

Personal Tax Information Request

In order to assist me in the filing of your 2020 Personal Income Tax Return, I request that you fill out the below form to the best of your knowledge. Using the information on this form, in conjunction with the personal tax information slips you provide, the information available to me on the Canada Revenue Agency's website, and our personal discussions with you, I will complete your personal tax return.

I understand that the information requested on this form is not exhaustive, nor do all the questions apply to all of my clients. As such, I invite you to direct any comments or questions to me so that I may serve you better.

Once completed, please return this form as well as your personal tax information to me for the processing of your return. Information can be emailed to me at mel@melaniegesy.ca, sent to me via regular mail, or it can be uploaded to me via other more secure file sharing services (a client portal will be available on my website soon).

I strive to complete your personal tax return as accurately as possible, and I take the confidentiality of the information you provide seriously. All information collected on this form and in the course of preparing your personal tax return is covered under the terms of my Engagement Letter.

Personal Information

Full Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Address

City Province Postal Code

Phone: _____
Home Cell

Email: _____
Personal Work

Citizenship

Citizenship: _____ SIN: _____

	YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold a green card?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold citizenship anywhere else?	<input type="checkbox"/>	<input type="checkbox"/> <i>If yes, where?</i> _____
Have you travelled outside of Canada for more than 120 days this year?	<input type="checkbox"/>	<input type="checkbox"/> <i>If yes, for how long?</i> _____

Marital Status

What is your marital status? Single Married Common Law Separated Divorced

If your marital status has changed in the year, on what date did it change? _____

Children and Dependents

Do you have any children or dependents? YES NO

If yes, please provide their personal information below

Dependent 1: _____
Full name Date of birth SIN

Dependent 2: _____
Full name Date of birth SIN

Dependent 3: _____
Full name Date of birth SIN



Expenses and Credits

Did you incur any of the following expenses during the year:

If you answered yes to any of the below questions, please provide receipts for consideration of the applicable income tax credits or refunds.

- | | YES | NO | |
|---|--------------------------|--------------------------|---------------------------------------|
| Did you have child care expenses? | <input type="checkbox"/> | <input type="checkbox"/> | Please provide receipts |
| Did you contribute to an RRSP? | <input type="checkbox"/> | <input type="checkbox"/> | Please provide contribution receipt |
| Did you have medical expenses? | <input type="checkbox"/> | <input type="checkbox"/> | Please see below |
| Did you pay union or professional dues for which you were not reimbursed? | <input type="checkbox"/> | <input type="checkbox"/> | Please provide receipts |
| Did you pay tuition fees or interest on student loans? | <input type="checkbox"/> | <input type="checkbox"/> | Please provide receipts |
| Did you make any charitable donations? | <input type="checkbox"/> | <input type="checkbox"/> | Please provide receipts |
| Did your employer require you to incur employment expenses or work from home? | <input type="checkbox"/> | <input type="checkbox"/> | Please fill in the attached worksheet |
| Did you have any other expenses for which you are entitled to a tax refund? | <input type="checkbox"/> | <input type="checkbox"/> | Please provide details below |

Additional information:

Medical expenses: Depending on your personal situation, you may be able to deduct valid medical expenses (including, but not limited to, payments for prescription glasses, travel insurance, your portion of your employer's health care premiums and costs for prescriptions) on your tax return. If you have any medical expenses, please provide me with the receipts for consideration in preparing your personal tax return.

Other Income Information

In 2018, the Government of Canada released new legislation regarding income earned from companies where you are related to another individual within the company. In order to help me identify if this new legislation applies to you, I ask that you answer the following questions:

During the year, did you earn money from any company where you were related to someone who was employed by, or a shareholder of, the company?

- Yes, I received money from a company where I was related to someone else
- No, I did not receive money from a company where I was related to someone else

If you answered yes to the above question, please fill out the following information:

The related person is my:

Spouse	Parent	Grand Parent	Child	Sibling	Aunt or Uncle	Cousin	Other Relative
<input type="checkbox"/>							

Type of income earned:

Salary	Dividend	Bonus	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of related person: _____

Company name: _____

Details of money earned: _____ Amount earned: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____



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