

WPF INCOME TAX RETURN PREPARATION FORM

Are you interested in tax planning? Y/N Ask us today how you can benefit! DATE:_____

Preferred contact for appointment setting:

Method of contact: Phone Email

Text Provide details of preferred method of contact:

Other	
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HOW DID YOU HEAR ABOUT WPF?						COLLEGE CAM	PUS:		
TAX YEARS:									
SIN#:			Student#:						
Non-Resident Return:	Y / N	Service	Requested:						
CLIENT INFORMATION	Title: Mr / Ms	s / Mrs	Foreign Inco	ome(\$CAD)			Date of Arriva	mm /dd	/уу
Last Name:			-		First Name:			•	MI:
Address:					City & Prov.:		Postal Code:		
Personal Email Address:						DOB:	mm	dd	уу
Telephone #:		Disposed of you	r principal resid	ence? Y/NY	ou or your spous	e moved more that		chool or work?	
Marital Status:	Single	Married / CL	Separated	Divorced	Widowed	Spousal return?	Y/N	CDN Citizen?	Y/N
Date of marriage, if du	iring tax year:	mm dd	уу		Name Change:	Y / N	Date of Departure	mm /	/yy
Provide email address to	CRA? Y/N	Date of Departure	mm /c	/уу			F	irst Return?	Y/N
Tuition transfer?	Y / N	Did you atter univei	-	Y / N	OSAP Lo	oan Repayment	Y / N	ij yes, Loan interest ?	\$
Disability Tax Credit	Y / N	Disability tra	nsfer? Y / N	Med	lical Expenses:	\$		New / Prior	Year Client
Info provided to Electi	on's Canada?	Y/N		Di	id you own any	/ Foreign Prope	rty over \$10	0,000 CDN?	Y/N
Other Relevant Info:			Fir	st Return?	Y/N			s in Canada:	
RRSP Contributions	Y/N	\$	н	BP/LLP Repa	ayment Amount	\$	RRSP	Withdrawal?	Y/N
Are you a First Time Ho	me Buver/LLP?	Y / N	RRSP Con	tribution Li	nit from last No	tice of Assessmer	• nt for the last [•]	tax vear filed:	Ś
Political/Charitable Co		Y / N				if the past 5 yrs?			Ŧ
		•		ve you mau					
Did you provide Vo			Y / N			rovide Volunteer		cue Services?	Y / N
Did you dispose of	your principal r	esidence for wh	nich you would	d like to clair	n the total or pa	rtial exemption?	Y / N		
Do you have any Capital	Gains/Losses?	Y / N	Apply for F	Pension Inc	ome Spliting?	Y / N		TFSA?	Y / N
Direct Deposit	Y / N		anking Info:		200000	Account#:	200000000	Branch #:	XXX
The Government of Canada will Slips (Indicate the	I be phasing out p number slips)	paper cheques on	April 1, 2016. T	his applicatio	n must be made to	avoid interruption	of benefits. Self-Employn	nent	(\$5 Fee)
T4	T4(AP)		T4RSP		тз		Y / N		
T4E	T4(OAS)	,	T5007		Т5		Rental Incom	(If these apply plea	ase ask for related
T4A	T4PS		T2202A		Other		Y / N	forr	
Spousal Information	Title: Mr / Ms	s / Mrs	Foreign Inco	me(\$CAD)		SIN:			
Line 236 \$							Date of Arrival	mm /dd	/уу
Last Name:					First Name:				MI:
Address:					City & Prov.:		Postal Code		
Personal Email Address:						DOB:	mm	dd	уу
Other Relevant Info:					Telephone #:				
Provide email address to CR	RA? Y/N	Date of Departure	mm /c	/уу			F	irst Return?	Y/N
Disability Tax Credit	Y / N	Disability tra	nsfer? Y / N	Med	- lical Expenses:	\$		New / Prior	Year Client

Info provided to Election's Canada?			Y / N		Di	d you own any	y Foreign Prope	rty over \$100	0,000 CDN?	Y / N
CDN Citizen?	Y / N	Name Change:	Y / N	Fir	st Return?	Y / N	Status in Canad	la:		
Did you attend	•	V / N				If yes, Loan	ć	T	on transfer?	V / N
univers		Y / N					Y / N			
	ontributions Y / N \$			н	BP/LLP Repa	ayment Amount	<u>\$</u>	RRSP Withdrawal? Y / N		
Are you a F	re you a First Time Home Buyer/LLP? Y / N			RRSP Cor	ntribution Lir	nit from last No	tice of Assessmer	t for the last	tax year filed:	\$
Political/C	Political/Charitable Contributions? Y / N			If yes, ha	ve you mad	e any donations	if the past 5 yrs?	Y / N		
Did yo	ou provide V	olunteer Emerg	ency Services?	Y/N Did y			rovide Volunteer	Search & Res	cue Services?	Y / N
Do you hav	e any Capital	Gains/Losses?	Y / N	Apply for F	Pension Inc	ome Spliting?	Y / N		TFSA?	Y / N
Direct Deposit		Y/N	В	anking Info:	Transit#:	200000	Account#:	200000000	Branch #:	XXX
	-		aper cheques on	April 1, 2016. T	his applicatio	n must be made to	o avoid interruption			(\$5 Fee)
Slips	(Indicate the	number slips)						Self-Employn	nent	
T4 T4E		T4(AP) T4(OAS)		T4RSP T5007		T3 T5		Y / N Rental Incom		
T4A		T4PS		T2202A		Other		Y / N	(If these apply pleas form	
/For more danc	ndants plag	se ask for Additi	anal Donandan	t Form						
		Date of Arrival				V / N	CINI			
Dependant #1				/уу	Dep. return?	Y / N	SIN:			
Relation:	Daughter	Son	Stepdaughter	Stepson	Mom/ Dad	Niece / Nephew	Other:			
Last Name:						First Name:			-	
DOB:	mm	dd	уу	Medical	Expenses:	\$		Date of Departure	mm /c	/уу
Personal Ema	il Address:					Telephone #:				
Other Releva	nt Info:				Moved more	e than 40kms for	r school or work?	Y/N	Line 236	\$
Provide email a		2Δ? Y / N	Date of Departure	mm /c	/уу				irst Return?	Y/N
Disability Tax		-	Disability tra			lical Expenses:	ć		New / Prior Y	-
									-	
		on's Canada?	Y / N				y Foreign Prope	-	0,000 CDN?	Y / N
CDN Citizen? Did you attend	Y / N	Name Change:	Y / N	Fir	st Return?	Y/N If yes, Loan	Status in Canad	la:		
univers	0	Y / N	OSAP Loan	Repayment	Y / N	interest ?	\$	Tuiti	on transfer?	Y / N
Direct Deposit	rect Deposit Y / N		Banking Info:		Transit#:	Account#:		3000000X	Branch #:	XXX
	-		aper cheques on	April 1, 2016. T	his applicatio	n must be made to	o avoid interruption			(\$5 Fee)
Slips	(Indicate the	number slips)	74000			T 0		Self-Employment		
T4 T4E		T4(AP) T4(OAS)		T4RSP T5007		T3 T5	Y/N Rental Incom (If these apply please ask for related			
T4A		T4PS		T2202A		Other		Y / N	(If these apply pleas form	
Benefits & Cr		Apply for the			Y / N		tario Sales Tax Crea	lit)	OSHPTG?	Y/N
1 Dontol od		l you pay rent,	property tax,	ii so select.	Y / N	Landlords Nam	e:		Destal Carles	
1. Rental add		cally issued by C	RA if you quali	fy for 2017	Total Re	nt/Tax Paid: \$			Postal Code: # of mths:	
			nn ij you quun	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		andlords Name:				
2. Rental address/city: Postal Code: Postal Code: Total Rent/Tax Paid: \$ # of mths:										
3. Rental address/city: Landlords Name: Postal Code:										
				Total Rent/Tax Paid: \$				# of mths:		
Additional Inf	ormation:									
· ·				horoby do-	aro that all	information	rovided to press	ro mu lacom	O Tay Boture	(c)
l, to be true an	d that I am	eligihle for all a	nnlied credite				rovided to prepa ically or paper fi	-		(5)
						the Taxpayer u		icu uepenun	ы пр	
	Signature:		, -	· F.	,	Date:				