



## Iqaluit

PO Box 20, Iqaluit, NU, X0A 0H0 Tel: 867.979.6603 Fax: 867.979.6493

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### **Rankin Inlet**

PO Box 147, Rankin Inlet, NU, X0C 0G0 Tel: 867.645.2817 Fax: 867.645.2483

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## **INFORMATION TO ENCLOSE - 2021**

Name		
INFORMATION SLIPS		
Have you enclosed all T4's, T5's and other info Have you enclosed your prior year Notice of As	-	
PERSONAL INFORMATION Have we prepared your tax return before? Is all personal information the same? (If the answer to either question is no, please		
OTHER INFORMATION (if any apply, pleas  ☐ Adoption expenses	□ RRSP contribution receipts	milation)
□ Capital gains or losses □ Charitable donation receipts □ Child care receipts □ First time home buyer – Location □ Foreign assets > \$100,000 □ Home Buyer's Plan repayment □ Interest expenses for investments □ Medical receipts □ Moving expenses not covered by employer □ Rental properties – revenue & expenses □ Sale of property - Investment property:  Sale Price Purchase Property = Modern of the property of the prop	□ Self-employment information □ Spousal support □ Student loan interest □ Student tuition receipts □ Tax installment payments □ Teacher's supplies □ Tradesperson's tools □ Travel deduction □ Union or professional dues □ Volunteer Fire Fighter/Search and	
□ Sale of property - Principal residence:  Sale Price Purchase Principal residence:  Address Purchase Principal residence:		
☐ If you are employed in the hospitality indust gratuities during the year? If so how much ☐ If you are a taxi driver, a GST return must be ☐ Did you work from home in 2021? If so, ple	ry (waiter / waitress), did you earn any te filed. Are we to complete these? GST	•
Other Information		





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# PERSONAL TAX ORGANIZER YEAR(S)

Mr. Mrs. Ms.	\		
First Name:		Last Name:	
Mailing Address:			
Social Insurance Nu	mber:	Date of Birth:	(y/m/d)
Phone: Home:	My Work:	My C	ell:
Email Addres	ss:		
Have we prepared you	ur tax return before?	Yes	☐ No
Marital Status:	☐ Single ☐ Divorced		☐ Common Law ☐ Widow(er)
If your marital status	changed during the ye	ar provide the date of c	hange (m/d)
Spousal Information	(if applicable):		
Name:		SIN #:	
Date of Birth:	(y/m/d)	Net Income if not prepa	uring return
Work Phone:	Cell:	Email Addre	SS:
Dependent Children	(who live with you):		
Name	Relationship	Date of Birth (y/m/d)	) Income

The following questions must be answered before your return can be e-filed:						
Do you want your email address provided to CRA for online mail?   Yes No  No  No  No  Are you/spouse Canadian citizen(s)?   Yes No  No  Do you agree to the Canada Revenue Agency providing your name, address and date of birth to Elections Canada to keep the national voters list up to date?   Yes No						
Do you own foreign property at any time during the year with a cost of more than CAN\$100,000?    Yes No						
NORTHERN RESIDENCE DEDUCTION						
Did you live in Nunavut since January 1 <sup>st</sup> for the year(s) filing?    Yes    No						
If you answered no, please provide us with your former address and the date you moved here or left.						
Did you have housemates or roommates?   Yes  No						
If you shared accommodations with others, provide a list of people who lived with you (including your spouse but not including dependent children). Are any of them claiming a Northern Deduction? If so, how much are they claiming? Full = Basic claim per day plus the additional claim per day for the house / apartment that you live in.  Note: If any person in the household has claimed Full then no one else can claim anything.						
Name Claiming deduction?   Full Basic None						
Name Claiming deduction?   Full Basic None						
TRAVEL DEDUCTION						
Did your employer report a travel benefit in Box 32 of your T4 slip?  Yes No Did you travel or go on vacation?  Yes No If yes to both questions, please complete the separate <b>Travel Deduction Form</b> (enclosed).						
DIRECT DEPOSIT						
Does CRA have your banking information?   Yes   No  If no to the above, provide banking information to change the account CRA has or start the direct deposit.						
Transit/Branch#Bank/Institution CodeAccount#Taxpayer						
Transit/Branch#Bank/Institution CodeAccount#Spouse						





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	_	-from-Home Deduc :		1			
Due to the COVID-19 pandemic many people began working from home. Because of this, the CRA has introduced new methods for claiming a deduction for home office expenses for the 2021 tax year. To determine if you are eligible to claim this deduction for the 2021 tax year, please answer the following questions:							
Did you work fro	om home at any po	oint during 2021 due to C	OVID-19?	YES	NO		
= = =	red to pay expense sed by your emplo	es relating to working from	m home tha	at were not,	, <b>and will</b> NO		
	e a period of <u>at lea</u> e than 50% of the	st four (4) consecutive we time?	<u>eeks</u> in whic	c <b>h you were</b> YES	e working NO		
If you answered	yes to all the abov	e questions, you qualify to	o claim the	deduction fo	or home		
work expenses i	n 2021 using the SI	IMPLIFIED method.If you v	were workir	ng from hom	ne for		
reasons other th	nan COVID-19, plea	ase indicate here					
You are eligible t	ethod uses a flat r	IETHOD fied method if you meet th ate of \$2 for each day you					
-		number of days you (maximum			ome in		
completed. Please	-	detailed method, there are a our staff that you would like					
Taxpayer Signatur	re:	D	ate of Signat	ture:			

# **TRAVEL DEDUCTION - T2222**

If you have an amount in box 32 of your T4 Slip, you are allowed to deduct travel for up to two vacation trips per year for yourself and each member of your household. Each member of the household is limited to two trips per year regardless of the number of box 32's per household. If you have an amount in box 33 of your T4 slip you may claim an unlimited number of medical trips.

### PLEASE COMPLETE A SEPARATE FORM FOR EACH TRIP.

Trip #						
Destination:						
Purpose of trip:	Vacation	Med	lical [			
Names of people t	raveling:			Departure date	Return date	# of trip days
			_			
			_			
			_			
			_			
			_		Total Number of Days	
TRIP EXPENSE	S	Airfare (attach t	ickets)			
	Hotel (attac	h receipts). See				-
Meals (\$	69 per person per	day for 2020)	Note 3 L	ess - All inclusive d	lays	-
		rental (attach re				-
		h receipts). See				-
	•	Fotal actual cost	of trip			
Note 1:					ferries, train, bus, shutt	les, etc.
Note 2: Note 3:	Hotel can only include the cost of the room and parking plus all applicable taxes.  Meals are \$51 per person per day for 2019 and prior years.					
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Airfare	Hotel		(	Car Rental		Other
	<u> </u>		_			

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Destination:						
Purpose of trip:	Vacation	Med	lical [			
Names of people t	raveling:			Departure date	Return date	# of trip days
			_			
			_			
			_			
			_			
			_		Total Number of Days	
TRIP EXPENSE	S	Airfare (attach t	ickets)			
	Hotel (attac	h receipts). See				-
Meals (\$	69 per person per	day for 2020)	Note 3 L	ess - All inclusive d	lays	-
		rental (attach re				-
		h receipts). See				-
	•	Fotal actual cost	of trip			
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A ! C						Odkara
Airfare	Hotel		(	Car Rental		Other
	<u> </u>		_			