

2023 Income Tax Kit

Happy 2023 Tax Season!

www.taxwise.ca 1-866-448-2188

Please refer to the below for reference on the tax kit forms. Please note our new mailing address to forward your tax information is PO Box 5016, 103-215 Sanders Street, Kemptville ON KOG 1J0.

1.	Ple	ase complete the following documents
		2023 T1-Engagement Agreement
		2023 Personal Tax Checklist
		2023 Medical Expense Spreadsheet (if necessary)
2.	Ple	ase ensure that you send all the required supporting information, including but not limited to:
		Income slips/information from all sources (T4, T5, Income Statement, etc.)
		Medical Expenses included in a summary format or using the spreadsheet provided
		Childcare expenses, Donations, RRSP contributions
		Any other supporting documents for income/expenses to be claimed on your tax return
3.	Ple	ase include the supporting information for the following, if applicable:
		Employment Expenses - T2200 Declaration of Conditions of Employment
		Rental Income - T776 Statement of Rental Activities in Canada
		Self-employed Income - T2125 Statement of Business Activities
		Investment Income - T5008 Statement of Securities Transactions
		* Additional tax return schedules including but not limited to the above will have additional preparation fees based on complexity *
	_	al is to ensure your taxes are prepared accurately. Misreporting income and expenses on your taxes can be costly. If not sure about what to claim, contact our team for assistance at 1-866-448-2188.
If y	ou r	equire additional copies of any documents, please visit us at www.taxwise.ca/forms .
We	loo	k forward to preparing your tax return(s).
Bes	st Re	gards,
Tax	(Wis	e Inc.



2023 T-1 Engagement Agreement

The responsibility of the Taxpayer is as follows:

To provide TaxWise Inc. with complete and accurate information necessary for your tax filing as required under the Income Tax Act; Include all relevant slips and receipts; Report all sources of income.

The responsibility of TaxWise Inc. in the preparation of 2023 T-1 Income Tax Returns is as follows:

TaxWise Inc. will not audit, review, or verify the accuracy or completeness of the information provided by the taxpayer. TaxWise Inc. is limited to preparing the return(s) based on the information provided by the taxpayer, and does not assume responsibility for missing information if it has not been provided at the time of filing.

I agree to the above terms and requirements.

Fax payer #1 Print Name	Sign	Date (MM/DD/YYYY)
Fax payer #2 Print Name	Sign	Date (MM/DD/YYYY)
Fax payer #3 Print Name	Sign	Date (MM/DD/YYYY)
	Sign	Date (MM/DD/YYYY)
	Fees* & Payment Options: oriate boxes (All fees quoted include a	nnlicable tayes)
гіеазе спеск аррго _г	mate boxes (All fees quoted ilicidde af	pplicable taxes)
1 Personal T1 Income Tax and Benefit Ret	' '	
2 Personal T1 Income Tax and Benefit Ret	•	
3 Personal T1 Income Tax and Benefit Ret4 or more, please add \$100 for each addit	-	\$500.00)
☐ I have enclosed a cheque placing my	Client Number on the "Memo" Line	
☐ I have paid using online banking, using	ng TaxWise or TaxWise Inc. as payee ar	nd Client ID for Account
☐ I have paid via E-transfer, using the e	email payments@taxwise.ca (no securi	ity question required)
☐ I prefer to pay by phone (call 1 866 4	48 2188)	
☐ I prefer to pay by credit card (Master	card or Visa)	
Name (as it appears on card) Card #:		
Expiry: / Card Security	/ Number:	

^{*} Returns including (but not limited to) matters involving foreign earnings, T2200/T777 forms, T776 forms, or T5008 forms, prices may be subject to change depending on the scope of work.

Additional costs will be charged for any pre-assessment or post-assessment reviews requested by the Canada Revenue Agency.

TaxWise reserves the right to refuse service upon its own discretion.



Personal Tax Information Checklist

Information	Individual 1	Individual 2
Last Name, First Name		
Date of Birth (MM/DD/YYYY)		
Email Address		
Phone Number		
Street Address		
City, Province		
Postal Code		
Marital Status		
**if changed in 2023, date of change		
Dependent(s) (under 18 or 65+)		
Last Name, First Name		
Date of birth (MM/DD/YYYY)		
**address if different from above		
Last Name, First Name		
Date of birth (MM/DD/YYYY)		
**address if different from above		

^{**}Information Checklist, indicate if applicable and include any necessary supporting information.

Information to Include	Individual 1	Individual 2
Spousal Support payments		
Child Support Payments		
Child Care Expenses		
Medical Expenses		
Medical Travel (over 40km)		
Tuition Fees		
Studet Loan Interest		
RRSP/FHSA Contributions		
Home Renovation Costs		
**accessibility or multigenerational home		
Rent Paid in ON		
Property Tax Paid in ON		
Charitable Donations		
Political Donations		
Employment Expenses		
Moving Expenses (school or job)		
Home Buyer's Plan		
First Time Home Buyer in 2023		
Sale of Principal Residence (exemption)		
Sale of Residence (taxable)		
Volunteer Firefighter		
Volunteer Search and Rescue		
Bankruptcy in 2023		
Foreign Property Holdings		
Provide Information to Elections Canada		
Canadian Citizen	-	



Personal Tax Information Checklist

Information	Individual 3	Individual 4
Last Name, First Name		
Date of Birth (MM/DD/YYYY)		
Email Address		
Phone Number		
Street Address		
City, Province		
Postal Code		
Marital Status		
**if changed in 2023, date of change		
Dependent(s) (under 18 or 65+)		
Last Name, First Name		
Date of birth (MM/DD/YYYY)		
**address if different from above		
Last Name, First Name		
Date of birth (MM/DD/YYYY)		
**address if different from above		

^{**}Information Checklist, indicate if applicable and include any necessary supporting information.

Information to Include	Individual 3	Individual 4
Spousal Support payments		
Child Support Payments		
Child Care Expenses		
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Medical Travel (over 40km)		
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Volunteer Search and Rescue		
Bankruptcy in 2023		
Foreign Property Holdings		
Provide Information to Elections Canada		
Canadian Citizen		



2023 Medical Expense Form

Name of Patient	Date	Paid to	Description of Expense	Amount
	+			
	+			
	+			
	_			
	+			
	-			



2023 Medical Travel Form

Name of Patient	Address of Facility	Medical Practitioner	No. Trips in 2023 (return)	KM per trip (return)	Total KM