

7190 Lantzville Rd, PO Box 70 Lantzville, BC VOR 2H0 t: 250.390.4131 e: info@kmacpa.ca www.kmacpa.ca

## **MOVING EXPENSE WORKSHEET**

Who can claim moving expenses?

- 1) You have moved a minimum 40 kilometers closer to a new place of work or school. (You or your spouse must be starting a new job or relocating your self-employment business)
- 2) You have established a new place to live (eg. You sold or rented out your prior residence)

If these conditions do not apply to you, then you do not need to complete this form. If you are not certain, then please contact us and discuss the issue with one of KMA's tax professionals.

Consume Full Manage	<u>tion</u>		
2. <u>Employer Details</u>			
Previous Employer			
Company Name:			
Street Address:			
City:	Province:	Postal Code:	
New Employer			
Company Name:			
Street Address:			
City:	Province:	Postal Code:	

3. <u>Det</u>	ails of	your move							
Old Address:				City:			Province:	Postal Code:	
New Address:				 City:			Province:	Postal Code:	
Date of your r	nove:								
When moving	, did yo	ou fly or drive	e to your new r	esidence?	?	Flew	Drove	Both	
Flying: Did yo	u make	more than c	one trip?	YES		NO			
If "YES",	please	provide deta	nils:						
1st Trip	Cost		Date:		Reason:				
2nd Trip			Date:		Reason:				
3rd Trip			Date:		Reason:				
4th Trip	Cost		Date:		Reason:				
Driving Did v	اد سما	o mara than	ono trin?	VEC		NO			
Driving: Did yo		provide deta	-	YES		NO			
1st Trip		:			Reason:				
2nd Trip					Reason:				
3rd Trip	Cost		Date:		Reason:				
4th Trip	Cost		Date:		Reason:				
	-				· ·				
	use a m		any? ving company: d (please attac		:		Date	paid:	<u>.                                    </u>
NO		How did you Amount Paid	ı move your ho d:	usehold?					
40						2			
4.2 How did	tne me	embers of yo	ur household r	nove to tr	ie new iod	cation?			
4.3 How did	the otl	her members	s of your house	hold arriv	e at the n	ew residenc	e? (By automob	ile, flying, or other):	
4.4 How ma	ny days	s did you spe	nd travelling? I	f you mad	de multipl	e trips, pleas	se include all tho	ose days:	
4.5 Did you	or mon	abors of your	household sta	v in hotal	s motols	or other na	id accommodat	ion during the move?	
YES		•		-		-		ach receipts)	
123	,	Total spent	on accommoda on meals:				(Please att	ach receipts)	
		rotal openit					(i lease att	udii 1 ede.pts/	
NO									
4.6 Did you	or men	nbers of your	household sta	y in temp	orary acc	ommodation	before or after	the move?	
YES	;	Dates of ten	nporary accom	modation	:			Total cost:	
								·	

NO

	YES	Please provide a listing of expenses in the Incidental Moving Costs Table at the bottom of	of the page
	NO		
	110		
4.8	Did you or y	our spouse receive reimbursment of moving costs from an employer?	
	YES	What was the amount of the reimbursment?	
	NO		
	5. Purcha	ise and Sale of Residence	
Did		rchase a residence as a result of the move?	
2.4	-	lease provide the following information and copies of all relevant documents.	
		<b>6</b> 1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Sale of old residence	
		Selling Price:	
		Realtor Commission:	
		Legal Fees:	
		Advertising or other costs:	
		Purchase of new residence	
		Purchase Price:	
		Legal Fees:	
		Taxes paid for registration of title:	
		Date of purchase:	
		·	
	NO		
	INCIDENTAL	MOVING COSTS TABLE	
Plea		etails on other moving costs in the table below	
-		of a lease in order to move to the new work location. Please provide the amount paid and	copies
		cancellation agreement.	
_		ddress of legal documents	
_	_	rivers license and permit, but not including insurance	
_		ection and disconnection costs	
-		ion costs of moving boats or trailers	
1		Name and/or details of cost	Cost
2			
3			
4			

4.7 Did you incur any costs related to maintaining your old residence for a period of time after the move?