

DATE _____ E-mailed Portal Mailed Couriered Dropped Off

1. CLIENT NAME (Last) _____ (First) _____ SIN _____

Tel # (Home) _____ Date of Birth yyyy_____/mm_____/dd_____
 (Work) _____ Canadian Citizen Y or _____
 (Cell) _____ Elections Canada* Y or N

Please select one principal contact number

(Email) _____ (If applies) Date of Death mm_____/dd_____

2. SPOUSE NAME (Last) _____ (First) _____ SIN _____

Tel # (Home) _____ Date of Birth yyyy_____/mm_____/dd_____
 (Work) _____ Canadian Citizen Y or _____
 (Cell) _____ Elections Canada* Y or N

Please select one principal contact number

(Email) _____ (If applies) Date of Death mm_____/dd_____

*If Yes is indicated, you authorize CRA to forward your name, address and date of birth to Elections Canada to update information on the National Register of Electors.

<p>ADDRESS</p> <p>c/o (if applicable) _____</p> <p>Apt. _____ No. _____ PO Box _____</p> <p>Street/Blvd./Ave. _____</p> <p>City _____ Prov _____</p> <p>Postal Code _____</p>	<p>YOUR TAX RETURN ...</p> <p>Pick Up <input type="radio"/></p> <p>Electronic – RHN Portal <input type="radio"/> or Secure Email <input type="radio"/></p> <p>Portal/Email: _____</p> <p>Mail To – Address Shown <input type="radio"/> or Other (fill out below) <input type="radio"/></p>
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MARITAL STATUS Married Common Law Divorced Separated Widowed Single

Date of status change in 2022 mm_____/dd_____

DEPENDENTS (If more space is needed, please use reverse side of form)

1. _____	_____/_____/_____	()	SIN _____
Name	DOB (yyyy/mm/dd)	M/F	
2. _____	_____/_____/_____	()	SIN _____
Name	DOB (yyyy/mm/dd)	M/F	
3. _____	_____/_____/_____	()	SIN _____
Name	DOB (yyyy/mm/dd)	M/F	

ADDITIONAL INFORMATION / INFORMATION TO COME:

FOR OFFICE USE ONLY:

INTAKER _____ PREPARER _____ REVIEWER _____ RESP. PERSON _____

Can preparer contact client? Y N (indicate who should) _____

CLIENT RECORDS? Digital - No Paper Records BILL TO Client Other _____ No invoice

FEE Quote Estimate _____ REFERRED BY _____

E-FILE (1) (2) or PAPER (1) (2)

GST RETURN TO FILE – Y - - - -> E-file Paper File Client to File

Client notified of result by _____
 on Date: _____

NEW CLIENT SET UP:

- Taxprep ProSystem
- File folder Doc.it
- Time Binder

By _____

Client # _____

TAX YEAR 2022

HOME ACCESSIBILITY RENOVATIONS?	Y <input type="radio"/> N <input type="radio"/>	ELECTED SPLIT-PENSION INCOME?	Y <input type="radio"/> N <input type="radio"/>
NEW HOME BUYER?	Y <input type="radio"/> N <input type="radio"/>	VOLUNTEER FIREFIGHTER / RESCUE?	Y <input type="radio"/> N <input type="radio"/>
NEW DEPENDANT?	Y <input type="radio"/> N <input type="radio"/>	ARE ANY FAMILY MEMBERS DISABLED?	Y <input type="radio"/> N <input type="radio"/>
PREPARE GST/HST RETURN?	Y <input type="radio"/> N <input type="radio"/>	ARE YOU AN ELIGIBLE EDUCATOR?	Y <input type="radio"/> N <input type="radio"/>
DID YOU SELL A PROPERTY? WAS IT YOUR PRINCIPAL RESIDENCE?	Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>	DID YOU WORK FROM HOME LAST YEAR? NO. OF DAYS IN TOTAL? (max 250 days)	Y <input type="radio"/> N <input type="radio"/> _____ days
DO YOU HAVE FOREIGN ASSETS?	Y <input type="radio"/> N <input type="radio"/>	DID YOUR MARITAL STATUS CHANGE	Y <input type="radio"/> N <input type="radio"/>

OTHER INCOME:

<input type="checkbox"/> Rental income (776)	_____
<input type="checkbox"/> Foreign pension income (FOREIGN)	_____
<input type="checkbox"/> Capital gains/losses (S3)	_____
<input type="checkbox"/> Self-employment information (2125)	_____
<input type="checkbox"/> CPP contributions <input type="checkbox"/> EI premiums	_____

Notes for Other Income:

DEDUCTIONS AND CREDITS:

<input type="checkbox"/> Employment expenses - T2200 (777)	_____
<input type="checkbox"/> Foreign income verification (1135)	_____
<input type="checkbox"/> Union/Professional dues (21200)	_____
<input type="checkbox"/> Childcare receipts (CARE)	_____
<input type="checkbox"/> Moving expenses (T1M)	_____
<input type="checkbox"/> Support payment information (SUPPORT)	_____
<input type="checkbox"/> Investment counsel fees paid (INVESTMENTS)	_____
<input type="checkbox"/> Accounting fees paid (INVESTMENTS)	_____
<input type="checkbox"/> Interest on investment loans (INVESTMENTS)	_____
<input type="checkbox"/> Home buyers' amount (31270)	_____
<input type="checkbox"/> Covid benefits received or repaid (T1B)	_____
Year to be deducted _____ (year earned or repaid)	_____
<input type="checkbox"/> Adoption expenses (31300)	_____
<input type="checkbox"/> Digital subscription (31350)	_____
<input type="checkbox"/> Disability supports deduction (929)	_____
<input type="checkbox"/> Canada caregiver amount (30500)	_____
<input type="checkbox"/> Student Loan interest slips (31900)	_____
<input type="checkbox"/> Tuition fees - T2202 & Continuous learning	_____
<input type="checkbox"/> Medical/Dental/Optical receipts	_____
<input type="checkbox"/> Premiums paid to Private Medical Insurance plans	_____
<input type="checkbox"/> Home accessibility expenses (31285)	_____
<input type="checkbox"/> Donations	_____
<input type="checkbox"/> Instalment payment information	_____
<input type="checkbox"/> Labour sponsored funds - T5006/EVCC30	_____
<input type="checkbox"/> RRSP	_____
<input type="checkbox"/> Principal residence / Property sale*	_____
- Year acquired	_____
- Proceeds	_____
- Ownership %	_____
- Full Address of Property	_____

Notes for Deductions and Credits:



Engagement Letter

I wish to confirm the following arrangements in respect of my **2022** personal income tax return and T1135 Foreign Income Verification Statement, if applicable, which I engage **Reid Hurst Nagy Inc. (RHN)** to prepare.

1. I have provided the required information to complete my return. This includes, but is not limited to, T3, T4, and T5 slips, other information slips, summaries of income and expenses relating to any business or rental property, receipts and vouchers, cancelled cheques and other information necessary.
2. **RHN** will return all original tax receipts unless instructed otherwise. **It will be my responsibility to retain my tax receipts for 7 years.**
3. **RHN** will prepare my personal income tax return (including all previous and future tax years) based on information I provide and will electronically file my return if allowable. **RHN** will not audit, review or otherwise verify the data I submitted, although I may be asked for clarification on some of the information. **RHN** will prepare my personal income tax return correctly according to the rules and regulations of the law.
4. I understand **RHN** respects the privacy of personal information. I agree to provide personal information necessary - that is, information that identifies me as an individual. I also agree that I have obtained consent from others for whom I have provided **RHN** with personal information for collecting, using and disclosing this information, according to privacy legislation*. **RHN** follows rigorous privacy practices and governs the use and handling of the information provided to them.
5. I accept the fees for services, plus out-of-pocket expenses. Invoices will be paid upon presentation.
6. I understand that I will be responsible if there are any penalties imposed for inaccurate and/or late returns.
7. I agree to indemnify, defend (by counsel retained and instructed by us) and hold harmless **RHN**, and its partners, agents or employees, from and against any and all losses, costs (including solicitors' fees), damages, expenses, claims, demands or liabilities in the event that CRA seeks to impose a third-party civil liability penalty on the us that stems from reliance on information provided.
8. **RHN** is not responsible for taxes, interest and/or penalties related to information not provided or inaccurate information.
9. I accept responsibility for the accuracy of the information provided to **RHN** and the above terms and agreement.

[Print name] _____

[Date] _____

[Signed] _____

*For more information, please visit our website www.rhn CPA.com or contact our privacy officer at 604-273-9338 or by email at info@rhn CPA.com.



Foreign Asset and/or Principal Residence Disclosure Representation Letter

Foreign Assets (choose one)

- I do **NOT** have foreign assets that **exceed** \$100,000 Canadian cost base, at any time during **2022**.
- I **have** foreign assets that **did exceed** \$100,000 Canadian cost base, at some time during **2022**. Please **file** Form T1135.

Foreign Trusts (choose one)

- I **am not** a beneficiary of a non-resident trust.
- I **am** a beneficiary of a non-resident trust, but have **not** received funds or property from, or been indebted to, the trust.
- I **am** a beneficiary of a non-resident trust, and I **have** received funds or property from, or been indebted to, the trust. Please **file** Form T1142.

Principal Residence Designation (choose one)

- I have **not** sold or disposed of all or part of my principal residence in **2022**.
- I **have** sold or disposed of all or part of my principal residence in **2022**. Please **file** Form T2091.

I confirm that I understand the issues and potential significant penalties for non-disclosure or failing to complete the prescribed forms by the due date of the return (April 30 or June 15 for self-employed individuals). I further confirm this disclosure is applicable to any previous or future years' taxes filled by RHN unless I inform or have informed RHN in writing otherwise.

If the foreign property and/or principal residence disclosure and reporting rules are applicable, I acknowledge that the completion of either Form T1135 (*Foreign Income Verification Statement*) and/or Form T1142 (*Information Return in Respect of Distributions From and Indebtedness Owed to a Non-Resident Trust*) and/or Form T2091 (*Information Return in Respect of Distributions From and Indebtedness Owed to a Non-Resident Trust*) are separate engagements to which additional fees will apply.

[Print name] _____

[Date] _____

[Signed] _____

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