

Happy 2022 Tax Season!

Please refer to the below for reference on the tax kit forms. If you are a new client or require your Client Number, please call the office at 1-866-448-2188.

1. Please complete the following documents

- □ 2022 T1-Engagement Agreement
- □ Information Return for Electronic Filing Form T183 (complete Part A, Part E, and Part F)
- □ 2022 Personal Tax Checklist
- □ 2022 T-Slip and Supporting Documents Checklist

2. Please 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. Please 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

Our goal is to ensure your taxes are prepared accurately. Misreporting income and expenses on your taxes can be costly. If you're not sure about what to claim, contact our team for assistance at 1-866-448-2188.

If you require additional copies of any documents, please visit us at <u>www.taxwise.ca/forms</u>.

We look forward to preparing your tax return(s).

Best Regards,

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



2022 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 2022 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.

Тах рау	yer #1 Print Name	Sign Date (DD/MM/Y	
Tax payer #2 Print Name		Sign	Date (DD/MM/YYYY)
Tax pay	/er #3 Print Name	Sign	Date (DD/MM/YYYY)
Tax pay	/er #4 Print Name	Sign	Date (DD/MM/YYYY)
		s* & Payment Options: e boxes (All fees quoted include a	pplicable taxes)
2 Pe3 Pe	ersonal T1 Income Tax and Benefit Return ersonal T1 Income Tax and Benefit Returns ersonal T1 Income Tax and Benefit Returns r more, please add \$100 for each additions	s \$300 total s \$400 total	\$500.00)
🗌 l ha	ave enclosed a cheque placing my Client N	umber on the "Memo" Line	
🗌 I ha	ave paid using online banking, using TaxW	ise or TaxWise Inc. as payee and C	Client ID for Account
🗌 l pr	refer to pay by phone (call 1 866 448 2188)	
🗌 l pr	refer to pay by credit card (

 * 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.



Protected B when completed

Tax year:

The information on this form relates to the tax year shown in the top right corner. Before you fill out this form, read the information and instructions on page 2. The individual identified in Part A (or the individual's legal representative) must sign Part F. Your electronic filer must fill out Part C and Part D before submitting your return. Give the signed original of this form to your electronic filer and keep a copy for yourself.

۶	Part A – Identification and address as shown on your tax return (mandatory)							
	First name	Last nam	ie			Social insurance number		
	Mailing address: Apt number – Street number - Street name	PO Box	RR	City		Prov./Terr Postal code		
	Get your CRA mail electronically delivered in My Account (optional)							
	Email Address:							
	By giving an email address, I am registering to receive email notifications from the CRA and agreeing to the terms of use on page 2.							
	Part B – Declaration of amounts from your Income Tax and Benefit Return (mandatory)							
	Enter the following amounts from your return, if applicable:							
	Total income (line 15000)	<u> </u>			Refund (line 48400)	· · · · · · ·		
	Taxable income (line 26000)	· · · · · · _			or			
	Total federal non-refundable tax credits (line 35000)	· · · · · · <u> </u>			Balance owing (line 48500	0)		
	Part C – Electronic filer identification (mandatory)							
	By signing Part F below, I declare that the following person or fir named in Part A. Part F must be signed before the return is ele	m is electro ctronically	onically f transmit	ling the new or thed.	ne amended Income Tax and	d Benefit Return of the person		
	Name of person or firm: TaxWise Inc.				Electronic filer numbe	r: 16314		
	Representative identifier (Rep ID):							
Ì	Part D – Document Control number (mandatory)							
	The document control number generated for my electronic recor	d:						
>	Part E – How do you want to receive your notices of assessment and reassessment? (select one or more of the following electronic options)							
	I am registering (as indicated in Part A above) or I am already registered to receive email notifications from the CRA and can view and access my notices of assessment and reassessment online.							
	I would like my electronic filer to receive a one time notice of assessment and reassessment electronically in their software and provide me with a copy.							
	I understand that by ticking (\checkmark) this box, I am allowing the CRA to electronically provide my assessment results and my notices of assessment and reassessment to the electronic filer (including a discounter) named in Part C . I will now receive a copy of my notices of assessment and reassessment from my electronic filer. For more information, see the Express NOA section on page 2 .							
			OR					
	I would like to receive paper notices of assessment and rea		Ũ					
	I will receive my notices of assessment and reassessment registered to receive email notifications from the CRA and I							
	Part F – Declaration and authorization (mandatory)							
	I declare that the information entered in parts A , B and C is corr the information on page 2 , and that the electronic filer identified any errors or omissions.							
	Signature (individual identified in Part A or legal representativ	ve)			Name and title of legal represe	ntative		
		-)						
				Year	Month Day HH	MM SS		

Privacy Act, personal information bank number CRA PPU 211



Canada



Information Return for Electronic Filing of an Individual's Income Tax and Benefit Return

Tax year:

The information on this form relates to the tax year shown in the top right corner. Before you fill out this form, read the information and instructions on page 2. The individual identified in Part A (or the individual's legal representative) must sign Part F. Your electronic filer must fill out Part C and Part D before submitting your return. Give the signed original of this form to your electronic filer and keep a copy for yourself.

٨	Part A – Identification and address as shown on your tax return (mandatory)							
	First name	Last nam	ie			Social insurance number		
	Mailing address: Apt number – Street number - Street name	PO Box		City		Prov./Terr Postal code		
	Get your CRA mail electronically delivered in My Acce	ount (opti	onal)					
	Email Address:							
	By giving an email address, I am registering to receive email notifications from the CRA and agreeing to the terms of use on page 2.							
	Part B – Declaration of amounts from your Income Tax and Benefit Return (mandatory)							
	Enter the following amounts from your return, if applicable:							
	Total income (line 15000)	<u> </u>			Refund (line 48400)	· · · · · ·		
	Taxable income (line 26000)				or			
	Total federal non-refundable tax credits (line 35000)	<u> </u>			Balance owing (line 4850)	0)		
	Part C – Electronic filer identification (mandatory)							
	By signing Part F below, I declare that the following person or fir named in Part A . Part F must be signed before the return is ele				he amended Income Tax an	d Benefit Return of the person		
	Name of person or firm: TaxWise Inc.				Electronic filer numbe	r: 16314		
	Representative identifier (Rep ID):							
	Part D – Document Control number (mandatory)							
	The document control number generated for my electronic recor	d:						
Δ	Part E – How do you want to receive your notices of a	Issessme	ent and	reassessmen	t? (select one or more of	the following electronic		
ĺ	options)							
	I am registering (as indicated in Part A above) or I am already registered to receive email notifications from the CRA and can view and access my notices of assessment and reassessment online.							
	I would like my electronic filer to receive a one time notice of	of assessm	ent and	reassessment el	ectronically in their software	and provide me with a copy.		
	I understand that by ticking (\checkmark) this box, I am allowing the (reassessment to the electronic filer (including a discounter) from my electronic filer. For more information, see the Expr	named in	Part C . I	will now receive	sessment results and my not a copy of my notices of asse	tices of assessment and essment and reassessment		
			OR					
	I would like to receive paper notices of assessment and rea		0					
	I will receive my notices of assessment and reassessment registered to receive email notifications from the CRA and I							
	Part F – Declaration and authorization (mandatory)							
	I declare that the information entered in parts A , B and C is corr the information on page 2 , and that the electronic filer identified any errors or omissions.							
	Signature (individual identified in Part A or legal representativ	/e)			Name and title of legal represe	ntative		
					r Month Day Hill			
				Yea	r Month Day HH	MM SS		

Privacy Act, personal information bank number CRA PPU 211

Canada



2022 Personal Tax Checklist

Personal Information	Tax Payer #1	Tax Payer #2
Last Name, First Name		
Date of Birth (MM / DD / YYYY)		
Email Address		
Phone Number		
Home Address		
***if changed in 2022, as of Dec 31st, 2022		
Marital Status as of Dec 31, 2022		
***if changed in 2022, date of change		

Dependent Family Information	Tax Payer #1	Tax Payer #2
Last Name, First Name (dependent 1)		
Relationship to Tax Payer		
Address (if different from TaxPayer)		
Approved for Disability Tax Credit		
Last Name, First Name (dependent 2)		
Relationship to Tax Payer		
Address (if different from TaxPayer)		
Approved for Disability Tax Credit		
**Use back for additional dependents		

Information Checklist (indicate with "x")	Tax Payer #1	Tax Payer #2
Spousal Support Payments (paid or received)		
Child Support Payments (paid or received)		
Child Care Expenses		
Medical Expenses		
Medical Travel (over 40km per trip)		
Tuition Fees		
Student Loan Interest		
RRSP Contributions		
Chartiable Donations		
Political Donations		
Staycation Expenses (Ontario)		
Home Accessibility Expenses (65+ or DTC)		
First Time Home Buyer		
Approved for Disability Tax Credit		
Volunteer Firefighter		
Search and Rescue Volunteer		
Rent Paid in Ontario		
Property Tax Paid in Ontario		
Sale of Principal Residence		
Sale of Taxable Property		
Canadian Citizen		
Provide Info to Elections Canada		
Own Foreign Property		

TaxWise 2022 T-Slip and Documents Checklist

Type of Slip of Supporting Document		No. of slips
T4 Statement of remuneration paid		
T4A Statement of Pension, Retirement, Annuity, and Other Income		
T4A(OAS) Statement of Old Age Security		
T4A(P) Statement of Canada Pension Benefits		
T4E Statement of Employment Insurance and Other Benefits		
T4RIF Statement of Income from a Registered Retirement Income Fund		
T4RSP Statement of RRSP Income		
T5 Statement of Investment Income		
T5007 Statement of Benefits		
T5008 Statement of Securities Transactions		
T5013 Statement of Partnership Income		
T5018 Statement of Contract Payments		
T3 Statement of Trust Income Allocations and Designations		
T2125 Statement of Business Activities (Summary sheet)		
T776 Statement of Real Estate Rentals (Summary sheet)		
T2202 Tuition Enrolment Certificate		
RRSP Contribution Receipt		
Other T-Slip or Supporting Document (please specify:)	
Other T-Slip or Supporting Document (please specify:)	
Other T-Slip or Supporting Document (please speficy:)	
Other T-Slip or Supporting Document (please specify:)	
Other T-Slip or Supporting Document (please specify:)	

TaxWise 2022 Medical Expense Summary

Patient	Date	Paid to	Description	Amount
First Name Last Name	MM / DD	Name of Provider	Type of expense	Out of pocket cost



2022 Travel Summary

Patient	Address of Facility	Provider Name	# of trips 2022	KM per trip	Total KM
First Name Last Name	Street, City, Province	Name of Provider	No. of return trips	KM per return trip	Total KM