## Form A - Client Information

This form must be submitted with all tax returns

Page 1 of

Welcome to the TaxbyFax.ca client information	ation form. This form co	nsists of three (4) pages	that include the f	following:			
Page 1 (This Page - Form A): Personal infor Page 2: Checklist for deductions and tax cr Page 3: (Form B) Canada Revenue Agency	edits. Tax preparation p T183 Electronic Filing co	ayment information, en onsent form for client.		nt and final checklist.			
Page 4: (Form C) Canada Revenue Agency	_	·					
Please complete all applicable area's and u	ise the checklist on the I	oottom of page 2 prior t	o submission to c	our office.			
Income Tax Year		J	E-Mail:				
○ Mr. ○ Mrs ○ Ms.							
Social Insurance No First Nam	ne Last Name						
Address	City		Prov	Postal Code			
Martin Contract Contract			Date	of Pirth			
Marital Status as of Dec 31 Single Married Seperated Widowed Divorced Date of Birth							
Home Phone #	Work Phone #	Alterna	ate Phone #				
Spouses Information							
○ Mr. ○ Mrs ○ Ms.							
Social Insurance No First Name Last Name							
Address	City		Prov	Postal Code			
			D. ( ( D				
Home Phone #	Donandanta		Date of B	oirtn			
	Dependents			_			
Dependant 1 Name	Date of Birth	Social Insurar	nce No	Net Income			
Dependant 2 Name	Date of Birth	Social Insurar	nce No	Net Income			
Dependant 3 Name	Date of Birth	Social Insurar	nce No	Net Income			
Dependant 4 Name	Date of Birth	Social Insurar	nce No	Net Income			
Income Source	es (check all that apply a	and include required do	cuments)				
Employment Income (attach T4, T4A slips	or details)	Employment Incom	ne (attach T4/T4A	or details)			
Pension Income (attach T4AP, T4OAS slip	RRSP withdrawls (attach T4RSP slips or details)						
Unemployment insurance benefits (attac	h T4E slips or details)	☐ Investment Income	(attach T3, T5, T6	600 slips or details)			
Canada Savings Bonds (attach purchase, sale & income details) Capital gains/losses (complete and submit form E) *							
Treasury Bills (T-BD slip and purchase cost details)							
Self employment income/loss (complete and submit form C) * Farming income/loss (complete and submit form G) *							
Fishing income/loss (complete and submit form D) * Limited partnership income/loss (attach T5018 or details)							
WCB Income (attach T5008 or details)							
Alimony/child support received in the am	ount \$	Other Income. Desc:					

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		Client Information submitted with all tax returns	Page 2 of				
Social Insurance No							
,	First Name	Last Name					
Deduction and Tax Credits (check all that apply and include required documents)							
RRSP Contributions (attach RRS	RRSP Contributions (attach RRSP slips). Amount \$ Professional and Union dues (not on T4). Amount \$						
Charitable Donations (attach receipts). Amount \$		Medical expenses (Note 1). Amount \$					
Repayment of El Benefits (attach T4E slips)		Child care expenses. Amount \$					
Education expenses (attach T2202 slips)		☐ Moving expenses (complete and attach Form G) *					
Employment expenses (complete and attach Form H & T2200) *		Alimony/deductiable Child support paid. Amount \$					
☐ Interest/Investment carrying ch	narges. Amount \$	Disability deduction (attach Form T2201).					
Provincial Tax Credit (attach ap	plicable information slips).	Losses during the year. (attach details or form D).					
0	ther Information (check all that a	apply and include required documents)					
T1 Personal tax installments. Ar	mount \$	Losses from previous years. (attach	details).				
Prior reassessments. (Attach rea	assessment notices).	Prior T1 Refund interest. Amount \$					
Payment Inf	ormation. Please contact 604-46	3-8202 or 1-800-557-9254 for the prepara	ation fee				
○ Visa ○ Mastercard Credit C	ard Number	Expiry Date Prepa	aration Fee \$				
Clients	consent and engagement. Must	be signed by client and spouse (if applical	ble).				
deductions. These may be necessary to prove return. By signing this letter, we represent the informing the accountant of all interests we properties regardless of their aggregate value understate their tax liability. We understand audit. Any adjustments proposed by CRA a request to represent us. Additional fee's will brocket expenses. All invoices are due and pa	e the accuracy and completeness of the re at we will provide the accountant with ac- hold in foreign properties with an aggrega- and all income and transactions relating that CRA may select our return for review re subject to certain rights of appeal. In the be charged for such representation. We us ayable upon presentation. By signing this	documents, cancelled cheques and other data that for turn to Canada Revenue Agency (CRA). We have the curate and complete information necessary to prepare atte cost in excess of \$100,000 at any time in the year, as to non-resident trusts. We understand that the law im w. Often they request copies of the taxpayer receipts a ne event of such tax examinations, we understand the achieves that the liability of the accountant (Cho aximum of the fee (net of taxes) charged for the preparations.	final responsibility for the income tax our tax return. This includes swell as all income from any foreign sposes various penalties when taxpayers and other times they may require a full accountant will be available upon ed on our fee schedule plus out-of- equette & Company Accounting Group				
Client Signature	Spouse's Sig	anature	Date				
		on information					
Submission information  Prior to sending your information to our office by facsimile, please use this checklist to make sure that you have included everyting required in order for our office to prepare your tax returns. Any missing information will delay the processing time of your return:							
1: Enter your personal information		2: If applicable, enter your spouses information					
3: If applicable, enter your dependents information		4: Check off source of income and include slips/forms					
5: Check off deductions/credit and include slips/forms		6: Complete payment information. (Page 2)					
7: Read and signed engagement section (Page 2)		8: Sign Canada Customs consent forms (Page 3 and 4)					
9: Ensure all slips and forms a	are included.	10: Fax all documents to our office fo	r preparation.				
Facsimile: 604-463-8210 or Toll-Free: 1-888-242-8210							
Notes:							



Electronic filer number:

A2411

Agence des douanes et du revenu du Canada

## INFORMATION RETURN FOR ELECTRONIC FILING OF AN INDIVIDUAL'S INCOME TAX AND BENEFIT RETURN

- Before you complete this form, read the information and instructions on the back.
- You have to complete this form to allow your electronic filer to electronically file your 2007 tax return.
- You have to complete parts A, B, and F. You choose whether you want to complete parts C, D, and E.

Your electronic filer has to complete parts G and H.

Give the signed original of this form to your electronic filer, and keep a copy for yourself.

Form B

Taxpayer to Complete

Part A - Identificat	ion and address a	as shown on your 2	2007 return			
First name and initial		Last name			Social insurance number	
Mailing address: Apt. N	No. – Street No. Street	name				
P.O. Box	R.R.	City			Prov./Terr. Postal code	
Part B - Declaration	i "	į '		i-"		
Enter the following am	-	return, if applicable:				
Total income (line 150) Taxable income (line 260)			Information to be inserted by TaxByFax.ca upon completion.			
Total federal non-refundable tax credits (line 350 of Schedule 1)						
-		350 of Scriedule 1)				
Part C - Direct depo		hanking information you	ı already dave us comp	lete this part. Do <b>not</b>	complete this part if you	
		banking information has		nete triis part. Do <b>not</b>	complete this part if you	
Tick the payments you	want deposited direct	ly.	Branch	Institution number	Account number	
Tax refund and GS		umanta fram aartain				
	Benefit (CCTB) and pay territorial programs to					
or						
	ts from certain related   to a <b>different</b> account					
Part D - Alternative	address authoriza	tion (optional)				
Complete this part if you the electronic filer named of this form for more deta	I in Part G. Tick the appro	re of Assessment and your tax re priate box to tell us which in	efund , or only your Not offormation to mail to the ele	tice of Assessment , to yectronic filer's address. I		
2007 Notice of Asses		d	or	_ 20	007 Notice of Assessment	
Part E - Authorizing	an electronic filer	to represent you	(optional)			
			,	as my representative	for income tax matters of my	
		on (no expiry date) . I			,	
If you do not show ar	n expiry date, this authoriz	zation will remain in effect ur	ntil you, the undersigned, c	ancel it.		
Signature (indivi	dual identified in Part A	۸)			Date	
Part F - Declaration	and authorization					
		ounts shown in Part B above				
		e back of this form, and I au nue Agency to correct any e		dentified in Part G to ele	ectronically file my 2007	
		,				
Signature (indivi	dual identified in Part A	۸)			Date	
Your electronic filer has						
Part G - Electronic	filer identification				ent control number	
By signing Part F above, the individual in Part A authorizes the following persor				or con	firmation number	
to electronically file his or her 2007 return. Part F <b>must be signed</b> be electronically transmitted.		efore the return is		nt control or confirmation ividual's electronic record:		
Name of person or firm	n: Choquette and	Company Group Inc.				