

U.S. Tax Return Information Sheet



To help us assemble your financial information for the preparation of your personal income tax return, please complete this information sheet. It should be completed and returned to us together with all relevant tax slips.

Personal Information

First Name: _____ Last name: _____
 SSN/ITIN: _____
 Date of Birth: MM____ / DD____ /YY____
 Your Phone: _____
 Work Phone: _____
 E-Mail: _____
 Address: _____
 City: _____
 Province/State: _____ Zip / Postal Code: _____
 Country: _____

Spouse First Name: _____ Last name: _____
 SSN/ITIN: _____
 Date of Birth: MM____ / DD____ /YY____
 Spouse Phone: _____
 Work Phone: _____
 E-Mail: _____
 Address: _____
 City: _____
 Province/State: _____ Zip / Postal Code: _____
 Country: _____

Are You US Citizen/Green Card Holder? Yes No

If not US Citizen/Green Card Holder Specify your VISA Type _____ and Validity: _____

Did you move to US in the relevant tax year If "Yes" Please Provide Date of Entry in USA: _____

Did you leave US in the relevant tax year If "Yes" Please Provide Date of Departure from USA: _____

Number of days visited/stayed in US during last three years. Last year _____ 2 years before _____ 3 years before _____

Did you file a US income tax return for any prior year? Yes No

If "YES," give the latest year _____ and tax return form number you filed _____

Marital Status: Single Married Filing Separately Married Filing Jointly Head of House Hold Qualifying Widow (QW)

Can Someone Claim: You as a dependent Your Spouse as a dependent

Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind MM / DD / YY

Spouse: Was born before January 2, 1957 Is blind If "Yes" Provide Date: ____/____/____

Is there any change in your Marital Status during the year? Yes No If yes, please specify: _____

Are we preparing a tax return for your spouse? Yes No

List All Dependents:

Name	Relationship	Birthday MM / DD / YY	SSN/ITIN #	Child Tax Credit
_____	_____	____ / ____ / ____	_____	_____
_____	_____	____ / ____ / ____	_____	_____

Do you, your spouse or any of your dependents qualify for the disability Tax Credit? If "Yes" Indicate whom



At any time during relevant tax year, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Presidential Election Campaign:

Check here if you or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund

You Spouse

(+) Have you made installment payments for the relevant Tax year? Yes, No - If "Yes," how much? \$ _____

Do you want your tax refund deposited directly to your bank account?

Yes No

If "Yes", please specify, account type: Checking Saving Bank Name _____ Country _____

Account #: _____

Note: Please remember to send us a copy of VOID Cheque

Routing #: _____

Branch/Transit Number: _____

If "No", please provide the address where you want IRS to deliver the cheque (If refund)

Note: Please provide a copy of your latest account transcript and complete tax return with this checklist.

Source of Income

(Check if you have any of the following sources of income and **include receipts** in all cases.)

Employment Income	W2
Commission Income	1099-MICS
Social Security	1099-SSA
Income from Stock Sale	1099-B
Pension/IRA/Annuity	1099-R
Income from Real estate Sale	1099-S
Dividend Income/Bond Income	1099-DIV
Interest Income	1099-INT
Health Saving Account	1099-SA
Unemployment, State tax refund	1099-G
Self-employment Income	Summarize on page 3
Rental Income	Summarize on page 4
Sale of Real estate	Summarize on page 4
Spousal Support Received	\$ _____
Alimony Child Support	\$ _____
Tips & Gratuities	\$ _____
Other, please specify _____	\$ _____

Deductions

(Check if you have any of the following deductions and ensure that you have **the receipts** to support.)

Itemized Deduction	Amount \$
Real estate taxes Paid	\$ _____
Mortgage Interest Paid(Form1098)	\$ _____
Donation (Cash)	\$ _____
Donation (Non-Cash)	\$ _____
Medical Expenses	\$ _____
Other Deductions	\$ _____
All Other Deductions	
Student Loan Interest	\$ _____
Tuition Fees-Paid	\$ _____
Educator Expenses (For Teachers)	\$ _____
Health Saving Account Contribution	Form 5498-SA
First-Time Home Buyer's Amount	\$ _____
Home Buyers Plan Withdrawals/Payments	\$ _____
Employment Expenses	Summarize on page 3
Spousal Support payments	\$ _____
Other, please specify _____	\$ _____

Combined value of all your **Foreign Bank (outside US), Foreign Investment Accounts** was **US \$10,000** or more at any time during the year. If **"Yes"** Please provide details:

Employment Expenses

Please include a signed Declaration of Employment.

Conditions from your Employer:

Travel \$ _____

Parking \$ _____

Supplies (Stationary, Other) \$ _____

Telephone \$ _____

Salaries paid to an assistant \$ _____

Office Rent \$ _____

Accounting & Legal \$ _____

Meals & entertainment \$ _____

Rental of Office Equipment \$ _____

Training \$ _____

Vehicle Expenses (In the year) Summarized below

Home Office Expenses Summarized below

*Applies to Commission Employees only

Self-Employed Income & Expenses

Name of Business: _____

Types of Business: _____

Name of Partners _____ and % owned: _____

SSN of Partners : _____

Revenue \$ _____

Expenses \$ _____

Meals & Entertainment \$ _____

Bad Debts \$ _____

Insurance \$ _____

Interest & Bank Charges \$ _____

Licenses, Dues, Memberships & Subscription \$ _____

Office Expenses \$ _____

Supplies \$ _____

Legal, Accounting & other Professional Fees \$ _____

Rent \$ _____

Repair & Maintenance \$ _____

Salaries \$ _____

Travel \$ _____

Telephone \$ _____

Vehicle Expenses Summarize Below

Equipment & Furniture Purchases

_____ \$

_____ \$

_____ \$

Business Number: _____

Sale of Real Estate

Address: _____

Zip Code: _____

Country: _____

SSN of Partners _____

Purchase Price \$ _____

Legal costs paid on purchase \$ _____

Sold Date MM / DD / YY

Legal costs paid on sale \$

Other, please specify _____ \$ _____

Other, please specify _____ \$ _____

Rental property

Address: _____

City: _____

State/Province _____ Zip Code: _____

Country: _____

Names of Partners_____ and % owned: _____

SSN of Partners: _____

Rental Income \$_____

Advertising \$ _____

Insurance \$_____

Mortgage Interest \$_____

Office Expenses \$_____

Legal, Accounting & other professional Fees \$_____

Management & Administration Fees \$_____

Repairs & Maintenance \$_____

Salaries, wages & Benefits \$ _____

Property Taxes \$ _____

Travel \$ _____

Utilities \$_____

Depreciation \$_____

Vehicle Expenses

Year, Make, & Model _____

Purchase/Sale Price \$_____

Date of Purchase/sale ____ MM/ ____ DD/ ____ YY

Date of Lease Began/Ended ____ MM/ ____ DD/ ____ YY

**** If purchased, leased or sold in the relevant tax year,
include relevant agreements.**

KMs driven for business purposes Year _____

Total KMs driven Year _____

Expenses:

Fuel \$_____

Repair & Maintenance \$_____

Insurance \$_____

Licensing & Registration Fees \$_____

Loan Interest \$_____

Lease Payments \$_____

Car Washes \$_____

Parking \$_____

Other, please specify _____ \$_____

Home Office (For Business & Employment

% of Home used for Business/Employment _____%

Heat \$_____

Hydro \$_____

Water \$_____

Repair & maintenance \$_____

Insurance \$_____

Property Taxes \$_____

Rent \$_____

Mortgage Interest (Self-Employed only) \$_____

Applicable to commission employees and self Employed only.

Thank you for completing the information sheet. Please remember to upload all relevant tax slips to our secure client portal.