**2020 Personal Tax Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this the first time Vantage Point (formerly Hryciuk Gallinger) is completing your return?**

Yes☐ No ☐

If yes, please complete the information below and provide a copy of previous year’s tax return, Notice of Assessment and signed consent form for each person.

If no, please complete section below if there are any changes in 2020

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Insurance #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status as of December 31, 2020**

Single ☐ Married ☐ Common-law ☐ Divorced ☐ Separated ☐ Widowed ☐ Deceased ☐

If status changed during 2020, enter date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are we completing your Spouse’s Return** Yes ☐ No ☐

If No Net Income from Spouse’s 2020 Tax Return $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, is this the first time we are completing the spouses return? Yes ☐ No ☐

If yes, please complete below

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Dependents:** Do you have any of the following dependents for tax purpose:  ☐ Minor children including new birth in 2020  ☐ Parents who are dependent – requires a separate checklist  ☐ Others that are living with you – requires a separate checklist per individual  If yes complete applicable sections in **Schedule A** |

**Do you or your spouse have a Tax-Free Savings Account (TFSA)?** Yes ☐ No ☐

|  |
| --- |
| **Do you want your Tax Refund deposited directly to your Bank Account?**  Already have Direct Deposit ☐ Yes ☐ (Attach a voided cheque) No ☐ |
|  |
| **During the year, did you sell any personal property including your principal residence?** Yes ☐ No ☐ |
|  |
| **During the year, did you own Property or Investments outside of Canada with a total COST exceeding $100,000.00 (Canadian)?** Yes ☐ No ☐ **If yes, complete Schedule B** |

|  |
| --- |
| **Do you or your spouse have Foreign Citizenship?** Yes ☐ No ☐ **Dual Citizenship?** Yes ☐ No ☐  **Country of Foreign Citizenship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If a U.S. Citizen, have you taken steps to file a U.S. Tax Return?** Yes ☐ No ☐ |

**Unless otherwise requested by the taxpayer, Vantage Point will maximize tax savings by applying the principles of optimization to Pension Splitting, Medical Expenses, and Donations.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature** **Date**

**For Individuals that Vantage Point is completing Tax Returns for:**

**Sources of Income/Deductions**

***Please provide documents for all check marked items for income and deductions***

|  |  |  |  |
| --- | --- | --- | --- |
| **Sources of Income** | **Self** | **Spouse** | **Minor**  **Children** |
| CERB, CRB, or other COVID-19 provincial assistance (T4A) | ☐ | ☐ | ☐ |
| Employment (T4) | ☐ | ☐ | ☐ |
| Tips & Gratuities | ☐ | ☐ | ☐ |
| Pensions (T4A, T4AP, T4AOAS) | ☐ | ☐ | ☐ |
| RRSP Withdrawals (T4RSP) | ☐ | ☐ | ☐ |
| Profit-Sharing Plan Income (T4PS) | ☐ | ☐ | ☐ |
| RRIF Withdrawals (T4RIF) | ☐ | ☐ | ☐ |
| EI Benefits (T4E) | ☐ | ☐ | ☐ |
| WCB (T5007) | ☐ | ☐ | ☐ |
| Social Assistance (T5007) | ☐ | ☐ | ☐ |
| Scholarship Bursaries (T4A) | ☐ | ☐ | ☐ |
| RESP (Education Plan) (T4A) | ☐ | ☐ | ☐ |
| RDSP (Disability Plan) (T4A) | ☐ | ☐ | ☐ |
| Child Support (include court order) | ☐ | ☐ | ☐ |
| Spousal Support (include court order) | ☐ | ☐ | ☐ |
| Sale of Securities (Proceeds of Disposal/ACB/Brokers Statement) | ☐ | ☐ | ☐ |
| Investment (T3, T5, T5008) | ☐ | ☐ | ☐ |
| Limited Partnership (T5013) | ☐ | ☐ | ☐ |
| Apprenticeship Grants (T4A) | ☐ | ☐ | ☐ |
| Sale of Real Estate Including Principal Residence  **(If yes, please complete Schedule C)** | ☐ | ☐ | ☐ |
| Self-Employed Income – **If yes, complete schedule D** | ☐ | ☐ | ☐ |
| Do you earn Income by selling goods and or services through your Website or Webpage? | ☐ | ☐ | ☐ |
| Rental Income – **If yes, complete schedule E** | ☐ | ☐ | ☐ |

**Deductions and Tax Credits**

|  |  |  |  |
| --- | --- | --- | --- |
| **Deductions and Tax Credits** | **Self** | **Spouse** | **Minor**  **Children** |
| Railway/Transportation Employee | ☐ | ☐ | ☐ |
| Teacher, Early Childhood Educator (Pays for supplies or  Coach Sports | ☐ | ☐ | ☐ |
| Moving Expenses for Employment/School - 40 Km Closer | ☐ | ☐ | ☐ |
| Union Dues/Professional Fees | ☐ | ☐ | ☐ |
| Child Care Expenses **(under 16 during year)** | ☐ | ☐ | ☐ |
| RRSP Contributions (Include HBP, LLP) | ☐ | ☐ | ☐ |
| Northern Resident | ☐ | ☐ | ☐ |
| Did you work at a special or remote worksite in a prescribed Northern or Intermediate zone during the year? | ☐ | ☐ | ☐ |
| Political Party Contributions | ☐ | ☐ | ☐ |
| Charitable Donations (official tax receipt) | ☐ | ☐ | ☐ |
| Medical: (Prescriptions, Dental, Optical, Medical Insurance Premiums, Travel Insurance Premiums, Long-Term Care Costs – **Detailed statements from the pharmacy are available upon request**) | ☐ | ☐ | ☐ |
| Volunteer Firefighter or Search and Rescue **(provide certificate from the organization)** | ☐ | ☐ | ☐ |
| Investment Loan Interest \*\* | ☐ | ☐ | ☐ |
| Investment Counseling Fees \*\* | ☐ | ☐ | ☐ |
| Student Loan Interest (official tax receipt) | ☐ | ☐ | ☐ |
| Tuition (University/College) – provide form T2202A\*\*\* | ☐ | ☐ | ☐ |
| Home Accessibility Expenses for disabled or over 65 | ☐ | ☐ | ☐ |
| Spousal Support Payments - provide court order and proof of payment (cancelled cheques, EFTs showing recipient). | ☐ | ☐ | ☐ |
| Accounting/Legal Fees | ☐ | ☐ | ☐ |
| First-Time Home Buyer | ☐ | ☐ | ☐ |
| Adoption Expenses | ☐ | ☐ | ☐ |
| Exploration and Development Expenses | ☐ | ☐ | ☐ |
| Business Investment Loss | ☐ | ☐ | ☐ |
| Employment Expenses - **If yes, please complete Schedule F** | ☐ | ☐ | ☐ |
| Home Office Expenses for employee  **If regularly worked from home (not due to COVID-19) complete Schedule F**  **If a result of COVID-19 complete Schedule G** | ☐ | ☐ | ☐ |

**Please provide documents for check marked items.**

\*\* Not including loan or fees for RRSP accounts.

\*\*\* These can be obtained online from the University /College.

**Schedule A**

**Dependent’s Information:** Children/Parent(s)/Other (If living with you)

|  |
| --- |
| **Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birthdate:** dd………… / mm………… / yyyy………… **Social Insurance #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Shared custody** Yes ☐ No ☐  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are we preparing a Tax Return for this person?** Yes ☐ No ☐ **If no,** **what is the Net Income for 2020:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Is this person a University or College Student?** Yes ☐ No ☐ **(T2202 or receipt over $100 is required)**  **If the Student wishes to transfer Tuition to a parent, please have them sign the T2202 form**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Is this person Mentally or Physically Disabled?** Yes ☐ No ☐  **If Yes, has the T2201 Disability Tax Credit Application been filed w/ CRA?** Yes ☐ No ☐ **If No, ask us for the T2201 Form** |

|  |
| --- |
| **Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birthdate:** dd………… / mm………… / yyyy………… **Social Insurance #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Shared custody** Yes ☐ No ☐  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are we preparing a Tax Return for this person?** Yes ☐ No ☐ **If no,** **what is the Net Income for 2020:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Is this person a University or College Student?** Yes ☐ No ☐ **(T2202 or receipt over $100 is required)**  **If the Student wishes to transfer Tuition to a parent, please have them sign the T2202 form**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Is this person Mentally or Physically Disabled?** Yes ☐ No ☐  **If Yes, has the T2201 Disability Tax Credit Application been filed w/ CRA?** Yes ☐ No ☐ **If No, ask us for the T2201 Form** |

|  |
| --- |
| **Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birthdate:** dd………… / mm………… / yyyy………… **Social Insurance #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Shared custody** Yes ☐ No ☐  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are we preparing a Tax Return for this person?** Yes ☐ No ☐ **If no, what is the Net Income for 2020:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Is this person a University or College Student?** Yes ☐ No ☐ **(T2202 or receipt over $100 is required)**  **If the Student wishes to transfer Tuition to a parent, please have them sign the T2202 form**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Is this person Mentally or Physically Disabled?** Yes ☐ No ☐  **If Yes, has the T2201 Disability Tax Credit Application been filed w/ CRA?** Yes ☐ No ☐ **If No, ask us for the T2201 Form** |

**Schedule B**

**Types of Foreign Investments or Properties that must be reported are indicated below.**

**Instructions:** Please provide the below indicated values in Canadian converted currency. Alternatively, if providing in a foreign currency, please indicate the type of currency and the relevant dates (such as date of maximum value) so that our office can convert the currency to Canadian.

**Funds held outside of Canada:** Yes ☐ No ☐ Funds Held

|  |
| --- |
|  |
|  |

Maximum During Year

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At December 31, 2020

**Funds/Investments held in an account with a Canadian registered securities dealer or a**

**Canadian trust company:**  Yes ☐ No ☐

Provide a foreign property summary report from your broker

**Real Estate Property outside of Canada:** Yes ☐ No ☐

(Land, Vacation Property, Rental Property, etc.)

Cost Amount

|  |
| --- |
|  |
|  |

Maximum during Year

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at December 31, 2020

Provide details if property was disposed of during the year

**Shares of Non- Resident Corporation:** Yes ☐ No ☐

Cost Amount

|  |
| --- |
|  |
|  |

Maximum during Year

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Corporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at December 31, 2020

Provide details if property was disposed of during the year

**Indebtedness owed to you by Non-Resident:** Yes ☐ No ☐

Cost Amount

|  |
| --- |
|  |
|  |

Maximum during Year

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at December 31, 2020

**Interest in Non-Resident Trust:** Yes ☐ No ☐

Cost Amount

|  |
| --- |
|  |
|  |

Maximum during Year

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Trust: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at December 31, 2020

**Other Property outside of Canada:** Yes ☐ No ☐

(Shares of a Canadian resident corporation held outside of Canada)

(Life Insurance Policy issued by a foreign issuer)

Cost Amount

|  |
| --- |
|  |
|  |

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum during Year

at December 31, 2020

**Schedule C**

**Sale of Real Estate**

**Real Estate Details:**

What was the use of property? ☐Principal Residence

☐Personal Use Property (Vacation, etc.)

☐Rental

☐ Property held for Investment Purposes

Original cost of property, if not already provided $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of acquisition ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide Statement of Adjustments on Disposal of Property**

**Provide Statement of Adjustments on original Purchase of Property plus any major renovations**

**Schedule D**

**Business Income**

**Self-Employed Income & Expenses:** (For Business only, N/A for Employment)

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First period: Yes ☐ No ☐

Single Owner ☐ Partnership ☐

If Partnership: Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % of Ownership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Information provided by:**

☐Electronic (we require data)

☐Listing of Income & Expenses\*

**\*Provide documentation for all major expenses, asset purchases and disposals.**

**GST Registrant:** Yes ☐ No ☐ Business #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, do you require us to complete any GST Returns? Yes ☐ No ☐

Automobile Expenses ☐

(If check marked, complete **Automobile Expenses** section below)

Home Office Expenses ☐

(If check marked, complete the **Home Office** below)

**Automobile Expenses: Home Office:**

Maintain a Mileage Log Book for Business Total Square Footage of Home

or employment km’s travelled? Yes ☐ No ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Square Footage of Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Odometer Reading at Beginning of Year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complete the amounts or provide

Documents for the following:

Odometer Reading at End of Year: Heat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hydro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide Log Book for examination. Insurance\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Tax\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We require documents for the following expenses:** Mortgage Interest\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fuel excluding principal portion

Insurance Water, Sewer, Garbage \_\_\_\_\_\_\_\_\_\_\_

Repairs/maintenance Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financing Interest Strata Fees \_\_\_\_\_\_\_\_\_\_\_\_\_

Lease Payments Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Parking

Other

\* self-employed or commissioned

Approximate % of vehicle used to earn Income: \_\_\_\_\_\_\_\_\_\_\_\_ \*\*self-employed

If vehicle was leased, purchased or sold

during the year, please provide documents.

**Schedule E**

**Rental Income**

**Rental Property 1:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnership: Yes ☐ No ☐

Is there personal use? Yes ☐ No ☐

If yes, what percentage: \_\_\_\_\_\_\_\_\_\_ %

First year of rental: Yes ☐ No ☐

If yes, Date of start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final year of rental: Yes ☐ No ☐

Property sold or changes of use during year: Yes ☐No ☐

Income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the amounts or provide documents for the following expenses:**

Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Taxes $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Interest $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs/Maintenance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advertising $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rental Property 2:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnership: Yes ☐ No ☐

Is there personal use? Yes☐ No ☐

If yes, what percentage: \_\_\_\_\_\_\_\_\_\_ %

First year of rental: Yes ☐ No ☐

If yes, Date of start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final year of rental: Yes ☐ No ☐

Property sold or changes of use during year: Yes ☐No ☐

Income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the amounts or provide documents for the following expenses:**

Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Taxes $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Interest $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs/Maintenance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advertising $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide documents for major renovations, purchases, or disposals of equipment or property.**

**If this is a new rental property, please also provide the Purchaser’s Statement of Adjustments**

**Schedule F**

**Employment Expenses**

Schedule F is used for employees (not businesses) who wish to claim expenses incurred for employment purposes.

For 2020, CRA has allowed a new process to allow home office claims for employees working from home as a result of COVID-19. *If your home office related claims are a result of COVID-19 then refer to Schedule G instead. If you regularly work from home (not a result of COVID-19) then complete Schedule F.*

**(We must have a signed T2200-Declaration of Employment Conditions from your employer)**

**We require documents for the following where applicable:**

Accounting & Legal Fees

Advertising & Promotion

Food, Beverage &/ or Entertainment

Travel

Lodging

Parking

Supplies, Postage, Stationary/Other

Telephone

Trades Person- Tools Expenses

Apprentice Mechanic -Tools Expenses

Complete this section, if applicable: **Automobile Expenses**

Complete this section, if applicable: **Home Office Expenses**

**Automobile Expenses: Home Office:**

(For Business or Employment)

Maintain a Mileage Log Book for Business Total Square Footage of Home

or employment km’s travelled? Yes ☐ No ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Square Footage of Office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Odometer Reading at Beginning of Year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complete the amounts or provide

Documents for the following:

Odometer Reading at End of Year: Heat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hydro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide Log Book for examination. Water, Sewer, Garbage \_\_\_\_\_\_\_\_\_\_\_

Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We require documents for the following expenses:** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fuel

Insurance \*See note above regarding COVID-19

Repairs/maintenance

Financing Interest

Lease Payments

Business Parking

Other

Approximate % of vehicle used to earn Income: \_\_\_\_\_\_\_\_\_\_\_\_

If vehicle was leased, purchased or sold

during the year, please provide documents.

**Schedule G**

**Employees Working from Home**

Many employees will be able to claim a deduction on their 2020 personal tax return for work space in home expenses. Follow the steps below as a simplified guide to assist in determining your claim.

**STEP 1 – ELIGIBILITY AND CHOOSING A METHOD**

This document is NOT for you

No

Did you receive Employment Income (T4 slip) for 2020?

Yes

Complete STEP 2

Did you receive a T2200 or a T2200S from your employer?

No

Yes

Complete both STEP 2 & 3

**STEP 2 – SIMPLIFIED CHART (TEMPORARY FLAT RATE METHOD)**

1. Did you work from home more than 50% of the time for at least four consecutive weeks in 2020 due to COVID-19? YES / NO
2. If Yes, total number of days (200 days max.) you worked from home (full or part time) in 2020 due to COVID-19: \_\_\_\_\_\_\_\_\_\_

**STEP 3 – DETAILED CHART (DETAILED METHOD)**

Dates you worked from home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: Total finished sq. ft. \_\_\_\_\_ Work space: Total sq. ft. \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Did you receive any reimbursements / allowances from your employer for your work space at home? Provide details. | Was your work space used only for employment? If not, how many hours per week was it used for employment? | Did you share this work space with anyone else? Provide details. |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ALL EMPLOYEES** | | **ONLY COMMISSIONED EMPLOYEES** | |
| Expense | Amount for 2020\* | Expense | Amount for 2020\* |
| Rent |  | Home Insurance |  |
| Utilities |  | Property Taxes |  |
| Home Internet Access |  |  | |
| Repairs / Maintenance |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ALL EMPLOYEES** | | | **ONLY COMMISSIONED EMPLOYEES** | | |
| Expense | Amount for 2020\* | Employment Use % | Expense | Amount for 2020\* | Employment Use % |
| Office Supplies |  |  | Cell Phone Lease |  |  |
| Long distance phone calls made for work |  |  | Computer, Fax, etc. Lease |  |  |
| Cell Phone |  |  |  | | |

\*Net of any employer support. For descriptions of what can and cannot be deducted, see this [link](https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/line-229-other-employment-expenses/work-space-home-expenses/expenses-can-claim.html).

You may also be able to claim a return of some GST/HST that you paid (included in the amounts you provided above) on your deductible expenses. **Please provide your employer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We will contact you if we need additional information / clarity.