

CLIENT FORM

2020 TAX RETURN

Client: _____ Date: ____ / ____ 2021 10\$ extra charge for multiple PDF

Mobile: () _____ - _____

**My personal details, my family situation and my insurance cover are the same as last year.
(If you have checked the box, proceed to section 2)**

SECTION #1

<p>Address: _____</p> <p>Apt # : _____</p> <p>S.I.N.: _____</p> <p>D.O.B.: _____</p> <p>Other phone number () _____ - _____</p> <p>e-mail: _____</p>	<p>Spouse name: _____</p> <p>If we don't file your partner's taxes:</p> <p>Line 23600 Federal : _____</p> <p>Line 275 Provincial : _____</p> <p>S.I.N.: _____</p> <p>D.O.B.: _____</p>																
<p>Marital status on Dec. 31 2020 : <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/divorced</p> <p>Did your civil status changed in 2020: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of change * : ____/____/2020</p> <p style="text-align: center;"><i>* If separated, details of ex-spouse</i></p>																	
<p>Dependents information</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Child's name</th> <th style="width: 20%;">Date of birth</th> <th style="width: 20%;">S.I.N.</th> <th style="width: 25%;">Post-secondary student</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>____/____/____</td> <td>____ - ____ - ____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>____ - ____ - ____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>____ - ____ - ____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>		Child's name	Date of birth	S.I.N.	Post-secondary student	_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>Do you have shared custody ? <input type="checkbox"/> Yes <input type="checkbox"/> No → If so, what % and for which children ____ %</p> <p>Which parent is liable to pay support payments? <input type="checkbox"/> Dad <input type="checkbox"/> Mom</p>																	
<p>Insurance plan is covered by: <input type="checkbox"/> Private (<input type="checkbox"/> Own <input type="checkbox"/> Spousal) / <input type="checkbox"/> RAMQ - months that apply ? _____</p> <p style="text-align: center;"><input type="checkbox"/> Extended Health benefit</p>																	

SECTION #2

Confirmations of taxpayer relatively to disposition or deemed disposition of a real property in 2020

N.B.: Check appropriate box for each confirmations below. A real property includes a house, a land, a condo, a cottage, a mobile home, etc...

	YES	NO
°In 2020, I sold, willed or given a real property in 2020 to a family member or a stranger.	<input type="checkbox"/>	<input type="checkbox"/>
°In 2020, I started to rent, to a family member or a stranger, a real property that I used before for personal purposes.	<input type="checkbox"/>	<input type="checkbox"/>
°In 2020, I started to use for personal purposes, a real property that I rented before that moment to a family member or a stranger.	<input type="checkbox"/>	<input type="checkbox"/>
°In 2020, I consented a right of way or an easement on a land I own to a family member or a stranger.	<input type="checkbox"/>	<input type="checkbox"/>

FOR NEW CLIENTS ONLY

Who referred you to us ? : _____

Do you have a company ? yes no

If yes, please indicate its name : _____



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SECTION #3

Covid-19

- Have you received any amount from one of the following subsidy CERB/CESB/CRB/CRCB/CRSB/Temporary Aid for Workers Program (PATT) Yes No
- Have you teleworked at home because of the Covid-19 pandemic, for at least 4 weeks without interruption ? if so, which method do you choose to calculate the deduction : Yes No
 - 1- Temporary fixed rate method (5\$ fees) number of days worked from home: _____ Yes No
 - 2- The detailed method (Form TP-64.3-V, T2200/T22005) (40\$ Fees) Yes No
 - 3- You want us to analyze which of those method works better in your situation (additional fees of 20\$) Yes No
- Have you benefit the 40k\$ (60k\$) loan or the wage subsidy as a self-employed worker or partnership? Yes No
- Have you benefit any rent subsidy as a tenant or commercial building owner? Yes No

General

- Do you or a family member have a severe impairment or a disability? (if so , do you have the forms filled out : T2201 and TP-752.0.14) ? Yes No
- Did you pay any interest fees on student loans? Yes No
- Did you pay any eligible digital news subscription ? Yes No
- Have you paid tax intalments? Yes No
 - If so, Federal : _____ \$ Provincial : _____ \$

Home assistance

- Have you lived alone during the whole year of 2020 (Excluding dependent persons)? Yes No
- If you are a tenant or subtenant, did you receive a RL31 ? Yes No
- During 2020, have you moved to get closer to your place of work (more than 40km)? Yes No
- Have you contributed to your HBP (Home buyers plan) this year? Yes No
- Did you purchase a qualifying (first) home in 2020 to use as a principal residence? Yes No
- Did you upgrade your waste water treatment system by a qualified contractor? Yes No
 - Year of construction : _____ Description of property : House Condo 4 seasons cottage
- Did you pay for home support services (disabled person or over 65 years old) ? Yes No

Investments

- Have you sell any shares or mutual funds (outside of RRSP) during the year ? Yes No
- Did you take any RRSP in 2020 or in the the first 60 days of 2021? (including monthly withdrawal) Yes No
- Did you own or hold specified foreign property where the total cost amount is more than CAN\$100K ? Yes No
- Have you received or transfer (sale, dispose,exchange,give,etc.) virtual money (ex:Bitcoin) Yes No

Family

- Are you a natural caregiver (form TP-102.AN.A required if you aren't blood related) ? Yes No
- Have you incurred costs related to infertility treatment or for adoption ? Yes No
- Did you receive a children's Fitness Tax Credit/ children's art tax credit (child under 16)? Yes No

70 years and more

- If you are 70 y/o and more, did you pay for snowremoval, lawn and household ? Yes No
- Do you have receipts for seniors' activities (must be 70 y/o or more as at 12/31/20)? Yes No
- Did you pay over \$250 for a hospital bed, an hearing aid or a wheelchair, etc. Yes No

Please note that the basic amount for the filing of the 2020 tax return has increased by \$2/person.

Return of documents : Mail (\$10 fees) will pass by the office

Additional fees will be charged if we are required to bring corrections to your tax return for any missing informations.

I hereby confirm the validity of the informations and documents that I have given you and I'm able to take ownership of the missing and/or incorrect informations.

I am aware that I'm responsible of the penalties incurred if not all my income is reported.

Client's signature _____ Date _____