

**CRIMSON
ENTERPRISES**
2016 T1 Client Tax Questionnaire

Each individual must complete this form. If more room is needed, please use the back of the form.

1. Name: First _____ Last _____ Initial _____
- Y N 2. Is this your first return?
- Y N 3. Name changed since last return?
4. SIN: _____
5. Date of birth (YY/MM/DD): _____
- Y N 6. Have you changed your address since your last return?
- Y N Does CRA have your new address on file? (You phoned them or updated it through your "MyAccount")
7. New address (if CRA does not have your current address):
Care of: _____
Address: _____
City _____ Prov _____ Postal Code _____
8. Phone number: Home _____ Work _____ Ext _____
9. Province (Territory) of residence on Dec 31, 2016: _____
10. Province (Territory) where you **currently** reside if it is not the same as above: _____
11. If you were self employed in 2016, enter Province (Territory) of self employment: _____
12. If you **became** or **ceased** to be a **resident of Canada in 2016**, give the date of:
Entry (month-day) _____ or, **departure** (month-day) _____
13. Marital Status on Dec 31, 2016:
 Married Common-law Widowed Divorced Separated Single
- Y N 14. Did your marital status change in 2016?
If YES, what was it previously? _____ Date of change (month/day): _____
15. If married or common-law, please provide partner's information:
Name: First _____ Last _____ Initial _____
SIN: _____
Date of birth (YY/MM/DD): _____
- Y N 16. Do you wish to create a linked spousal return (if your spouse's taxing province is BC)?
- Y N 17. If NO, please provide the following details about your spouse's return:
His/her net income for 2016 (Line 236): _____
UCCB (Universal Child Care Benefit) on his/her return (Line 117): _____
Amount of UCCB repayment (line 213): _____
RDSP amount (Registered Disability Savings Plan) on his/her return (line 125): _____
Amount of RDSP repayment: _____
18. If this return is for a deceased person, please provide date of death (YY/MM/DD): _____
- Y N 19. Is this return for a pre-bankruptcy return?
Date of bankruptcy (YY/MM/DD): _____
Amount of income after bankruptcy: _____
- Y N 20. Did you own or hold **foreign property at any time** in 2016 with a total cost of more than CA\$100,000?
21. Language of correspondence: English Français

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22. Are you a Canadian citizen?
 If YES, do you authorize CRA to give your name, address, date of birth and citizenship to Elections Canada for the National Register of Electors?
23. Did you reside within Nisga'a Lands on December 31, 2016?
 If YES, are you a citizen of the Nisga'a Nation?
24. Do you have RRSP contribution receipts dated from March 1, 2016 to Feb 28, 2017?
25. Did you make quarterly income tax instalment prepayments in 2016?
If YES, how much? _____ (Provide receipts)
26. Do you qualify for any of the following tax credits? You must have receipts. (Mark all that apply)
- Medical Tax Credits and Disability Tax Credit (must have completed CRA form T2201)
 - First-Time Home Buyer's Tax Credit (FTHBTC)
 - Home Buyer's Plan (HBP/RRSP)
 - Public Transit Amount (transit pass)
 - Donations
 - Children's Fitness Tax amount
 - Children's Art Tax amount
 - Moving Expenses
 - Tuition, Education and Textbooks amounts (must have form T2202A from the school)
 - Employment Expense Deduction (must have completed form T2200 - Declaration of Conditions of Employment)
27. Do you have children under 18 years of age (at Dec 31) living with you? If YES, please provide name, date of birth and SIN, if applicable.
28. Did you support any relative over the age of 18 during the year, who was disabled and wholly or partially dependant on you? If YES, please provide name, date of birth and SIN, if applicable.
29. Did you **dispose of any** shares, bonds, mutual funds, trust units or other investments? (not RRSP/RRIF)
30. Did you pay for any **medical insurance** other than MSP (eg. extended health, dental, travel, etc)?
If YES, please provide receipts
31. **Foreign Pensions:** Do you have income from foreign pensions? If YES, which country? _____
32. **Pension Split:** If advantageous, do you authorize us to split your pension/RRIF with your spouse?
33. Did you sell your principal residence in 2016?
If YES, please provide year originally purchased, complete address & postal code of the residence and the proceeds of disposition.
34. Did you pay for any qualifying Home Accessibility Expenses in 2016? If unsure, please ask us.
35. Are you an eligible educator claiming the school supply tax credit? If YES, please provide receipts.
36. Do we have on file or have you brought your CRA T1 Notice of Assessment from **2015**?
37. Do you authorize us to exchange information with CRA and/or use our office as mailing address?
(signature required: CRA forms T183, T1013 or RC59, T1132)

My signature on the Tax Return or the T183 confirms that the terms, nature and scope of the engagement has been met, and further, that to the best of my knowledge, all the information disclosed in the Tax Return is complete and accurate. I authorize you to e-file my T1 Income Tax return.

Signature

Date

Email address: _____

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Income Slips

- RC62 Universal child care benefit statement
- T3 Statement of trust income, allocation and designation
- T4 Statement of remuneration paid
- T4A Statement of pensions, retirement, annuity and other income
- T4E Statement of employment insurance and other benefits
- T4F Statement of fishing income
- T4RSP Statement of RRSP income
- T4RIF Statement of income from a registered retirement income fund
- T4PS Statement of employee profit sharing plan
- T4A(OAS) Statement of old age security pension
- T4A(P) Statement of Canadian pension plan benefits
- T5 Statement of investment income (includes bank interest)
- T5007 Statement of benefits
- T5008 Statement of securities transactions
- T5013 Statement of partnership income

- Foreign pension amounts
- Other income with no slips (Example: Tips, Casual labour, Elections Canada or Elections BC employment)

Common deductions:

- RRSP/HBP/LLP
- Tuition (Form T2202)
- Charitable donations
- Dependants
- Childcare expenses
- Child fitness expenses
- Child arts expenses
- Political contributions
- Moving expenses
- Medical expenses (example: extended health insurance, travel insurance, prescriptions, dental, chiropractic, physiotherapy, massage therapy). Note that over-the-counter remedies are not valid medical expenses.
- Union dues, with receipt from the union