

CPK Accounting Inc.
Personal Income Tax Return
T1 Engagement and Information Sheet

CLIENT INFORMATION:

Client Name: _____
 Spouse' Name: _____
 Address: _____

 E-mail address: _____

Date in: ___/___/___	Fee \$ _____
Apprv'd by _____	GST \$ _____

Total _____

Marital status: _____
 Phone (H) _____
 (W) _____
 Best time to call? _____

Client: _____ Spouse: _____

Social Insurance Number: _____ Birth date: _____
 New client? Y / N _____ Date of death: _____
 Address same as last year? Y / N _____ Birth date: _____ Relation: _____

Dependents: Name: Birth date: Relation:

T1 Personal Tax Return Engagement

I have reviewed the information on this form, and to the best of my knowledge and belief, it is complete as shown. Further, I confirm that all world wide gross income and dispositions of property have been disclosed and that all expenses are bona fide with regard to the business or property referenced, and that vouchers to support expenditures are available. I hereby authorize CPK ACCOUNTING INC. to prepare my Personal Tax Returns from the information supplied, and if applicable, to electronically file my return with Canada Revenue Agency. I acknowledge that this tax return may be reassessed or audited, that additional taxes, interest and penalties may become payable and that CPK ACCOUNTING INC. shall not be held liable to pay said amounts payable. I acknowledge that all fees payable to CPK Accounting Inc. are payable at the time I receive my completed tax return, and /or before the return is e-filed. I understand my return will not be e-filed until after I sign authorization form T183.

Privacy Policy Acknowledgement and Disclosure Authorization

I have read the privacy policy of CPK ACCOUNTING INC.. I understand the reasons for the collection of my personal information and the purposes for which it will be used. I hereby authorize

CPK Accounting Inc. and its staff to disclose information regarding my tax return(s) to:

- Canada Revenue Agency and / or the Ontario Ministry of Finance
- Services Canada (formerly HRDC)
- my spouse or common-law partner
- consultants, sub-contractors, or suppliers, as required for the proper completion of my tax return.

Client Signature: _____ Date: _____
If signing on behalf of my spouse or other persons, I certify I have authority to act on their behalf.

Spouse' Signature: _____ Date: _____

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INCOME INFORMATION:

	<u>Client:</u>	<u>Spouse:</u>
Employment income	T4's	_____
Commission or other income	T4A's	_____
OAS or CPP	T4OAS / T4CPP	_____
Other pensions or superannuation:		_____
Foreign pension income: Country of Origin: _____		_____
Employment insurance benefits received		_____
Dividends, interest or othe investment income	T3's	_____
Dividends, interest or othe investment income	T5's	_____
Capital gains or losses (see page 4 for details)		_____
Child or spousal support received or paid		_____
Is this under the new rules?	Y / N	Y / N
Do we have a copy of the agreement?	Y / N	Y / N
RRSP income	T4RSP	_____
RRSP contributions		_____
Rental income and expense (see page 3 for details)	T776	_____
Self employment or professional income (see page 3 for details)	T2124	_____
Workers' compensation or social assistance payments received		_____

DEDUCTIONS from INCOME:

	<u>Client:</u>	<u>Spouse:</u>
Union, professional or like dues paid		_____
Child care expenses (see below for details)		_____
Business investment losses (see page 4 for details)		_____
Carrying charges or investment expense (see page 4 for details)		_____
Employment expense (see page 3 for details)	T777	_____
Is this from commissions?	Y / N	Y / N
Driver's meals and expenses (see page 3 for details)		_____
Social insurance benefits repaid		_____
Losses carried forward from previous years	S4	_____
Is this a capital loss?	Cap / Non cap	Cap / Non cap
Claiming equivalent to spouse	Y / N	Y / N
Claiming disability amount	Y / N	Y / N
Is this the first year of disability claim?	Y / N	Y / N
Claiming tuition or education amount		_____
Tuition / education transferred from dependent		_____
Any transfers from spouse (see page 4 for details)		_____
Claiming medical expenses		_____
Claiming charitable donations		_____
Any special donations or gifts		_____
Child Care Giver: _____	<u>Name</u>	<u>Address</u>
		<u>SIN #</u>

ONTARIO TAX CREDITS:

Do you own or rent your residence	O / R	O / R
Annual rent or property tax paid		_____
Number of months		_____
Landlord or municipality		_____

OTHER INFORMATION:

Have you provided us a copy of last year's tax return or the Revenue Canada assessment notice?	Y / N	Y / N
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Do we have your T2200 Statement of Employment Conditions Y / N Y / N

INTERVIEWER'S COMMENTS:

Do you wish to have your name passed to Elections Canada? Y / N Y / N

Do you have any foreign property worth more than \$100,000 Cdn? Y / N Y / N

Did you pay tax installments? If so, how much? _____ _____

ALLOWABLE VEHICLE EXPENSE

	Vehicle 1	Vehicle 2
Year & make of vehicle		
Purchase price or opening UCC		
Total kilometers driven during the year		
Total kilometers driven for business purposes		
Does client maintain a log book?	Y / N	Y / N
Non-taxable allowance received?	Y / N	Y / N
If so, how much?		
Gas & oil expense		
Repair & maintenance		
Insurance & license		
Loan interest paid		
Lease payments made		
Other costs: Identify: _____		

ALLOWABLE COST of WORKSPACE in RESIDENCE:

	Sq ft	# rooms
Total area of residence		
Total area of workspace	Sq ft	# rooms
Non-taxable allowance received?	Y / N	Y / N
If so, how much?		
Utilities (Heat & hydro)		
Telephone		
Repair & maintenance		
Property insurance		
Condo fees		
Rent paid		
Property taxes		
Mortgage interest		

OTHER EMPLOYMENT EXPENSE:

Meals & entertainment		
Office supplies		
Wages or sub-contractors		
Travel		
Accounting & legal fees		
Advertising & promotion		
Other Identify: _____		
