Rankin Inlet

Iqaluit

LESTER LANDAU Chartered Professional Accountants

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

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∩∩₻ᡃd&৽ 20, ∆∿⊃∆⊂, ∠∞৵⊂, X0A 0H0 ⊳℃: 867.979.6603 /৮ᢞd[⊂]: 867.979.6493 **రి ో రి హి**ర్ హింగాంటింది. ఎంకు 147, రి ోరి రాంటింది. ఎంకు ఎం: 867.645.2817 /టి ిరి: 867.645.2483

PO Box 147, Rankin Inlet, NU, XOC 0G0

Tel: 867.645.2817 Fax: 867.645.2483

PERSONAL TAX ORGANIZER YEAR(S)_____ Mr. 🛛 Mrs. 🗆 Ms. 🗆 First Name: _____ Last Name: _____ Mailing Address: Social Insurance Number: _____ Date of Birth: (v/m/d) Phone: My Work: My Cell: Email Address: Have we prepared your tax return before? □ No Married Separated Marital Status: Single Common Law Divorced Widow(er) If your marital status changed during the year provide the date of change (m/d)**Spousal Information** (if applicable): Name: ______ SIN #: _____ Date of Birth: (y/m/d) Net Income if not preparing return Work Phone: Cell: Email Address: **Dependent Children (who live with you):** Name Relationship Date of Birth (y/m/d)Income _____

(PLEASE SEE OVER)

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

Do you want your emai	l address provided to CRA for	online mail?	les 🗌 No			
Did you sell your residential home or other property in the current year?						
Are you/spouse Canadia	an citizen(s)? 🗌 Yes 🗌 No)				
, e	nada Revenue Agency providi keep the national voters list up	0.				
Do you own foreign CAN\$100,000?	property at any time during Yes 🗌 No	g the year with a	cost of more than			
NORTHERN RESIDE	ENCE DEDUCTION					
Did you live in Nunavu	t since January 1 st for the year	(s) filing?	Yes 🗌 No			
If you answered no, ple or left.	ase provide us with your form	ner address and the	date you moved here			
Did you have housemat	es or roommates? 🗌 Yes	🗌 No				
(including your spouse Northern Deduction? In additional claim per day	odations with others, provide but not including dependent f so, how much are they claim y for the house / apartment that he household has claimed Full	children). Are any ing? Full = Basic c t you live in.	of them claiming a laim per day plus the			
Name	Claiming	deduction?	Basic None			
Name	Claiming	deduction? Full	Basic None			
TRAVEL DEDUCTIO	DN					
Did you travel or go on	ort a travel benefit in Box 32 or vacation? , please complete the separate	· ·	☐ Yes ☐ No ☐ Yes ☐ No Form (enclosed).			
DIRECT DEPOSIT						
Does CRA have your ba If no to the above, prov direct deposit.	anking information? Yes vide banking information to c	No hange the account of	CRA has or start the			
Transit/Branch#	Bank/Institution Code	Account#	Taxpayer			
Transit/Branch#	Bank/Institution Code	Account#	Spouse			

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INFORMATION TO ENCLOSE - 2018

Name

INFORMATION SLIPS

Have you enclosed all T4's, T5's and other information slips? Have you enclosed your prior year Notice of Assessment?

🗌 Yes	No
Yes	No

OTHER INFORMATION (if any apply, please check off and include the slips or information)

Adoption expenses	RRSP contribution receipts				
Capital gains or losses	Self-employment information				
Charitable donation receipts	Sale of property (including principal residence)				
Child care receipts	Spousal support				
First time home buyer	Student loan interest				
Foreign assets $>$ \$100,000	Student tuition receipts				
Home Buyer's Plan repayment	Tax installment payments				
Interest expenses for investments	Teacher's supplies				
Medical receipts	Tradesperson's tools				
Moving expenses not covered by employer	Union or professional dues				
Rental properties – revenue & expenses	Volunteer Fire Fighter/Search and Rescue				
Sale Price Date purcha					
 Have you rented your house or a room in your house on AirBnB? If you are employed in the hospitality industry (waiter / waitress), did you earn any Tips or Gratuities during the year? If so how much . 					
If you are a taxi driver, GST returns must be					
OTHER INFORMATION:					

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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. If both taxpayers (taxpayer & spouse) have a Box 32 amount reported, then a total of four (4) vacation trips per household member maybe allowed. 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	1	Medical			
Names of people	traveling:			Departure date	Return date	# of trip days
			-			
			-			
			-			
			-		Total Number of Days	
TRIPEXPENSI	ES	Airfare (atta	ch tickets)			
	Hotel (at	ttach receipts).				
		(\$51 per perso				
	C	Car rental (attac	h receipts)			
	Other (at	ttach receipts).	See Note 2			
		Total actual	cost of trip			
	-				l applicable taxes. icles, ferries, train, bus, s	huttles, etc.
Airfare	Hote	el		Car Rental		Other

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			-			
			-			
			-			
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Airfare	Hote	el		Car Rental		Other