

2007 INCOME TAX INFORMATION SHEET

Your Name: _____

Number of Children **living with you** as at December 31, 2007: _____

Marital Status as at December 31, 2007: Single Married

*If your Marital Status changed in 2007, Common-Law Separated

please provide the date of the change. Divorced Widowed

If you are Married or living Common-Law & your spouse is not bankrupt with our office, please provide the following:

Spouse's Name: _____

Spouse's SIN: _____

Spouse's Net Income: _____

SOURCES OF INCOME DURING THE YEAR:

Please list all **employers** in the 2007 year and attach the T4s:

Employer's name: _____

Please check off the box if you had income from any of the following sources and attach the slip.

- | | |
|---|--|
| <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> Pension Income (If you are electing to split your Pension Income a completed T1032 is required) |
| <input type="checkbox"/> Social Assistance | <input type="checkbox"/> Old Age Pension Income |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Universal Child Care Benefit |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Rental Income (Attach Written Details) |
| <input type="checkbox"/> RRSPs Cashed During The Year | <input type="checkbox"/> Tips / Gratuities (Attach Written Details) |
| <input type="checkbox"/> Self Employment (Attach Written Details) | |

ELIGIBLE DEDUCTIONS DURING THE YEAR:

Please check of the box if you are eligible for any of the following deductions:
(Please see Canada Revenue Agency's Website www.cra-arc.gc.ca/forms for required forms)

- | | |
|--|--|
| <input type="checkbox"/> Child Care/Fitness Expenses (Receipts Required) | <input type="checkbox"/> Tuition/Education/Textbook (T2202 Required) |
| <input type="checkbox"/> Moving Expenses (Completed T1-M Required) | <input type="checkbox"/> Medical Expenses (Receipts Required) |
| <input type="checkbox"/> Disability Amount (T2201 Required) | <input type="checkbox"/> Northern Residence (Basic / Additional) |
| <input type="checkbox"/> Employment Expenses (T2200 & T777 Required) | <input type="checkbox"/> Public Transit Amounts (Receipts Required) |

CHILD MAINTENANCE / ALIMONY:

Please check off the box if you paid or received Child Maintenance or Alimony and provide details of how much.

- | | |
|---|-------|
| <input type="checkbox"/> Child Maintenance Paid | _____ |
| <input type="checkbox"/> Alimony Paid | _____ |
| <input type="checkbox"/> Child Maintenance Received | _____ |
| <input type="checkbox"/> Alimony Received | _____ |

Was the Order or Written Agreement made prior to May 1, 1997? Yes / No

Do you claim these amounts on your income tax return? Yes / No

Please provide any comments on the reverse side of this form