



2016 Personal Income Tax Data Sheet

Client Authorization

I have read and agree to the conditions and request Business Prescriptions to prepare my year 2016 Personal Income Tax Return

Signature of Taxpayer

Your completed 2016 Tax Data Sheet will not be returned to you, but will be kept on file in our office. Your completed tax return will be retained securely in our computer files.

Personal Information

NAME: _____
 SIN # (Canada) _____
 SSN (USA) _____

Permanent Mailing Address

Street _____
 City _____
 Province/State _____
 Postal/Zip Code _____

(Please Include Area Codes)

Telephone _____
 Cell # _____
 Alternate Tel # _____

Fax _____

Email Addr: _____

Date of Birth (YYYY/MM/DD) _____

Marital Status _____

Spouse's Name _____

Spouse's SIN/SSN # _____

Gender (M, F) _____ DOB (YYYY/MM/DD) _____
(see note about spousal returns)

Dependants *(Use separate sheet if more than one)*

Name _____

Gender (M, F) _____ DOB (YYYY/MM/DD) _____

Income

Include 1 copy/photocopy of each government slip: T4, T4A, T4RRSP, TFA1, T500, W2, 1099, 1099 misc. Ensure that total of all slips accurately reports your income including pension and RRSP payments (these amounts may not be included on your income slips).

Charitable Donations \$ _____
Include original receipts of official charities ONLY.

Medical Expenses \$ _____
Include total amounts paid for medical, dental, vision and other costs prescribed by a professional. Do not include health foods, vitamins, etc.

RRSP

Include official receipts for contributions to your Plan.

Total RRSP contributions: \$ _____
 Home Buyers Repayment: \$ _____

Professional/Self Employed Income and Expenses

Occupation: _____
 Business Name: _____
 Address: _____
 HST Registration #: _____

Gross Income \$ _____

Total HST Paid \$ _____
 (Installments)

Total HST Collected \$ _____
 (Do not duplicate or include information reported on government information slips such as T4, T4A)

General Expenses & HST/GST

Category	Net	HST	Total
Advertising/Promotion	\$	\$	\$
Meals/Entertainment	\$	\$	\$
Insurance	\$	\$	\$
Interest/ Bank charges	\$	\$	\$
Business taxes/ Dues/ Memberships	\$	\$	\$
Office expenses	\$	\$	\$
Supplies	\$	\$	\$
Legal / Accounting fees	\$	\$	\$
Management fees Commissions	\$	\$	\$
Rent (Not home)	\$	\$	\$
Maintenance/ Repairs	\$	\$	\$
Salaries/ Wages	\$	\$	\$
Travel	\$	\$	\$
Telephone Internet	\$	\$	\$
Delivery Courier Postage	\$	\$	\$
Hair/Makeup	\$	\$	\$
Business Gifts	\$	\$	\$
Music/Records/Video/ DVD	\$	\$	\$
Books/Newspapers	\$	\$	\$
Professional Development	\$	\$	\$
Research	\$	\$	\$
Taxis	\$	\$	\$
Other (describe)	\$	\$	\$
Total HST	n/a	\$	n/a

Automobile Expense

Automobile Usage

Total Business Kilometers _____

Total Kilometers Driven _____

Details	Net	HST	Total
Gas/Oil	\$	\$	\$
Insurance	\$	\$	\$
License fees	\$	\$	\$
Maintenance Repairs	\$	\$	\$
Carwash/Park/ CAA	\$	\$	\$

If car was **purchased** in 2016

Total purchase price: \$ _____

HST: \$ _____

If car was **sold** in 2016

Sale price: \$ _____

HST: \$ _____

If car was **leased** in 2016

Total lease payments: \$ _____

HST: \$ _____

Home/Home Office

Percentage of Home Office Used: _____ %

Heat: \$ _____

Electricity: \$ _____

Insurance: \$ _____

Maintenance: \$ _____

Mortgage Interest: \$ _____

Property Tax: \$ _____

Water Sewage \$ _____

Rent Paid (if un-owned): \$ _____

The invoice for preparing your returns will be emailed to you. Please either pay online using Electronic Bank Transfer or send back a cheque within 14 days. Late cheques will be assessed a late payment fee of \$25.00

Capital Cost Allowance Items Describe items costing more than \$100.00 each on a separate sheet of paper (*Separate out the HST*).

For other deductions, such as Child Fitness, Home Renovation, use a separate sheet.