

PARKER GARBER & CHESNEY, LLP
Chartered Accountants

Wilshire Management Services Ltd.



US PERSONAL TAX INFORMATION SHEET

2015 TAXATION YEAR

The following document is meant to provide you with a reminder of the information required by us in preparing your tax returns. Please read the notes and complete all questions carefully to ensure that you obtain full benefit for all deductions to which you are entitled. **Completion of this form is not necessary but will help ensure that your tax return is completed accurately and on a cost-effective basis. Any changes from information of the prior year should be completed.** This document is not an all-inclusive list of items applicable to personal income tax but rather is intended to be used as a guide in the preparation of your return.

Once you have completed the attached information sheet and have accumulated all of the necessary information slips and statements, please arrange immediate delivery to our office, preferably by courier.

IRS requires all Efile eligible tax returns to be filed electronically. Upon completion of your personal tax return, it will be electronically filed with The Internal Revenue Service. We will be forwarding to you our invoice for completing your return, a reporting letter, an instalment schedule (when applicable), personal engagement letter, the 2 page jacket of your tax return, an electronic filing authorization form and The IRS contact authorization form. You will be required to sign and return the forms to us immediately in the return envelope provided. If there is a balance owing on your return, we will inform you so that arrangements can be made for timely payment. Again this year we will not be providing a complete copy of your tax return unless specifically requested. Please indicate in the appropriate space on the following pages if you will require a complete copy of the tax return.

In the alternative you have the option to receive our documents electronically. Please indicate if you wish this option. If you require any information or clarification of the items in this document please feel free to contact our office at your convenience.

PERSONAL INFORMATION

		Social Security Number	Date of Birth		
			D	M	Y
Name & Occupation					
Name of Spouse/Partner & Occupation					
Name of Dependants	1.				
	2.				
	3.				
	4.				
Address		Apt #			
Street		City			
Province		Postal Code			
Telephone: Home ()		Telephone: Office ()			
Telephone: Cell ()		Fax: ()			
Email					
Is Your Address New This Year?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			D	M	Y
Date of Marriage if Within Tax Year					
Date of Separation or Divorce if Within Tax Year (please provide a copy of agreement/court order)					
Date of Death					
Date of Dependant's Birth if Within Tax Year					
Are you or a member of your family eligible for disability tax credits?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you the beneficiary of any trust of estate? If so, please provide details or discuss with our office			<input type="checkbox"/> Yes <input type="checkbox"/> No		

INCOME (include W-2's, 1042's, 1099's, and invoices)**Business**

Type of Business

Financial Statement

 Included Not Included

Employer's Business Number

Wages or Partnership Allocation to Spouse \$

Capital Gains

REAL ESTATE (Address of Property Disposed of)

D**M****Y**

Amount of Purchase \$

Date of Purchase

Amount of Sale \$

Date of Sale

LISTED PERSONAL PROPERTY (artworks, jewellery, rare books, stamps or coins etc.)

Amount of Purchase \$

Date of Purchase

Commissions Paid and Legal Fees \$

Amount of Sale \$

Date of Sale

Other Costs of Sale \$

DID YOU TRANSFER ANY REAL PROPERTY TO CHILDREN OR GRANDCHILDREN?

 Yes No

IF YES :

Value of Transfer \$

Date of Transfer

Please attach details

Child Support**Spousal Support**

Received \$

Received \$

Paid \$

Paid \$

Commissions \$**Dividends \$****Employment \$**

INCOME (include W-2's, 1042's, 1099's, and invoices) (cont'd)**Taxable Benefits \$**

Automobile	Documents Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence	Documents Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	Documents Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Low Interest or No Interest Loans

		D	M	Y
Amount Outstanding \$	Date Outstanding			
Amount Outstanding \$	Date Outstanding			

Gratuities and Tips \$**Interest from Investments \$**

Canada Savings Bonds \$
Other Bonds \$
Mortgages \$
Trusts \$

Non-US Assets (please provide details, see attached)**Pensions**

RETIRING ALLOWANCES

Amount \$
Amount \$
RESP Withdrawals
RDSP Withdrawals
RRIF Withdrawals

Rental Property (attach rental income and expense details)

Address

Tax Shelters (attach supporting documents)**U.S. Information**

Number of days in the US in the past three calendar years	2015	2014	2013		
Type of income received:	<input type="checkbox"/> Employment	<input type="checkbox"/> Business	<input type="checkbox"/> Interest	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Other
Attach supporting documents					

EXPENSES (include receipts)

Child Care Expenses \$

Child Support Payments (attach copy of separation/divorce agreement) :

Name	SIN#	Amount Paid \$
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Charitable Donations \$	Were any donations made of publicly-listed securities
Medical Expenses & Private Health Insurance Premiums \$	
Moving Expenses \$	
Professional Dues \$	
Salesperson's Expenses \$	
Tuition Payments \$	
Union Dues \$	
Political Contributions \$	
Property tax payments \$	
Mortgage interest payments \$	
Rent \$	

CHECKLIST FOR THE SELF-EMPLOYED		✓	\$
Advertising		<input type="checkbox"/>	
Convention Expenses		<input type="checkbox"/>	
Disability Modifications		<input type="checkbox"/>	
Insurance		<input type="checkbox"/>	
Interest		<input type="checkbox"/>	
Interest and Borrowing Charges		<input type="checkbox"/>	
Health Plan Premiums		<input type="checkbox"/>	
Home Office		<input type="checkbox"/>	
Square Footage of Home Office Space	and Total Home Footage		
Rent or Mortgage Interest		<input type="checkbox"/>	
Property tax		<input type="checkbox"/>	
Home Insurance		<input type="checkbox"/>	
Annual Utilities			
• Heat		<input type="checkbox"/>	
• Hydro		<input type="checkbox"/>	
• Water		<input type="checkbox"/>	
• Cable & Internet		<input type="checkbox"/>	
• Telephone & Internet		<input type="checkbox"/>	
Maintenance and Repairs		<input type="checkbox"/>	
Leasing Costs		<input type="checkbox"/>	
Meals & Entertainment Expenses		<input type="checkbox"/>	
Automobile			

• <input type="checkbox"/> Own or <input type="checkbox"/> Lease		
• Was There a Change in the Tax Year (Provide details)	<input type="checkbox"/>	
• If Lease, Lease Cost Per Month	<input type="checkbox"/>	
• If Own, Interest Cost Per Month	<input type="checkbox"/>	

CHECKLIST FOR THE SELF-EMPLOYED (cont'd)	✓	\$
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• Odometer @ Beginning of Year		
• Odometer @ End of Year		
• Percentage of Business Use of Car		
• Fuel Expenses	<input type="checkbox"/>	
• Car Insurance	<input type="checkbox"/>	
• Repairs and Maintenance	<input type="checkbox"/>	
• Parking expenses	<input type="checkbox"/>	
• Highway Tolls	<input type="checkbox"/>	
• License and Registration	<input type="checkbox"/>	
•	<input type="checkbox"/>	
•	<input type="checkbox"/>	
Equipment Purchases Subject to CCA		
• Furniture and Equipment	<input type="checkbox"/>	
• Computer Equipment	<input type="checkbox"/>	
• Leaseholds (if rental property)	<input type="checkbox"/>	
Office Expenses		
• Telephone & Fax	<input type="checkbox"/>	
• Stationary Supplies	<input type="checkbox"/>	
• Internet	<input type="checkbox"/>	
•	<input type="checkbox"/>	
•	<input type="checkbox"/>	
Professional Membership Dues / Fees	<input type="checkbox"/>	
Accounting Fees	<input type="checkbox"/>	
Legal Fees (state nature of)		
•	<input type="checkbox"/>	
Salaries Paid (provide T4 Slips and Summary for 2015)	<input type="checkbox"/>	
Travel Expenses	<input type="checkbox"/>	
List Other Expenses		
•	<input type="checkbox"/>	
•	<input type="checkbox"/>	

•	<input type="checkbox"/>	
•	<input type="checkbox"/>	

OTHER ITEMS

Are you a search and rescue volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an emergency services volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are a senior did you incur expenses to improve your home for the purpose of improving accessibility? Provide copies of all invoices for expenditures in 2015.		

FOREIGN REPORTING REQUIREMENTS (US)

The following details must be provided for **each** of the following investments that were held at anytime during the year including any investments acquired or sold during the year:

Shares of Non-US private corporations no matter where the shares are held.

All investments held in Non-US brokerage accounts, even if they are US equities.

All Non-US bank accounts and brokerage accounts.

All Non-US partnerships and trusts.

All Non-US real estate with the exception of properties for personal use.

The following information is needed for each of the above items:

The names and addresses and account numbers of the financial institution's accounts.

If the information is substantial please contact our office and we will provide a worksheet for your use.

Accounts must include joint accounts or any account for which you may have signing authority.

Please provide all statements for the year from TFSA, RESP or RDSP accounts.

NOTICES OF ASSESSMENT

Please provide copies of all notices of assessment or reassessment and other relevant correspondence from any tax authorities received by you or any family member for whom we are filing returns if not previously provided.

FBAR INFORMATION SHEET

Account Holder (self, joint or third party)

Financial Institution

Address

Account number

Maximum amount of money or value in the account during 2015

Account Holder (self, joint or third party)

Financial Institution

Address

Account number

Maximum amount of money or value in the account during 2015

Account Holder (self, joint or third party)

Financial Institution

Address

Account number

Maximum amount of money or value in the account during 2015

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Financial Institution

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Maximum amount of money or value in the account during 2015

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Maximum amount of money or value in the account during 2015

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Maximum amount of money or value in the account during 2015

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Maximum amount of money or value in the account during 2015

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