MARTIN PLANTE SERVICE COMPTABLE Income tax

DOCUMENT TO PROVIDE:

- General Return of the previous year (Federal and provincial)
- Notice of assessment (Federal and Provincial)
- Tax information slip, forms or schedules we may need to complete your income tax.(all document that you must attach to your income are shown in brackets for reference only)
- Summary of medical expenses (provided by the pharmacy and/or private insurance)

Date :						
CLIENT INFORMATION						
Last name: First name: Date of birth (year, month, day) Social insurance number: Phone number: Email address:						
Complete address :						
Marital status: Maried						
Do you live alone or only with dependent children (single parent family) throughout the year? Yes No						
SPOUSE INFORMATION						
Last name: Fist name: Date of birth (year, month, day): Social insurance number:						
Do we prepare the tax return for your spouse?	Yes	No 🗌				
(Please complete the following section only if we do not prepare tax returns)						
Federal income: Provincial income:						

DEPENDENT CHILDREN

[Provide RL-24 RL-30 slip (childcare expenses), RL-8 and T2202A (Tuition/education receipts)] *Please check « Yes » if the child is in full-time post-secondary education

Last name and first name	Date of birth (yy, mm, dd)	Net income	S.I.N	Ed	ucation*
					Yes 🗌
	_	·			Yes [
					Yes 🗌
Is a dependent child has	an impairment in phy	ysical or mental func	tion?		Yes 🗌
Do you have a joint custody arrangement? Specify:					
FINANCIAL EXPENSES					
Carrying charges and int Fees paid to an investme Cost of holding securitie	nt advisor:			\$ \$	
OTHER CREDIT					
Public transit					
Have you incurred exper (you, your spouse or chil					Yes 🗌
Children's arts and spo		.l.:11.a			
Have you incurred expert to an artistic or sports ac		eniia			Yes□

SPECIFIC QUESTIONS Instalment payment Federal [Last statement] Provincial [Last statement] **Foreign property** Did you own or hold (spouse and/or child), at any time in 2014, foreign property with a total cost of more than \$ 100,000 CA? No \square Yes \square Drug insurance plan Were you covered by a private group insurance plan which you or your spouse has joined? Yes \square No 🗌 If you were covered for a period of less than 12 months, by a group insurance plan, indicate the number of months: Yes \square Do you have a complementary insurance plan? No \square **RRSP** Provide RRSP deduction limit statement on your latest notice of assessment or T1028 provides by the government after processing your 2016 return.

Capital gains and losses

Provide all RRSP contribution slip

Provide all necessary documents. [T3, T4PS, T5, T5013 or Schedule 3]

Engagement letter

It is mandatory to sign the letter of commitment to the recovery of your documents

Certificates of taxpayer in respect of actual or deemed disposition Of real estate in 2018

Under new tax rules announced on October 3, 2016, there may now be some negative tax impacts resulting from a failure to report a disposition of real property, including a **federal penalty of up to \$ 8,000** in respect of the actual or deemed disposition of a property qualifying for exemption from the principal residence capital gain. In addition, another unfavorable rule was announced when a taxpayer disposes of real property without declaring it in his tax returns, even if it is sold at a loss.

Therefore, I certify to the preparers of my 2018 tax returns that:

NB Check the appropriate box for <u>each</u> of the 4 attestations below. A "real property" includes a house, land, dwelling, condo, cottage, mobile home, etc.

				YES	NO
1-	Have you sold, transferred or give	en property in 2018 to any	vone?		
	If yes, please from which year have	ve you sold and the amour	nt received:		
2-	Have you begun to rent anyone to personal use?	o property in 2018 that yo	ou previously used for		
3-	Have you begun to use for person anyone before that time?	nal use in 2018 real estate	that you rent to		
4-	Have you consented to any right	of passage or easement or	n land in 2018?		
Sign	ature of Taxpayer N	lame of Taxpayer	Date		