more? (excludes recreation property where no income is earned)*	YES	NO
Do you have any income (foreign or domestic) for which you do not receive a tax slip?*	YES	NO
(includes investments, foreign employment/pensions, self-employment, gratuities, etc)		
If you are a senior (65 years or more) or reside with a senior did you incur any expenditures which would qualify for the Healthy Homes Renovation Tax Credit (Ontario Only)?	YES	NO
Did you make payments toward your CRA income tax instalment account in 2015?*	YES	NO
If you are missing a tax information slip or other documentation do you wish our office to follow up with third parties including CRA, investment advisors, or others to obtain the missing information in order to complete an accurate and timely return?***	YES	NO

* You should provide applicable documentation on this item or we may not be able to make applicable claims

** Additional fees may apply for work and time involved in external communications

I agree this information accurately reflects my personal information and status for purposes of preparing my 2015 Income Tax and Benefit Return.

Taxpayer Signature

BSA Staff Reviewed:

Client Ref: