



## Income Tax Questionnaire

### Pre-Bankruptcy Period

#### Instructions

The pre-bankruptcy section of the questionnaire focuses on the time period from January 1 of this year up until the day before the day of your bankruptcy.

**Why are we focusing on this period?** When you file for bankruptcy, the Canada Revenue Agency requires **two** income tax returns for the tax year instead of the usual single return:

- The **pre-bankruptcy return**, which covers the period from January 1 until the day before the date of your bankruptcy.
- The **post-bankruptcy return**, which covers the rest of the year.

#### Let's start!

**Step 1:** Answer the questions that apply to you only. **This questionnaire may look long, but don't worry, many sections may not fit your situation. Just complete the parts that do. If something does not apply, it's okay to skip it!**

**Step 2:** When you're finished, save a copy of the questionnaire to your computer and upload it to your Supportal account. In addition, please upload any supporting documents or forms requested for the questions you answered.

**Step 3 (optional):** If you have not filed your income tax return for **last year**, please complete the prior-year questionnaire on **page 9** as well. Once we receive it and any required supporting documents, we'll use that information to file your return.

#### Section 1: Personal Information

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|                                          | You | Your Spouse |
|------------------------------------------|-----|-------------|
| First Name                               |     |             |
| Middle Initial (optional)                |     |             |
| Last Name                                |     |             |
| Social Insurance Number                  |     |             |
| Date of Birth (month/day/year)           |     |             |
| Current Address                          |     |             |
| Mailing Address, if different from above |     |             |
| Phone Number                             |     |             |

## Citizenship and Province of Residency

1. Are you a Canadian Citizen?
  - a. ☐ Yes.
  - b. ☐ No.
2. What province/territory did you live in on the day of your bankruptcy? \_\_\_\_\_
3. From January 1 to the day before the date of your bankruptcy, did you live in another province/territory?
  - a. ☐ Yes.
    - i. Which province/territory? \_\_\_\_\_
    - ii. Date of your move to the province/territory noted above: \_\_\_\_\_
  - b. ☐ No.

## Marital Status

1. On the date of your bankruptcy, what was your marital status? \_\_\_\_\_
  - a. If you selected married or common-law, please provide your spouse's income (or a reasonable estimate) from January 1 until the day before the date of your bankruptcy. Enter 0 for none. This is used to determine benefit and tax credit eligibility: \$ \_\_\_\_\_
  - b. Click "Yes" if your spouse is a post-secondary student: ☐ Yes
  - c. Click "Yes" if your spouse is disabled: ☐ Yes
2. If your marital status changed at any time from January 1 to the day before the date of your bankruptcy, on what date did it change? \_\_\_\_\_

## Dependants

If you have dependants, please add their information below. If a dependant had income from January 1 to the day before your bankruptcy date, enter their net income in the final column.

| Name | Relationship | Living with You                                             | Post-Secondary Student                                      | Receiving Canada Child Benefit (CCB) for This Person        | Their Date of Birth | Their Net Income, if any |
|------|--------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|---------------------|--------------------------|
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     | \$                       |
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     | \$                       |
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     | \$                       |
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     | \$                       |
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     | \$                       |

## Principal Residence

1. From January 1 to the day before the date of your bankruptcy, did you sell your principal residence?
  - a. ☐ Yes
  - b. ☐ No
2. If **yes**, please fill in the details below. If no, you can skip this section.
  - a. Address of the property you sold: \_\_\_\_\_
  - b. Year of acquisition: \_\_\_\_\_
  - c. Proceeds from sale: \$ \_\_\_\_\_
  - d. Your ownership share (%): \_\_\_\_\_
  - e. Number of years as principal residence: \_\_\_\_\_

## Section 2: Income

Did you receive any income from the categories below from January 1 to the day before your bankruptcy date?

If **yes**, check only the income types that apply to you and provide the details or documents requested for those items. **You can skip anything that does not apply.**

For explanations, **and to download forms**, visit the [Canada Revenue Agency's website](#).

### Income from Employment or Self-employment

| Check if Applicable      | Income                                                           | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                                                                                                      |
|--------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Income from employment (for which you are typically issued a T4) | Please provide: <ul style="list-style-type: none"><li>- The last paystub you received prior to the date of bankruptcy (from each employer). Paystubs must show the year-to-date income totals.</li></ul>                                                                                                                                                               |
| <input type="checkbox"/> | Income from self-employment                                      | Please complete and remit: <ul style="list-style-type: none"><li>- <a href="#">Statement of Business Income and Expenses</a>, available <a href="#">here</a>, or attach a completed T2125 Statement of Business or Professional Activities form to this questionnaire. For “gig” employment (Uber, Skip the Dishes, etc.), please provide an income summary.</li></ul> |

**Employment Insurance (EI).** Enter the total gross amount received and income taxes withheld from January 1 until the day before the date of your bankruptcy.

| Gross Amount Received | Taxes Withheld |
|-----------------------|----------------|
| \$                    | \$             |

**CPP, OAS, and/or Other Pension Income.** Enter the total gross amount received and income taxes withheld from January 1 until the day before the date of your bankruptcy.

| Check if Applicable      | Type of Income                                                   | Gross Amount Received | Taxes Withheld |
|--------------------------|------------------------------------------------------------------|-----------------------|----------------|
| <input type="checkbox"/> | Canada Pension Plan, for which you are typically issued a T4A(P) | \$                    | \$             |
| <input type="checkbox"/> | Old Age Security, for which you are typically issued a T4A(OAS)  | \$                    | \$             |
| <input type="checkbox"/> | Other retirement/pension income                                  | \$                    | \$             |

### Income from Investments or Rental Property

| Check if Applicable      | Income                        | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                               |
|--------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Income from investments       | If you received income from investments (including, but not limited to, dividends, interest, capital gains, or capital losses) from Jan. 1 until the day before the date of your bankruptcy, please provide the last investment account statement you received prior to the date of bankruptcy. |
| <input type="checkbox"/> | Income from a rental property | Please complete and remit: <ul style="list-style-type: none"> <li>- T776 Statement of Real Estate Rentals form.</li> <li>- Airbnb Annual Income Statement, if applicable.</li> </ul>                                                                                                            |

**Income From an RRSP.** From January 1 until the day before the date of your bankruptcy, did you withdraw from an RRSP? If yes, please complete the following, and provide a bank statement as proof of withdrawals:

| Date of Withdrawal (month/day/year) | Type                                                              | Gross Amount Withdrawn | Tax Withheld at Source |
|-------------------------------------|-------------------------------------------------------------------|------------------------|------------------------|
|                                     | <input type="checkbox"/> Self or <input type="checkbox"/> Spousal | \$                     | \$                     |
|                                     | <input type="checkbox"/> Self or <input type="checkbox"/> Spousal | \$                     | \$                     |

**Spousal or Child Support Payments Received.** If you received spousal or child support payments, please complete the following for amounts received from January 1 until the day before the date of your bankruptcy, **and provide a copy of the Court Order or Legal Agreement:**

| Check if Applicable      | Type            | Amount Received | Required Items to be Submitted with Questionnaire |
|--------------------------|-----------------|-----------------|---------------------------------------------------|
| <input type="checkbox"/> | Child Support   | \$              | Copy of the Court Order or Legal Agreement        |
| <input type="checkbox"/> | Spousal Support | \$              | Copy of the Court Order or Legal Agreement        |

**Income from Foreign Sources and Foreign Property Ownership.** If you received pension income from a foreign country from January 1 until the day before the date of your bankruptcy, please provide the details below:

| Country | Total Amount Received |
|---------|-----------------------|
|         | \$                    |
|         | \$                    |

Did you own or hold specified foreign property where the total cost of all such property, at any point from Jan. 1 until the day before the date of your bankruptcy, was more than \$100,000 CAD?

- ☐ Yes. Please complete and remit form T1135 Foreign Income Verification Statement.
- ☐ No.

**Other Income Not Listed Above.** Please provide any receipts and attach a description on a separate sheet. Other income can include provincial seniors' benefits, income support normally reported on a T5007 slip, tips/gratuities, income received from cash jobs, other income normally reported in box 28 of a T4A slip, etc.

### Section 3: Expenses and Deductions

Did you have any of the expenses listed below from January 1 to the day before your bankruptcy date?

If **yes**, check only the expense types that apply to you and provide the details or documents requested for those items. **You can skip anything that does not apply.**

For explanations, **and to download forms**, visit the [Canada Revenue Agency's website](#).

#### Expenses Related to Childcare, Child Support/Alimony, or Adoption

| Check if Applicable      | Deductions                                                    | Amount to Claim                                                                                                                                                                  | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                       |
|--------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Do you have any expenses related to childcare?                | \$                                                                                                                                                                               | Daycare or day home receipts. If an individual is providing caregiving, receipts must include their name, address, and Social Insurance Number, or the deduction cannot be claimed.                                                                                     |
| <input type="checkbox"/> | Do you have any expenses related to child support or alimony? | Total child support paid (Jan. 1 to the day before the date of bankruptcy):<br>\$ _____<br><br>Total alimony paid (Jan. 1 to the day before the date of bankruptcy):<br>\$ _____ | A copy of the Court Order, Judgment, or written agreement, along with any subsequent revisions, is required.<br><br>I am up to date with all child support payments:<br>- <input type="checkbox"/> Yes<br>- <input type="checkbox"/> No. Amount in arrears:<br>\$ _____ |
| <input type="checkbox"/> | Do you have any expenses related to adoption?                 | \$                                                                                                                                                                               | Hang on to your receipts in case the CRA asks for them.                                                                                                                                                                                                                 |

#### Medical Expenses and the Disability Tax Credit

| Check if Applicable      | Deductions                                                           | Amount to Claim                                               | Required Items to be Submitted with Questionnaire                   |
|--------------------------|----------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> | Do you have any <a href="#">medical expenses</a> ?                   | \$                                                            | Hang on to your receipts in case the CRA asks for them.             |
| <input type="checkbox"/> | Do you have any expenses related to <a href="#">attendant care</a> ? | \$                                                            | Hang on to your receipts in case the CRA asks for them.             |
| <input type="checkbox"/> | Are you eligible to claim the Disability Tax Credit?                 | We will claim the disability amount allowed for the tax year. | Please provide an approved T2201 Disability Tax Credit Certificate. |

## Moving Expenses

| Check if Applicable      | Deductions                                                                                                                                                                                                                                                        | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Did you move to a new home to work or to be a full-time student in a post-secondary program at a university or college; and your new home is at least 40 kilometres closer to your new work location or school? If yes, you may be able to claim moving expenses. | <p>Please complete and attach a T1-M Moving Expenses Deduction form, or attach receipts and provide the following:</p> <ul style="list-style-type: none"> <li>- Date of move: _____</li> <li>- Former address: _____</li> <li>- New address: _____</li> </ul> <p>Employer/school information. Fill out applicable information:</p> <ul style="list-style-type: none"> <li>- Former employer's address: _____</li> <li>- New employer's address: _____</li> <li>- Name of the school you are attending: _____</li> </ul> |

## Northern Residents Deduction

| Check if Applicable      | Deductions                                                                                                                                                                                                                                                   | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Did you live in a <a href="#">prescribed northern zone</a> (Zone A) or <a href="#">prescribed intermediate zone</a> (Zone B) from Jan. 1 until the day before the date of your bankruptcy? If "Yes", you may be able to claim a Northern resident deduction. | <p>Please provide the following:</p> <p>Address: _____ (must be located in <a href="#">Zone A or Zone B</a>)</p> <p>Dates living at this address (month/day/year):</p> <ul style="list-style-type: none"> <li>- From: _____</li> <li>- To: _____ (leave blank if this is your current address).</li> </ul> |

## Tuition fees

| Check if Applicable      | Deductions                | Amount to Claim | Required Items to be Submitted with Questionnaire       |
|--------------------------|---------------------------|-----------------|---------------------------------------------------------|
| <input type="checkbox"/> | Did you pay tuition fees? | \$              | Hang on to your receipts in case the CRA asks for them. |

## Contributions to an RRSP

| Check if Applicable      | Deductions                     | Amount to Claim | Required Items to be Submitted with Questionnaire       |
|--------------------------|--------------------------------|-----------------|---------------------------------------------------------|
| <input type="checkbox"/> | Did you contribute to an RRSP? | \$              | Hang on to your receipts in case the CRA asks for them. |

### Union or Professional Dues

| Check if Applicable      | Deductions                                                   | Amount to Claim | Required Items to be Submitted with Questionnaire       |
|--------------------------|--------------------------------------------------------------|-----------------|---------------------------------------------------------|
| <input type="checkbox"/> | Did you pay union or professional dues not reported on a T4? | \$              | Hang on to your receipts in case the CRA asks for them. |

### Donations to a Registered Charity or Political Party

| Check if Applicable      | Deductions                                                                 | Amount to Claim | Required Items to be Submitted with Questionnaire       |
|--------------------------|----------------------------------------------------------------------------|-----------------|---------------------------------------------------------|
| <input type="checkbox"/> | Did you make any contributions to federal or provincial political parties? | \$              | Hang on to your receipts in case the CRA asks for them. |
| <input type="checkbox"/> | Did you make any charitable donations?                                     | \$              | Hang on to your receipts in case the CRA asks for them. |

**Employment Expenses for Salaried Employees.** Please check all employment expenses incurred from January 1 until the day before the date of your bankruptcy. For explanations on the deductions listed below, and to download forms, visit the [Canada Revenue Agency's website](#).

| Check if Applicable      | Expenses                                                                                                                                                                                                                                                                                 | Required Items to be Submitted with Questionnaire                                                                                                |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Were you required to incur employment expenses (auto expenses, expenses to earn a commission, etc.) for which you were not reimbursed by your employer? If yes, please provide Form T2200 completed by your employer, and complete and remit Form T777 Statement of Employment Expenses. | T2200 Declaration of Conditions of Employment and T777 Statement of Employment Expenses.                                                         |
| <input type="checkbox"/> | From Jan. 1 until the day before the date of your bankruptcy, were you employed as a long-haul truck driver and away from your home terminal for more than 24 consecutive hours?                                                                                                         | TL2 Claim for Meals and Lodging Expenses completed by your employer. Please make sure all trip information is completed as well.                 |
| <input type="checkbox"/> | Did you incur any expenses for supplies while employed as a teacher or early childhood educator?                                                                                                                                                                                         | Amount: \$ _____.<br><br>Hang on to your receipts in case the CRA asks for them. A list of eligible supplies can be found <a href="#">here</a> . |
| <input type="checkbox"/> | Other employment expenses not listed above?                                                                                                                                                                                                                                              | Please provide any receipts and attach a description on a separate sheet.                                                                        |

### Other expenses not listed above

| Check if Applicable      | Deductions                         | Required Items to be Submitted with Questionnaire                         |
|--------------------------|------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> | Other deductions not listed above? | Please provide any receipts and attach a description on a separate sheet. |

### Section 5: Prior-Year Income Tax Return

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☐ Check this box if you did not file an income tax return for last year. Please **complete the questionnaire on the next page**; we will file your return using the information you provide.

### Section 6: Acknowledgement

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☐ I acknowledge that the above is my tax information, as witnessed by my initials and/or my signature. I understand that my tax return will be prepared without audit based on the information provided in this tax questionnaire.

Print Name: \_\_\_\_\_

Signature (initial or insert signature image): \_\_\_\_\_

Date: \_\_\_\_\_

# Prior-Year Income Tax Return Questionnaire

For the Full Tax Year 2025 

## Instructions

**Step 1:** Answer the questions that apply to you only. **This questionnaire may look long, but don't worry, many sections may not fit your situation. Just complete the parts that do. If something does not apply, it's okay to skip it!**

**Step 2:** When you're finished, save a copy of the questionnaire to your computer and upload it to your Supportal account. In addition, please upload any supporting documents or forms requested for the questions you answered.

## Section 1: Personal Information

### Province of Residency

1. What province/territory did you live in on December 31? \_\_\_\_\_
2. Did you live in another province/territory?
  - a. ☐ Yes.
    - i. Which province/territory? \_\_\_\_\_
    - ii. Date of your move to the province/territory noted above: \_\_\_\_\_
  - b. ☐ No.

### Marital Status

1. What was your marital status on December 31? \_\_\_\_\_
  - a. If you selected married or common-law, please provide your spouse's income (line 23600 of their tax return or a reasonable estimate). Enter 0 for none. This is used to determine benefit and tax credit eligibility: \$ \_\_\_\_\_
  - b. Click "Yes" if your spouse is a post-secondary student: ☐ Yes
  - c. Click "Yes" if your spouse is disabled: ☐ Yes
2. If your marital status changed at any time during the year, on what date did it change? \_\_\_\_\_

### Dependants

**If you have dependants**, please add their information below. If a dependant had income, enter their net income in the final column.

| Name | Relationship | Living with You                                             | Post-Secondary Student                                      | Receiving Canada Child Benefit (CCB) for This Person        | Their Date of Birth | Their Net Income, if any |
|------|--------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|---------------------|--------------------------|
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     |                          |
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     |                          |
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     |                          |
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     |                          |
|      |              | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No | <input type="checkbox"/> Yes or <input type="checkbox"/> No |                     |                          |

## Principal Residence

1. Did you sell your principal residence during the year?
  - a. ☐ Yes
  - b. ☐ No
2. If **yes**, please fill in the details below. If no, you can skip this section.
  - a. Address of the property you sold: \_\_\_\_\_
  - b. Year of acquisition: \_\_\_\_\_
  - c. Proceeds from sale: \$ \_\_\_\_\_
  - d. Your ownership share (%): \_\_\_\_\_
  - e. Number of years as principal residence: \_\_\_\_\_

## Section 2: Income

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Did you receive income from any of the categories below?

If **yes**, check only the income types that apply to you and provide the details or documents requested for those items. **You can skip anything that does not apply.**

For explanations, **and to download forms**, visit the [Canada Revenue Agency's website](#).

### Income from Employment or Self-employment

| Check if Applicable      | Income                                                           | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                                                                                                      |
|--------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Income from employment (for which you are typically issued a T4) | T4 issued by each of your employers, if received.                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | Income from self-employment                                      | Please complete and remit: <ul style="list-style-type: none"><li>- <a href="#">Statement of Business Income and Expenses</a>, available <a href="#">here</a>, or attach a completed T2125 Statement of Business or Professional Activities form to this questionnaire. For “gig” employment (Uber, Skip the Dishes, etc.), please provide an income summary.</li></ul> |

### Employment Insurance (EI)

| Check if Applicable      | Income                             | Required Items to be Submitted with Questionnaire |
|--------------------------|------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> | Employment Insurance (EI) received | T4E, if received.                                 |

### CPP, OAS, and/or Other Pension Income

| Check if Applicable      | Income               | Required Items to be Submitted with Questionnaire                                                     |
|--------------------------|----------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | CPP income           | T4A(P)                                                                                                |
| <input type="checkbox"/> | OAS income           | T4A(OAS)                                                                                              |
| <input type="checkbox"/> | Other pension income | T4A, T4RIF, or any other t-slip indicating pension or other retirement income received, if available. |

### Income from Investments or Rental Property

| Check if Applicable      | Income                        | Required Items to be Submitted with Questionnaire                                                                                                                                 |
|--------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Income from investments       | Please provide any T3 or T5 received, or any investment account statement available. Including, but not limited to, dividends, interest, capital gains, or capital losses.        |
| <input type="checkbox"/> | Income from a rental property | Please complete and remit: <ul style="list-style-type: none"><li>- T776 Statement of Real Estate Rentals form.</li><li>- Airbnb Annual Income Statement, if applicable.</li></ul> |

### Income From an RRSP

| Check if Applicable      | Income              | Required Items to be Submitted with Questionnaire                        |
|--------------------------|---------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> | Income from an RRSP | T4RSP, if received, or provide a bank statement as proof of withdrawals. |

**Spousal or Child Support Payments Received.** If you received spousal or child support payments, please complete the following for amounts received for the year, **and provide a copy of the Court Order or Legal Agreement:**

| Check if Applicable      | Type            | Amount Received | Required Items to be Submitted with Questionnaire |
|--------------------------|-----------------|-----------------|---------------------------------------------------|
| <input type="checkbox"/> | Child Support   | \$              | Copy of the Court Order or Legal Agreement        |
| <input type="checkbox"/> | Spousal Support | \$              | Copy of the Court Order or Legal Agreement        |

**Income from Foreign Sources and Foreign Property Ownership.** If you received pension income from a foreign country, please provide the details below:

| Country | Total Amount Received |
|---------|-----------------------|
|         | \$                    |
|         | \$                    |

Did you own or hold specified foreign property where the total cost of all such property, at any point in the tax year, was more than \$100,000 CAD?

- ☐ Yes. Please complete and remit form T1135 Foreign Income Verification Statement.  
☐ No.

**Other Income Not Listed Above.** Please provide any receipts and attach a description on a separate sheet. Other income can include provincial seniors' benefits, income support normally reported on a T5007 slip, tips/gratuities, income received from cash jobs, other income normally reported in box 28 of a T4A slip, etc.

### Section 3: Expenses and Deductions

Did you have any of the expenses listed below?

If **yes**, check only the expense types that apply to you and provide the details or documents requested for those items. **You can skip anything that does not apply.**

For explanations, **and to download forms**, visit the [Canada Revenue Agency's website](#).

#### Expenses Related to Childcare, Child Support/Alimony, or Adoption

| Check if Applicable      | Deductions                                                    | Amount to Claim                                                              | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                       |
|--------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Do you have any expenses related to childcare?                | \$                                                                           | Daycare or day home receipts. If an individual is providing the caregiving, receipts must include their name, address, and Social Insurance Number, or the deduction cannot be claimed.                                                                                 |
| <input type="checkbox"/> | Do you have any expenses related to child support or alimony? | Total child support paid:<br>\$ _____<br><br>Total alimony paid:<br>\$ _____ | A copy of the Court Order, Judgment, or written agreement, along with any subsequent revisions, is required.<br><br>I am up to date with all child support payments:<br>- <input type="checkbox"/> Yes<br>- <input type="checkbox"/> No. Amount in arrears:<br>\$ _____ |
| <input type="checkbox"/> | Do you have any expenses related to adoption?                 | \$                                                                           | Hang on to your receipts in case the CRA asks for them.                                                                                                                                                                                                                 |

#### Medical Expenses and the Disability Tax Credit

| Check if Applicable      | Deductions                                                           | Amount to Claim                                               | Required Items to be Submitted with Questionnaire                   |
|--------------------------|----------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> | Do you have any <a href="#">medical expenses</a> ?                   | \$                                                            | Hang on to your receipts in case the CRA asks for them.             |
| <input type="checkbox"/> | Do you have any expenses related to <a href="#">attendant care</a> ? | \$                                                            | Hang on to your receipts in case the CRA asks for them.             |
| <input type="checkbox"/> | Are you eligible to claim the Disability Tax Credit?                 | We will claim the disability amount allowed for the tax year. | Please provide an approved T2201 Disability Tax Credit Certificate. |

## Moving Expenses

| Check if Applicable      | Deductions                                                                                                                                                                                                                                                        | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Did you move to a new home to work or to be a full-time student in a post-secondary program at a university or college; and your new home is at least 40 kilometres closer to your new work location or school? If yes, you may be able to claim moving expenses. | <p>Please complete and attach a T1-M Moving Expenses Deduction form, or attach receipts and provide the following:</p> <ul style="list-style-type: none"> <li>- Date of move: _____</li> <li>- Former address: _____</li> <li>- New address: _____</li> </ul> <p>Employer/school information. Fill out applicable information:</p> <ul style="list-style-type: none"> <li>- Former employer's address: _____</li> <li>- New employer's address: _____</li> <li>- Name of the school you are attending: _____</li> </ul> |

## Northern Residents Deduction

| Check if Applicable      | Deductions                                                                                                                                                                                                      | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                                          |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Did you live in a <a href="#">prescribed northern zone</a> (Zone A) or <a href="#">prescribed intermediate zone</a> (Zone B) in the tax year? If "Yes", you may be able to claim a Northern resident deduction. | <p>Please provide the following:</p> <p>Address: _____ (must be located in <a href="#">Zone A or Zone B</a>)</p> <p>Dates living at this address (month/day/year):</p> <ul style="list-style-type: none"> <li>- From: _____</li> <li>- To: _____ (leave blank if this is your current address).</li> </ul> |

## Tuition fees

| Check if Applicable      | Deductions                | Required Items to be Submitted with Questionnaire                    |
|--------------------------|---------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> | Did you pay tuition fees? | T2202 Tuition and Enrolment Certificate or receipts/proof of payment |

## Contributions to an RRSP

| Check if Applicable      | Deductions                     | Required Items to be Submitted with Questionnaire |
|--------------------------|--------------------------------|---------------------------------------------------|
| <input type="checkbox"/> | Did you contribute to an RRSP? | Contribution slips or receipts                    |

## Union or Professional Dues

| Check if Applicable      | Deductions                                                   | Amount to Claim | Required Items to be Submitted with Questionnaire       |
|--------------------------|--------------------------------------------------------------|-----------------|---------------------------------------------------------|
| <input type="checkbox"/> | Did you pay union or professional dues not reported on a T4? | \$              | Hang on to your receipts in case the CRA asks for them. |

## Donations to a Registered Charity or Political Party

| Check if Applicable      | Deductions                                                                 | Amount to Claim | Required Items to be Submitted with Questionnaire       |
|--------------------------|----------------------------------------------------------------------------|-----------------|---------------------------------------------------------|
| <input type="checkbox"/> | Did you make any contributions to federal or provincial political parties? | \$              | Hang on to your receipts in case the CRA asks for them. |
| <input type="checkbox"/> | Did you make any charitable donations?                                     | \$              | Hang on to your receipts in case the CRA asks for them. |

**Employment Expenses for Salaried Employees.** Please check all employment expenses incurred for the year. For explanations on the deductions listed below, and to download forms, visit the [Canada Revenue Agency's website](#).

| Check if Applicable      | Expenses                                                                                                                                                                                                                                                                                 | Required Items to be Submitted with Questionnaire                                                                                                |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Were you required to incur employment expenses (auto expenses, expenses to earn a commission, etc.) for which you were not reimbursed by your employer? If yes, please provide Form T2200 completed by your employer, and complete and remit Form T777 Statement of Employment Expenses. | T2200 Declaration of Conditions of Employment and T777 Statement of Employment Expenses.                                                         |
| <input type="checkbox"/> | Were you employed as a long-haul truck driver and away from your home terminal for more than 24 consecutive hours at any point in the tax year?                                                                                                                                          | TL2 Claim for Meals and Lodging Expenses completed by your employer. Please make sure all trip information is completed as well.                 |
| <input type="checkbox"/> | Did you incur any expenses for supplies while employed as a teacher or early childhood educator?                                                                                                                                                                                         | Amount: \$ _____.<br><br>Hang on to your receipts in case the CRA asks for them. A list of eligible supplies can be found <a href="#">here</a> . |
| <input type="checkbox"/> | Other employment expenses not listed above?                                                                                                                                                                                                                                              | Please provide any receipts and attach a description on a separate sheet.                                                                        |

## Other expenses not listed above

| Check if Applicable      | Deductions                         | Required Items to be Submitted with Questionnaire                         |
|--------------------------|------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> | Other deductions not listed above? | Please provide any receipts and attach a description on a separate sheet. |

#### Section 4: Ontario Trillium Benefit and Ontario Senior Homeowners' Property Tax Grant (Ontario Residents Only)

Tick the box below if you are claiming the Ontario Trillium Benefit and Ontario Senior Homeowners' Property Tax Grant.

| Check if Applicable      | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <p>Please complete and submit form <a href="#">5006-TG ON-BEN</a> <b>and</b> provide the following, if applicable.<br/><b>Please note only one family member may claim this benefit:</b></p> <p>Address of my Ontario principal residence, including postal code:</p> <ul style="list-style-type: none"><li>- _____</li><li>- Number of months as resident: _____</li><li>- This is a long-term care facility: <input type="checkbox"/> Yes or <input type="checkbox"/> No</li></ul> <p>Amount of property tax or rent paid for the year:</p> <ul style="list-style-type: none"><li>- <input type="checkbox"/> Property tax: \$ _____</li><li>- <input type="checkbox"/> Rent: \$ _____. Landlord's name: _____ (this is the name of the person or company your rental payments were made to).</li></ul> |

#### Section 5: Manitoba Homeowners, Renters, and Other Affordability Tax Credits (Manitoba Residents Only)

Tick the box below if you are claiming the Manitoba Homeowners, Renters, and/or Other Affordability Tax Credits.

| Check if Applicable      | Required Items to be Submitted with Questionnaire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <p>Please complete and submit form <a href="#">5007-TC MB479</a> <b>and</b> provide the following, if applicable.<br/><b>Please note only one family member may claim this benefit:</b></p> <p>Address of my Manitoba principal residence, including postal code:</p> <ul style="list-style-type: none"><li>- _____</li><li>- Number of months as resident: _____</li><li>- This is a long-term care facility: <input type="checkbox"/> Yes or <input type="checkbox"/> No</li></ul> <p>Amount of property tax or rent paid for the year:</p> <ul style="list-style-type: none"><li>- <input type="checkbox"/> Property tax: \$ _____</li><li>- <input type="checkbox"/> Rent: \$ _____. Landlord's name: _____ (this is the name of the person or company your rental payments were made to).</li></ul> |

#### Section 6: Acknowledgement

☐ I acknowledge that the above is my tax information for the complete year, as witnessed by my initials and/or my signature. I understand that my tax return will be prepared without audit based on the information provided in this tax questionnaire.

Print Name: \_\_\_\_\_

Signature (initial or insert signature image): \_\_\_\_\_

Date: \_\_\_\_\_