

PERSONAL INFORMATION FOR DECEASED			
Full Name	S.I.N.	Date of Birth	Citizenship
Is this your first time filing taxes in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide your middle name _____			
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status
Did any family members receive the Disability Tax Credit?		If Yes, please provide T2201 approval letter	
Please provide a copy of the Will. <input type="checkbox"/>		Statement of Assets, liabilities, & distribution <input type="checkbox"/>	
Please provide a copy of the Death Certificate. <input type="checkbox"/>		Did the deceased have a TSFA? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Copy of probate / grant of administration <input type="checkbox"/>			
EXECUTOR'S INFORMATION			
Full Name			
Apt./Suite – Building Number Street Name, City, Postal Code			
Primary phone	Secondary phone	Email	
SPOUSE'S INFORMATION			
Full Name	S.I.N.	Date of Birth	Citizenship
Is this your first time filing taxes in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide your middle name _____			
Are we filing a spouse's return? (If YES, please fill out separate client intake form. If NO, please see below) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If we are not preparing your spouse's tax return: <b>Taxable income figure from line 26000 of their tax return:</b> _____			
If your marital status changed during the year, please provide the date it changed (MM/DD/YYYY): ____/____/____			
Who is claiming <b>CCB / Children / GST?</b> (please circle one)		Deceased <input type="checkbox"/> Spouse <input type="checkbox"/>	
CHILDREN'S INFORMATION			
Full Name – Child 1	S.I.N.	Birthdate	Email
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES, will they be transferring their credits to a parent?	
Full Name – Child 2	S.I.N.	Birthdate	Email
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES, will they be transferring their credits to a parent?	
Full Name – Child 3	S.I.N.	Birthdate	Email
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>DEEM</b> <input type="checkbox"/>		If YES, will they be transferring their credits to a parent?	
DISPOSITION OF PRINCIPAL RESIDENCE			
Was the deceased the <b>sole</b> owner of a principal residence during the year? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES: Year of Acquisition: _____ Fair Market Value at Death: _____			
Address of Property Sold: _____		Percentage between owners: _____	
Did the deceased own a property for less than 365 days? YES <input type="checkbox"/> NO <input type="checkbox"/>			
FOREIGN REPORTING			
Do the deceased own foreign assets with a cost greater than \$100,000 CAD? (If YES, request a T1135 form) YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONSIDERATIONS WHEN TAXPAYER IS OVER 65			
CPP (T4A[P]) <input type="checkbox"/>	CPP <b>DEATH</b> BENEFIT (T4A[P]) <input type="checkbox"/>		
OLD AGE SECURITY (T4A[OAS]) <input type="checkbox"/>	RRSP <b>deemed</b> receipt (T4RSP amount in box 34) <input type="checkbox"/>		
RRSP (T4RSP <i>only if a withdrawal was made</i> ) <input type="checkbox"/>	RRIF <b>deemed receipt</b> (T4RIF amount in box 18) <input type="checkbox"/>		
RRIF (T4RIF) <input type="checkbox"/>	RC249 FORM (when RRIF has been paid out to beneficiaries at a value less than at death) <input type="checkbox"/>		
PENSIONS (T4A) <input type="checkbox"/>			

**OTHER INFORMATION CHECKLIST (please provide if necessary)**

Rental Income and Expenses (Please provide detailed listing of rental income and expenses per property) <input type="checkbox"/>	List of foreign property owned, including:  Country of Origin <input type="checkbox"/> Fair Market Value at Year-End Highest <input type="checkbox"/> Fair Market Value for The Year Total <input type="checkbox"/> Income and Total Capital Gains <input type="checkbox"/>
Self-Employment Income and Expenses (Please provide detailed listing of the income and expenses) <input type="checkbox"/>	
Employment / Commission Expenses (Please provide detailed listing of the income and expenses) <input type="checkbox"/>	
Are you GST Registered? <input type="checkbox"/>	Signed T1 Engagement Letter (available online) <input type="checkbox"/>
Do you use a vehicle for business purposes? <input type="checkbox"/> <b>You must provide a copy of a vehicle log book with min. of 3 months.</b>	Does your business earn income from a website? <input type="checkbox"/> % of Gross income generated from website: _____
Do the deceased have an incorporated company with us? <input type="checkbox"/>	Name of company: _____
Do we have permission to split-income with the spouse? (65 years & older)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the deceased a first time home buyer? (If Yes, please request form 3)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did the deceased have a First Home Savings Account?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did the deceased have a RRSP home buyer's plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did the deceased complete reno's to put in secondary suite for someone over 65 or under 18 whom qualifies for the DTC?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Have you made installment payments for the tax year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>If YES:</b> how much for yourself?	\$ _____
<b>If YES:</b> how much for your spouse?	\$ _____
<b>If YES:</b> how much for each child?	\$ _____

How would you like your:			
T1 return	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Invoice	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If you would like PDF, can we send all returns to a singular email?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If YES, Please provide email: \_\_\_\_\_

I acknowledge that:

1. I must pick up all returns and sign the e-file authorization(s) before my return(s) will be transmitted.
2. All services must be paid in full upon pick-up.
3. **OTH does not guarantee "on time completion" for returns dropped off after April 15.**
4. Changes made to returns after completion will have an additional cost of \$30.00.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_