



Name: _____

Address: _____

Telephone: _____
(Work) (Cell) (Evening)

Email: _____

Please advise delivery method for your completed T1 package: mail courier pick-up electronic

Any future personal tax correspondence please send: electronic paper

Review and indicate if applicable:

Slip	Income	Yes	No	Expenses / Credits	Yes	No
T3	Mutual funds & trusts <i>(often received in April)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Employment expenses <i>(include Employer Signed Form T2200)</i>	<input type="checkbox"/>	<input type="checkbox"/>
T4	Employment Income	<input type="checkbox"/>	<input type="checkbox"/>	Union or Professional Dues	<input type="checkbox"/>	<input type="checkbox"/>
T4A	Other Income	<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses **Pharmacy summary required**	<input type="checkbox"/>	<input type="checkbox"/>
T4A(OAS)	Old Age Security	<input type="checkbox"/>	<input type="checkbox"/>	Tuition/Education Certificates **Include Form T2202A**	<input type="checkbox"/>	<input type="checkbox"/>
T4A(P)	Canada or Quebec Pension	<input type="checkbox"/>	<input type="checkbox"/>	Donation receipts	<input type="checkbox"/>	<input type="checkbox"/>
T4RSP	RRSP	<input type="checkbox"/>	<input type="checkbox"/>	Child care expenses	<input type="checkbox"/>	<input type="checkbox"/>
T4RIF	RRIF	<input type="checkbox"/>	<input type="checkbox"/>	Children's fitness receipts – Phased out in 2017	<input type="checkbox"/>	<input type="checkbox"/>
T4E	Employment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Children's art receipts – Phased out in 2017	<input type="checkbox"/>	<input type="checkbox"/>
T5	Interest and dividends	<input type="checkbox"/>	<input type="checkbox"/>	RRSP contributions	<input type="checkbox"/>	<input type="checkbox"/>
T5013	Partnership income <i>(often received in April)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Alimony / child support paid	<input type="checkbox"/>	<input type="checkbox"/>
RC62	Universal child care benefit	<input type="checkbox"/>	<input type="checkbox"/>	Investment fees / interest / carrying charges	<input type="checkbox"/>	<input type="checkbox"/>
	Rental income / expenses	<input type="checkbox"/>	<input type="checkbox"/>	Moving expenses	<input type="checkbox"/>	<input type="checkbox"/>
	Self-employment income / expenses	<input type="checkbox"/>	<input type="checkbox"/>	Public Transit Passes	<input type="checkbox"/>	<input type="checkbox"/>
	Capital gains or losses on investments <i>(these are not included on t-slips)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Home accessibility expenses (<i>seniors / disabled</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	Alimony / child support received	<input type="checkbox"/>	<input type="checkbox"/>	Other expenses / credits (<i>please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	Other Income	<input type="checkbox"/>	<input type="checkbox"/>			
	Other	Yes	No			
	T2201 Disability Tax Credit Certificate	<input type="checkbox"/>	<input type="checkbox"/>			
	Spouse or dependent's T1's not prepared by KRP	<input type="checkbox"/>	<input type="checkbox"/>			
	Living common-law	<input type="checkbox"/>	<input type="checkbox"/>			
	Change in marital status	<input type="checkbox"/>	<input type="checkbox"/>			

I am (we are) Canadian citizens and authorize Canada Revenue Agency ("CRA") to provide my (our) name(s), address, date(s) of birth and citizenship(s) to Elections Canada to update my (our) information on the National Register of Electors"

Yes No **If not completed, your return will indicate No.**

.....continued on reverse

FOREIGN INFORMATION

Did you spend time in the United States? Individuals spending a significant amount of time in the U.S. might be required to file with the IRS. Not filing in the U.S. when required could incur **substantial penalties**. Please provide the number of **working days** and the number of **vacation days** spent in the U.S. in 2017 _____ 2016 _____ 2015 _____

- **Are you a U.S. Citizen or Green Card Holder?** Yes No

U.S. Citizens/Green Card Holders are required to file U.S. tax returns annually whether or not they reside in the U.S. You may be considered a U.S. Citizen if either of your parents were U.S. Citizens. Please advise if you need any assistance in determining or dealing with your U.S. filing requirements.

- **Are you a beneficiary of a foreign trust or estate?** Yes No
If yes, please provide details below or if not enough space is provided please attach a separate sheet.

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- **Did you receive any foreign pension payments?** Yes No
If yes, please provide details below or if not enough space is provided please attach a separate sheet.
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FOREIGN INCOME VERIFICATION STATEMENT (T1135)

- **Do you have assets outside of Canada?** Yes No

Canadian residents are required to report all income earned, including income from foreign sources. Please provide details of any foreign income, including any taxes paid to the foreign country. Many foreign assets need to be disclosed separately as outlined in the attached document “*What foreign property do I have to report?*” **You must report** even foreign securities held in Canadian investment accounts. Your investment advisor may have provided useful information in this regard. **Substantial penalties** apply if this disclosure is not properly completed – please err on the side of caution and ask us about any assets you are unsure of.

Please provide names and contact information for all personal advisors (investment advisors, lawyers, other accountants, etc.) that KRP may be required to contact in the preparation of your 2017 income tax return(s):

Family Profile

Please complete the following information to ensure you are receiving all available benefits / credits for your children and disability tax credits.

Child’s First Name	Child’s Last Name	Date of Birth	S.I.N. (if applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you disabled ? Please inform us if any of your dependent children are disabled . Provide a completed Form T2201 – Disability tax credit certificate.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Please let us know if you provided in-home care for a parent or grandparent (including in-laws) 65 years of age or over, or an infirm dependent relative (include relatives such as grandchildren, brothers, sisters, aunts, uncles, nephews or nieces).		