

PRIOR YEAR NOTICE OF ASSESSMENT

PRIOR YEAR RETURN (NEW CLIENTS)

Taxpayer Spouse

INCOME SLIPS

<input type="checkbox"/>	<input type="checkbox"/>	T3/T4/T4A/T5
<input type="checkbox"/>	<input type="checkbox"/>	T4A(OAS) - Old Age Security
<input type="checkbox"/>	<input type="checkbox"/>	T4A(P) - Pension Income
<input type="checkbox"/>	<input type="checkbox"/>	T4E - Employment Insurance Benefits
<input type="checkbox"/>	<input type="checkbox"/>	T4RSP - RRSP income
<input type="checkbox"/>	<input type="checkbox"/>	Any other slips

OTHER INCOME

Capital gains

<input type="checkbox"/>	<input type="checkbox"/>	Shares	Buy/sell information
<input type="checkbox"/>	<input type="checkbox"/>	Property (rental/cottage)	Buy/sell information

Rental Income

<input type="checkbox"/>	<input type="checkbox"/>	Income/expenses received from rental property	(see page 4)
--------------------------	--------------------------	---	--------------

Self-Employment income

<input type="checkbox"/>	<input type="checkbox"/>	Income/expenses received from self employment	(see page 2)
--------------------------	--------------------------	---	--------------

DEDUCTIONS

<input type="checkbox"/>	<input type="checkbox"/>	RRSP contribution slips
<input type="checkbox"/>	<input type="checkbox"/>	Union dues
<input type="checkbox"/>	<input type="checkbox"/>	T2202A Tuition and Education amounts
<input type="checkbox"/>	<input type="checkbox"/>	Interest paid on student loans
<input type="checkbox"/>	<input type="checkbox"/>	Childcare expenses

To whom?
SIN
Address
Amount

<input type="checkbox"/>	<input type="checkbox"/>	Medical	All receipts including private health care
--------------------------	--------------------------	---------	--

<input type="checkbox"/>	<input type="checkbox"/>	Donations	All receipts
--------------------------	--------------------------	-----------	--------------

<input type="checkbox"/>	<input type="checkbox"/>	Property taxes or rent paid during year	Amount/municipality/landlord name on receipt
--------------------------	--------------------------	---	--

OTHER DEDUCTIONS

<input type="checkbox"/>	<input type="checkbox"/>	Employment expenses (see page 3)	Signed T2200
--------------------------	--------------------------	----------------------------------	--------------

<input type="checkbox"/>	<input type="checkbox"/>	Child support paid	To whom? SIN How much?
--------------------------	--------------------------	--------------------	------------------------------

<input type="checkbox"/>	<input type="checkbox"/>	Child support received	By whom? SIN How much?
--------------------------	--------------------------	------------------------	------------------------------