

complete your service requests, to inform you of changes in our business or service offerings, and to maintain our professional correspondence with you.

We follow rigorous privacy practices, and we have a privacy policy that governs our use and handling of the information you provide to us. We invite you to contact our office if you would like additional information about these practices.

CRA Audits

CRA may select your return for review. Often they request copies of your receipts and other times they may require a full audit. Any adjustments proposed by CRA are subject to certain rights of appeal. In the event of such tax examinations, we will be available upon request to represent you and our fee for such service will be based on time incurred plus any direct out-of-pocket expenses.

Our Fees

Our fee for services is based on our fee schedule plus out-of-pocket expenses. If we are required to compile information (i.e. bookkeeping like services), we may charge using our hourly rates for the additional resources required to complete the return(s). All invoices are due and payable upon presentation.

Other

To change your contact information or to let us know if there are any types of correspondence you do not wish to receive from our office, please contact us.

Acknowledgement

If this letter accurately reflects your understanding, please acknowledge your agreement by signing and returning to us the enclosed copy. Please feel free to call us with any questions or concerns at 867-979-6603. Thank you for your trust in our business.

Sincerely yours,

***Lester Landau Chartered Professional Accountants
Lester Landau Accounting Professional Corp.***

Accepted by: _____

Date: _____

Downloading of Tax Slips from CRA will not guarantee that all items will be reported. It is your responsibility to make sure, that you provide us with all your tax information.

The e-file process only sends the basic information from the T2222. Therefore, CRA requests a copy of the full form for the assessment process so that they have all the details necessary to assess your claims.



ל'ד ל'ד פאדברעכנער דלתר לנדאון
פאדברעכנער 20, דלתר לנדאון, נו, X0A 0H0
דלתר לנדאון: 867.979.6603 פאדברעכנער: 867.979.6493

PERSONAL TAX QUESTIONNAIRE

Please read carefully and complete all sections of the questionnaire.

Name(s): _____

Tax Year(s): _____

INFORMATION AND SLIPS	Yes	No
Have you included all of your T4's, T5's and other information slips?	<input type="checkbox"/>	<input type="checkbox"/>
Have you enclosed you prior year Notice of Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Have we prepared your tax return before?	<input type="checkbox"/>	<input type="checkbox"/>
OTHER INFORMATION (if any apply, please check off and include the information)		
<input type="checkbox"/> Adoption expenses	<input type="checkbox"/> RRSP contribution receipts	
<input type="checkbox"/> Capital gains or losses	<input type="checkbox"/> Self employment information	
<input type="checkbox"/> Charitable donations	<input type="checkbox"/> Spousal support	
<input type="checkbox"/> Childcare receipts	<input type="checkbox"/> Student loan interest	
<input type="checkbox"/> First time home buyer location: _____	<input type="checkbox"/> Student tuition slip (T2202)	
<input type="checkbox"/> Foreign assets > \$100,000	<input type="checkbox"/> Tax installment payments	
<input type="checkbox"/> Home buyer's plan repayment	<input type="checkbox"/> Teacher's supplies	
<input type="checkbox"/> Interest expenses for investments	<input type="checkbox"/> Tradesperson's tools	
<input type="checkbox"/> Medical receipts	<input type="checkbox"/> Travel deduction	
<input type="checkbox"/> Moving expenses not covered by employer	<input type="checkbox"/> Union or professional dues	
<input type="checkbox"/> Rental properties – revenue and expenses	<input type="checkbox"/> Volunteer Fire Fighter/ Search and Rescue	
<input type="checkbox"/> Sale of property: Investment property		
Sale price: _____		
Purchase price: _____		
Year purchased: _____		
Address: _____		

<input type="checkbox"/> Sale of property: Principal residence		
Sale price: _____		
Purchase price: _____		
Year purchased: _____		
Address: _____		

<input type="checkbox"/> If you are employed in the hospitality industry (waiter/ waitress), did you earn any tips or gratuities during the year? If so, how much: _____		

Please complete first and last name fields, if all other information in the following block is the same, indicate by checking the box below (Iqaluit residents would all see a change):

PERSONAL INFORMATION: Information same as prior year filing <input type="checkbox"/> Yes		
First Name: _____	Last Name: _____	
Mailing address: _____		
Social Insurance Number: _____	Date of Birth: _____(Y/M/D)	
Phone Numbers:		
Primary: _____	Secondary: _____	
Email Address: _____		
Do you want your email address provided to CRA for online mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MARITAL STATUS		
<input type="checkbox"/> Married	<input type="checkbox"/> Living common-law	<input type="checkbox"/> Widowed
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single
If changed during the year, please provide the date of change: _____(M/D)		

Please complete first and last name fields, if all other information in the following block is the same, indicate by checking the box below:

SPOUSAL INFORMATION (if applicable): Information same as prior year filing <input type="checkbox"/> Yes		
First Name: _____	Last Name: _____	
Social Insurance Number: _____	Date of Birth: _____(Y/M/D)	
Phone Numbers:		
Primary: _____	Secondary: _____	
Email Address: _____		
Do you want your email address provided to CRA for online mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

The following questions must be answered before your return can be e-filed:

	YOU	SPOUSE
Did you sell your residential home or other property in the current year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to Canada Revenue Agency providing your name, address and email to the territory of Nunavut for the purpose of being contacted about organ and tissue donation to maintain the registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you own foreign property at any time during the year with a cost of more than CAN\$100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you own an interest in a foreign affiliate at any time during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there have been any changes to the dependant children who live with you, please update the block below. If there have been no in the following block, please indicate by checking the box below:

DEPENDANT CHILDREN (who live with you): Information same as prior year filing <input type="checkbox"/> Yes			
Name	Relationship	Date of birth (y/m/d)	Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NORTHERN RESIDENCE DEDUCTION

Did you live in Nunavut since January 1st for the year(s) filing? Yes No
 If you answered **NO**, please provide us with your former address and the date that you moved:

CLAIMING THE DEDUCTION

For northern residence residency claims, only **1** person per dwelling can claim the full deduction (basic plus additional) or everyone in the household can claim basic. **Family members/ spouses are considered housemates/roommates.**

Did you have housemates or roommates during the year(s) filing? Yes No

Will you be claiming the basic or full deduction? Basic Full

For roommates/ housemates, if you are not certain what other people will be claiming, we recommend claiming the basic deduction.

For **spouses**, unless otherwise indicated we will claim the northern residence deduction in the way that maximizes the combined return. Please make note in the space below if both spouses would like to claim the basic amount regardless of the possible tax benefit:

TRAVEL DEDUCTION

You're no longer required to have a box 32 reported on your T4 to claim travel. There is a \$1,200 per person standard allowance amount. For example, if you are claiming travel for yourself and a spouse, a maximum amount of \$2,400 could be claimed.

Did you travel in the year(s) filing? Yes No
Will you be claiming the travel on your tax return? Yes No
If yes, please complete the travel deduction form (pages 5 & 6 of this document)

PROPERTIES

Do you own a residential property with someone other than your spouse? Yes No
Is there a partnership in place? Yes No
If yes, you may be required to file an Underused Housing Tax (UHT) return T2900.

DIRECT DEPOSIT INFORMATION

Does CRA have your banking information Yes No

If you would like to receive your refund and/or GST payments via direct deposit, please provide a void cheque or include the information below:

Taxpayer		
Transit/ Branch #	Bank/ Institution Code	Account #
_____	_____	_____
Spouse		
Transit/ Branch #	Bank/ Institution Code	Account #
_____	_____	_____

If we are completing tax returns for any of your dependant children (under the age of 18) and they would also like to sign up for direct deposit, please include their information below:

Dependant's Name: _____		
Transit/ Branch #	Bank/ Institution Code	Account #
_____	_____	_____
Dependant's Name: _____		
Transit/ Branch #	Bank/ Institution Code	Account #
_____	_____	_____

TRAVEL DEDUCTION - T2222

You are allowed to deduct travel for up to two vacation trip 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 Medical

Names of people traveling:	Departure date	Return date	# of trip days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total Number of Days	_____

TRIP EXPENSES

Airfare (attach tickets)	_____
Hotel (attach receipts). See Note 2	_____
Meals (\$69 per person per day for 2023) Note 3 Less - All inclusive days	_____
Car rental (attach receipts)	_____
Other (attach receipts). See Note 1	_____
Total actual cost of trip	=====

- Note 1:** Other may include taxis, excess baggage, fuel for vehicles, ferries, train, bus, shuttles, etc.
Note 2: Hotel can only include the cost of the room and parking plus all applicable taxes.
Note 3: Meals are \$51 per person per day for 2019 and prior years. \$69 per person per day 2020 forward.

Airfare	Hotel	Car Rental	Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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