

Family Last Name: _____ Phone: _____

First: _____ Spouse: _____

Email: _____ Email: _____

If **adding** a dependent, please add details in the chart below

Full Given Name	Relationship	Date of Birth	SIN

GENERAL			
	Did you sell your principal residence in 2024?		Change in Marital Status?
	Has there been a change in home/mailing address?		Do/did you hold foreign property/investment?
	Do you consent to your information going to Elections?		Do you agree to be an organ & tissue donor?
	ARE YOU SIGNED UP WITH CRA MY ACCOUNT (Online)?		

INCOME			
	T4: Employment		T4E: Employment Insurance Benefits
	T4A: Other pensions and annuities		T4A-OAS/T4AP: Old Age Security and CPP Benefits
	T3/T5: Interest, dividends, mutual funds, etc.		T2125: Self-Employment Income
	T5007: Social Assistance Payments		T776: Rental Property Income
	T5007: Worker's Compensation Payments		Capital Gain (Sale of Investments, Property Investments)
	T1135 Required: Foreign Holdings ADD: \$90.00+HST		

RRSP			
	Contributions		Withdrawals (Choose: regular, home buyer, school)

RECEIPTS/OTHER				(*) Provide copy of the receipts
	Professional or Union Dues (not on a T4) (*)		Disability	<input type="checkbox"/> New <input type="checkbox"/> Continued
	T4044: Employment Expenses		Property Taxes	
	Medical Expenses (Insurance, uncovered, travel)		Rent (Residential) Receipt	
	Moving Expenses		T2202A: Tuition/Education Receipts (*)	
	Charitable Donations (*)		Interest paid on Student Loans	
	Child Care Expenses (*)		Political Contributions	
	Public Transportation		Adoption Expenses (*)	
	T2200: Home Office Use			

SUBMIT TO: taxes@keypointbusiness.ca

I have checked the applicable boxes and provided all information necessary to complete all required tax returns. Any sections or boxes left blank are assumed to be not applicable. By signing and/or submitting this form and/or any slips, I am accepting the tax preparation service to be performed by KeyPoint Business Services.

☐ I understand that KeyPoint will no longer pull information from CRA or communicate with them on my behalf without accruing additional fees.

Signature: _____ Date: _____