

Paul Gupta & Associates

IDENTIFICATION

Your name: _____ SIN#: _____ DOB: ____/____/____ (D/M/Y)

Your spouse: _____ SIN#: _____ DOB: ____/____/____ (D/M/Y)

ADDRESS: _____

Home Phone #: (____) _____ Cell #: (____) _____

Work Phone #: (____) _____ Fax #: (____) _____

e-mail address: _____

MARITAL STATUS

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

Did your marital status change during the year? Yes No

If yes, provide date: _____

If we are NOT preparing a tax return for your spouse, please provide the Net Income figure from line 236 on page 2 of his/her 2009 tax return:

\$ _____

List any **dependents** who were 18 years of age or under as of December 31, 2010

Name	Relationship	2010 Net Income	D.O.B (D/M/Y)	SIN#
		\$		
		\$		
		\$		

Do you or any of your dependents qualify for disability credit? _____

Do you provide shelter and/or financial support to any other relatives (e.g. parents)?

DELIVERY OF RETURN

Do you want your return filed electronically? Yes No

Did you own/hold foreign property with a cost of more than \$100,000? Yes No

Do you authorize CCRA to provide information about you to Elections Canada? Yes No

How do you want your tax return delivered once our staff has completed it?

- Hold for pick-up Mail to my home address Mail to my business address

DEDUCTIONS AND TAX CREDITS AVAILABLE

Check if you have any of the following deductions and INCLUDE ORIGINAL RECEIPTS in all cases.

- Investment loan interest \$ _____
- Safety deposit box changes \$ _____
- Investment counseling fees \$ _____
- RRSP contributions \$ _____
- Moving expenses (if more than 40 km) \$ _____
- Medical expenses \$ _____
- Health insurance premiums \$ _____
- Union dues and professional fees \$ _____
- Child care expenses \$ _____
- Children fitness expenses \$ _____
- Charitable donations \$ _____
- Transit passes \$ _____
- Political Party contributions - FEDERAL \$ _____
- Political party contributions - ONTARIO \$ _____
- Labour- sponsored funds contributions \$ _____
- Tuitions fees – SPOUSE/CHILDREN \$ _____
- Home Renovation \$ _____
- Tax installments paid to government \$ _____
- Other _____ \$ _____

Check if you have any of the following deductions and ensure that you have receipts to support the following items. If unsure, attach receipts.

- Employment expenses \$ _____
- Alimony payments made \$ _____
- Child support (ONLY if deductible)
- Rent Paid
- Property taxes paid
- Other _____

SOURCES OF INCOME

Check if you have any of the following sources of income

SOURCE	SLIP TO BRING
<input type="checkbox"/> Employment Income	T4
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Profit Sharing Income	T4PS
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Old Age Security	T4A (OAS)
<input type="checkbox"/> Canada Pension	T4A
<input type="checkbox"/> Other Pension/ annuities	T4A
<input type="checkbox"/> RRIF Income	T4 (RIF)
<input type="checkbox"/> Withdrawals from RRSP	T4 (RSP)
<input type="checkbox"/> Employment Insurance Benefits	T4(E)
<input type="checkbox"/> Social Assistance payments	T5007
<input type="checkbox"/> Workers Safety Insurance	T5007
<input type="checkbox"/> Scholarships and bursaries	T4A
<input type="checkbox"/> Dividends	T3 or T5
<input type="checkbox"/> Interest	T3 or T5
<input type="checkbox"/> Limited Partnerships	T5013
<input type="checkbox"/> Universal Child Care Benefits	RC62
<input type="checkbox"/> Rental Income	Summarize on page
<input type="checkbox"/> Sale of Real Estate	Summarize on page
<input type="checkbox"/> Sale of securities	Summarize on page
<input type="checkbox"/> Self-employed income	Summarize on page
<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> Child support (taxable)	\$ _____
<input type="checkbox"/> Tips and gratuities	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

If you have any other income and/ or deductions that are not listed above, please itemize below and attach supporting receipts.

PLEASE PROVIDE YOUR 2009 NOTICE OF ASSESSMENT

SELF-EMPLOYED INCOME AND EXPENSES

Name of Business _____
 Type of business _____
 Name of partner and % owned _____ %
 SIN # of partner _____

INCOME \$ _____
 \$ _____

EXPENSES

Advertising \$ _____
 Licenses, dues, memberships and subscriptions \$ _____
 Meals & Entertainment \$ _____
 Office supplies \$ _____
 Legal and accounting \$ _____
 Rent \$ _____
 Salaries \$ _____
 Telephone \$ _____
 Repairs and maintenance \$ _____
 Internet fees \$ _____
 Travel \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Equipment and furniture purchases (please provide invoices) \$ _____
 GST Business Number _____

AUTOMOBILE EXPENSES
 (For business and employment)

Year & make of automobile _____
 Year of purchase _____
 Purchase price \$ _____
 Total kms drive in year _____
 Total kms driven in year for business _____

If car purchased or leased in 2008, please provide copy of purchase or lease agreement

Expense	Amount
Fuel	\$ _____
Repairs and maintenance	\$ _____
Insurance	\$ _____
Licensing or registration	\$ _____
Loan interest	\$ _____
Lease payments	\$ _____
407 ETR	\$ _____
Car washes	\$ _____
Other _____	\$ _____
Other _____	\$ _____

HOME OFFICE
 (For business and employment)

Percentage of home used for business _____ %

Heat \$ _____
 Hydro \$ _____
 Water \$ _____
 Insurance \$ _____
 Maintenance & repairs \$ _____
 Mortgage interest (self employed only) \$ _____
 Property taxes \$ _____
 Rent \$ _____
 Other _____ \$ _____

EMPLOYMENT EXPENSES

Please include a signed T2200 – Declaration of Employment Conditions from your employer.

Expense	Amount
Accounting and legal fees	\$ _____
Legal fees	\$ _____
Food, beverages and entertainment	\$ _____
Lodging	\$ _____
Parking	\$ _____
Telephone	\$ _____
Supplies (e.g. postage, stationary, other)	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Automobile expenses	Summarize below
Office in home expenses	Summarize below

RENTAL PROPERTY

(If property was purchased during the year, please provide the Agreement of Purchase and Sale and the solicitor's reporting letter)

Address _____

Name of partner and % owned _____ %

SIN of partner _____

INCOME \$ _____

EXPENSES

Insurance \$ _____

Mortgage interest \$ _____

Repairs & maintenance \$ _____

Property taxes \$ _____

Utilities \$ _____

Advertising \$ _____

Management & administration \$ _____

Professional fees \$ _____

Other _____ \$ _____

Other _____ \$ _____

Major renovations and purchases (e.g. appliances)

_____ \$ _____

_____ \$ _____

SALE OF REAL ESTATE (not principal residence)

(please provide the Agreement of Purchase and the solicitor's reporting letter for BOTH your sale and purchase)

Address _____

Name of partner and % owned _____ %

SIN of partner _____

Date sold _____

Date purchased _____

Purchase price \$ _____

Legal and other costs on purchase \$ _____

Additions and/or major improvements

_____ \$ _____

_____ \$ _____

Sale Price \$ _____

Legal and other costs of purchase \$ _____

Commission paid on sale \$ _____

Other _____ \$ _____

Other _____ \$ _____

SALE OF SECURITIES (in non-RRSP or other registered plan)

For each brokerage account, please provide the following:

- Transaction Summary for the year
- Investment Income and Expense Summary for the year
- The December 31st monthly account statement

For **ALL** non-RRSP mutual funds, please provide the December 31st year-end statements. (These statements should show all the mutual fund transactions for the year, including any sales, redemptions or transfers.)

AMOUNT TO CHARGE: \$ _____