

Sources of Income		
(Check if you have any of the following sources of Income and <u>Include Receipts</u> where ever applicable)		
Description		Slip to Attach/Amount
2015 Notice of Assessment & Tax Return (For Carry Forward detail of Loss, Tuition Fees, Donation & RRSP)	<input type="checkbox"/>	Copy of Notice & Tax Return
<u>Current Sources</u>		
Employment Income	<input type="checkbox"/>	T4
Pension Income (inc. Scholarship & Bursaries, Taxable Disability, RRIF Income, RRSP Income & Withdrawals)	<input type="checkbox"/>	T4A, T4AP, T4RIF, T4RSP
Old Age Security	<input type="checkbox"/>	T4(OAS)
Employment Insurance Benefits	<input type="checkbox"/>	T4E
Income from Trust	<input type="checkbox"/>	T3
Investment Income	<input type="checkbox"/>	T5
Workmen Compensation or Social Assistance Payments	<input type="checkbox"/>	T5007
Universal Child Care Benefit	<input type="checkbox"/>	RC62
Profit Sharing Income	<input type="checkbox"/>	T4PS
Limited Partnership Income	<input type="checkbox"/>	T5013
Sale of Securities (Trading Summary of Broker)	<input type="checkbox"/>	Summary Sheet
Spouse/Taxable Child Support Payment Received	<input type="checkbox"/>	\$_____
Business/Self-Employed Income (Sole Proprietorship)	<input type="checkbox"/>	Detail in Form 2
Sale of Investments	<input type="checkbox"/>	Detail in Form 3
Rental Income	<input type="checkbox"/>	Detail in Form 4
Sale of Real Estate	<input type="checkbox"/>	Detail in Form 5
Sale of Principle Residence	<input type="checkbox"/>	Purchase & Sale Papers
Others (if any)_____	<input type="checkbox"/>	\$_____
Others (if any)_____	<input type="checkbox"/>	\$_____
Others (if any)_____	<input type="checkbox"/>	\$_____
Others (if any)_____	<input type="checkbox"/>	\$_____

General Deductions & Tax Credits Available		
(Check if you have any of the following deductions and <u>Include Receipts</u> where ever applicable)		
Description		Slip to Attach/Amount
RRSP Contributions	<input type="checkbox"/>	\$_____
Medical, Dental, Prescription Drugs & Nursing Home Expenses	<input type="checkbox"/>	\$_____
Union Dues & Professional Dues (inc. Investment Conselling Fees)	<input type="checkbox"/>	\$_____
Private Health Insurance Plan Contributions	<input type="checkbox"/>	\$_____
Charitable Donations Receipts	<input type="checkbox"/>	\$_____
Tutions Fees (Self/Spouse/Children)	<input type="checkbox"/>	T2202A
Interest Paid on Student Loans	<input type="checkbox"/>	\$_____
Public Transit Pass / Presto Statement	<input type="checkbox"/>	\$_____
Children's Physical Fitness & Arts Amount	<input type="checkbox"/>	\$_____
Interest on Loan taken for Investments	<input type="checkbox"/>	\$_____
Safety Deposit Box Fees	<input type="checkbox"/>	\$_____
Legal Fees to establish Child/Spouse Support	<input type="checkbox"/>	\$_____
Legal Fees to recover Wages from Employer	<input type="checkbox"/>	\$_____
Child Care Expenses	<input type="checkbox"/>	\$_____
Moving Expenses if you moved 40Km or Closer to work or School	<input type="checkbox"/>	\$_____
Political Contributions (Federal/Provisional) Receipts	<input type="checkbox"/>	\$_____
Disability Tax credit claim form completed by Authorized Health Practioner	<input type="checkbox"/>	\$_____
First Time Home Buyer's Amount	<input type="checkbox"/>	\$_____
Home Buyers Plan Withdrawals/Payments	<input type="checkbox"/>	\$_____
Spouse Support Payments paid	<input type="checkbox"/>	\$_____
Adoption Expenses	<input type="checkbox"/>	\$_____
Property Tax or Residential Rent paid and to whom paid	<input type="checkbox"/>	\$_____