

INCOME TAX INFORMATION FORM (FAQ'S attached)

Please print legibly

Personal Information *If your spouse has also declared bankruptcy a separate Information Form must be completed*

Name		Social Insurance Number	
Address		Email Address	
City	Province	Postal Code	
Date of Birth (dd/mm/yyyy)	Work Phone	Home/Cell Phone	

Marital Status

Marital Status as at December 31 <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <i>Per Canada Revenue Agency's interpretation: "Common-law" means you have been residing together over the last 12 months or if you have a child together, you are considered common-law from the day you begin residing together.</i>
If your marital status changed during the year please enter the date of change: (dd/mm/yyyy)

Spousal Information *Even if your spouse is not bankrupt, this information is **required** in order for Canada Revenue Agency to calculate your Canada Child Benefit and GST refund correctly and to allow for any spousal credits that may be available to you. **Failure to provide this information will affect your GST and Canada Child Benefit. CRA requires this in order for us to submit your return.***

Spouse's Name:	Social Insurance Number:
Date of Birth (dd/mm/yyyy)	Net Income per Line 236 of their Tax Return (If not bankrupt):

Dependent Children

Name	Birthdate (dd/mm/yyyy)	Relationship	Income (if applicable)

Do you claim childcare expenses? (if so, include receipts)
 Yes No

Who claims the Canada Child Benefit for the children, if applicable?
 I claim it My Spouse

Do you claim a child or dependant for the ED credit? (amount for an eligible dependent)
 Yes No **Note #2 - FAQ**

CANADIAN CITIZEN (yes/no) _____

MEDICAL DEDUCTIONS provide us with the total of all of your medical receipts. **If your receipts are not totaled, they will not be included in the processing of your return.** If you have sent in your medical receipts with your monthly statements, please obtain a print-out from your pharmacy.

DONATIONS Attach receipts for donations made during the year and provide us with the total.

TUITION AMOUNT If you are claiming a tuition amount for yourself, please attach the T2202A received from the institution you attended. If you have any unused **tuition expenses carried forward** from a prior year, please indicate the federal and provincial amounts carried forward. If you are claiming a tuition amount for a dependent, complete the required information with respect to the dependents income and have the dependent sign the T2202A and attach the completed form.

PENSION INCOME SPLITTING If you are splitting the eligible pension income between you and your spouse, complete and attach **Form T1032** which is signed by you and your spouse. The form is available online. (<https://www.canada.ca/en/revenue-agency/services/forms-publications.html>) If the signed form is not included we will not be able to split the pension income when we process your return.

HOME BUYER'S PLAN Amount required to be repaid under the Home Buyer's Plan for the year: \$ _____

LIFE LONG LEARNING PLAN Amount required to be repaid under the LLP for the year: \$ _____

ALIMONY/SPOUSAL MAINTENANCE – Details (**Full** Amount Paid or Received in 2018, From Whom or To Whom.) Attach a copy of the written or court agreement. **Note #3 – FAQ** \$ _____

TRUCK DRIVER If you are claiming for meals and lodging expenses please attach a completed and signed Form TL2. The form is available online. If not complete, the deductions will not be included in the processing of your return. Do not send your log books.

ONTARIO RESIDENTS: Ontario trillium benefit (OTB) If you lived in a qualifying area of Northern Ontario at December 31 and are eligible for the Northern Ontario energy credit you may be eligible. Please confirm address, number of months resident for the year, the amount of rent and/or property taxes paid for the year, and name of landlord, municipality or supplier to whom payment was made, as applicable.

Name of Present Employer: _____

Other Employers (indicate where and dates of employment in 2018) _____

<i>PLEASE USE THIS CHECK LIST TO ASSURE YOU HAVE INCLUDED ALL NECESSARY SLIPS AND RECEIPTS PRIOR TO SENDING TO US</i>		
T4 (Employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach slips)
T4E (Unemployment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach slips)
T4A (Pension)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach slips)
T4AOAS (OldAge Supplement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach slips)
T4AP (Canada Pension)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach slips)
T4RSP (RRSP Income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach slips)
T3/T5 (Investment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach slips)
T5007 (Social Assistance/Senior's Benefit/Workers Comp)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach slips)
Disability Tax Credit: Have you or any of your family members received a Notice of Determination and are therefore eligible to claim the Disability Tax Credit? Who is eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No attach document

RETURN BY: MARCH 15, 2019

Information received after this date is not guaranteed to be filed prior to April 30th

Ensure you have received and attached ALL tax slips to this Information Form prior to sending to us

DISCLAIMER: Grant Thornton Limited does not automatically send copies of tax returns. If you would like a copy of your tax return please chose how we should send it to you:

By Email Email Address: _____

By Mail (Will be sent after the 15th of May only)

The above information is complete and accurate to the best of my knowledge.

Signature: _____	Date: _____
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SELF-EMPLOYMENT INCOME & RENTAL INCOME

If you earned income from self-employment as a result of carrying on a business or professional service during the year, or if you earned income from a property rental business, you must prepare and send:

- **Statement of income and expenses for your self-employed or rental business.** The information for income and expenses must be broken into two periods:
 - from January 1st to the date you filed for bankruptcy (the pre-bankruptcy return), and
 - from the date you filed bankruptcy to December 31st (the post-bankruptcy return).
- **Summarize your self-employment earnings and expenses.** You may fill in the information on the attached sheet or provide us with a statement summarizing your business activities. We will not accept records that do not have a summarization of the income and expenses. The information will be sent back to you for summarizing.
- **Do NOT send copies of your invoices and receipts for expenses** as they are not required as part of the processing of your return.
- If you maintained a **home office as your principal place of business**, please summarize the costs of:
 - Heat, electricity, insurance, property taxes, mortgage interest (excluding principle), repairs and maintenance.
 - The total square foot of the residence and the square foot of the business office must be provided as part of the tax return information.
 - The information for home based business costs must also be broken into two periods:
 - from January 1st to the date you filed for bankruptcy, and
 - from the date you filed bankruptcy to December 31st
- Use a separate Summary of Self-Employment or Rental Earnings (Loss) for each additional business.

SUMMARY OF SELF-EMPLOYMENT OR RENTAL EARNINGS (LOSS)

Name of Business _____	PRE-RETURN Jan 1 st to Day before Bankruptcy	POST-RETURN Date of Bankruptcy to Dec 31 st
INCOME (LESS HST):		
Self-Employment	\$ _____	\$ _____
Rental	\$ _____	\$ _____
SUMMARIZED EXPENSES: (list the expense incurred for earning the above income)		
Advertising	\$ _____	\$ _____
Meals & Entertainment	\$ _____	\$ _____
Bad Debts	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Interest and Bank Fees	\$ _____	\$ _____
Office	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Professional Fees	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Maintenance and Repairs	\$ _____	\$ _____
Salaries/ Commissions Paid	\$ _____	\$ _____
Travelling Expense	\$ _____	\$ _____
Telephone and Utilities	\$ _____	\$ _____
Fuel costs (except for motor vehicles)	\$ _____	\$ _____
Motor Vehicle (Fuel)	\$ _____	\$ _____
Motor Vehicle Loan (Interest)	\$ _____	\$ _____
Motor Vehicle (Maint. & Repairs)	\$ _____	\$ _____
_____	\$ _____	\$ _____

PRE-RETURN
 Jan 1st to Day before Bankruptcy

POST-RETURN
 Date of Bankruptcy to Dec 31st

Calculation of Home Office Expense (Please use 100% amounts)

Heat	\$ _____	\$ _____
Hydro	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
_____	\$ _____	\$ _____
Square footage of home: _____	Square footage of space in home used for office: _____	
TOTAL EXPENSES	\$ _____	\$ _____
EARNINGS / (LOSS)	\$ _____	\$ _____