



HARBR

ACCOUNTING SERVICES

o/b 1000764944 Ontario Ltd.
452 Charlotte Street
Peterborough, Ontario K9J 2W3
Tel (705) 742-1961

PLEASE DO NOT DROP OFF YOUR TAX INFORMATION UNTIL YOU HAVE ALL THAT YOU NEED!!

DATE IN: _____

ARE YOU A NEW CLIENT? YES NO

TYPE OF RETURN: (see Additional Forms section)

Personal Sole Proprietor Farm Rental Corporate

ONCE COMPLETED DO YOU WANT YOUR TAXES: PRINTED DIGITAL (via our portal)

SLIP RETRIEVAL: ALL SLIPS PROVIDED RETRIEVE MISSING SLIPS FROM CRA NOT SURE

DOCUMENT HANDLING: ORIGINAL DOCUMENTS RETURNED SHRED ALL DIGITAL DOCUMENTS

***Please note that during tax season you will be asked to schedule an in-person pick-up and signature timeslot**

NAME: _____ **NAME (SPOUSE):** _____

S.I.N (IF NEW): _____ **S.I.N:** _____

BUSINESS # (if applicable): _____ **BUSINESS # (if applicable):** _____

DATE OF BIRTH: _____ **DATE OF BIRTH:** _____

PHONE: _____ **PHONE:** _____

EMAIL: _____ **EMAIL:** _____

DISABILITY? YES NO

DISABILITY? YES NO

ADDRESS: _____

2025 MARITAL STATUS SINGLE COMMON-LAW MARRIED SEPARATED DIVORCED WIDOW

DID YOUR STATUS CHANGE? YES NO **CHANGE DATE:** _____

SPOUSAL SUPPORT: _____ **CHILD SUPPORT:** _____

***PLEASE INCLUDE COPY OF SEPERATION OR DIVORCE AGREEMENT FOR 2025 ONLY**

DEPENDANTS

1. Name: _____ D.O.B _____ Disability? YES NO Gender: M F

2. Name: _____ D.O.B _____ Disability? YES NO Gender: M F

3. Name: _____ D.O.B _____ Disability? YES NO Gender: M F

CHILDCARE EXPENSES – RECEIPTS (IF PERSONAL CHILD CARE PROVIDER NEED S.I.N OF INDIVIDUAL)

SUMMER/P.A. CAMPS (WEEK IN LENGTH) - RECEIPTS

ADULT RELATIVE - NEED NET INCOME IF NOT FILING THEIR RETURNS BUT CLAIMING TRANSFERS

DID YOU HAVE A NEW CHILD IN 2025? YES NO

If Yes: NAME _____ S.I.N. _____ DISABILITY? YES NO GENDER: M F

PLEASE FILL OUT ALL INFORMATION FOR 2025

DID YOU MOVE IN 2025? YES NO

DID YOU BUY A HOUSE IN 2025? YES NO

ARE YOU A FIRST TIME HOME BUYER IN 2025? YES NO *PLEASE INCLUDE PURCHASE AGREEMENT

DID YOU SELL A HOUSE IN 2025? YES NO

OLD ADDRESS _____

DATE BOUGHT _____

DATE SOLD _____

AMOUNT SOLD FOR _____

WAS THIS YOUR PRINCIPAL RESIDENCE? YES NO

IF NOT YOUR PRINCIPAL RESIDENCE WE WILL NEED ALL ORIGINAL PURCHASE AND SALE AGREEMENTS.

CHECKLIST | DO YOU HAVE ALL OF YOUR INFORMATION FOR 2025?

INCOME

T4 (Did you work?)

T4E (Did you collect unemployment?)

T5007 (Did you collect Ontario Works or Workman’s Compensation?)

T4AP(CPP) / T4OAS / T4A / T4RIF(Did you collect a pension/foreign pension?)

T5007 T5 T3 (Did you have Investments?)

DO YOU HAVE ANY FOREIGN ASSETS OVER 100k CAD? YES NO

DEDUCTIONS

End of Year Investment Package (Did you pay management fees?)

T2202 A / T4A (Were you in school? Did you receive scholarships/bursaries?)

ARE YOU TRANSFERRING TUITION TO PARENT OR SPOUSE? YES NO

STUDENT LOAN INTEREST

MEDICAL

PRESCRIPTION PRINTOUT FROM PHARMACY

CHIROPRACTOR, ACCUPUNCTURE, PHYSIO, DOCTOR LETTER FEES OR OTHER, MASSAGE, DENTAL, ETC.

MEDICAL INSURANCE

MEDICAL TRAVEL – AT LEAST 40 KM ONE WAY

HOME RENOVATIONS FOR MEDICAL PURPOSE

HOME RENOVATIONS TO PROVIDE LIVING QUARTERS FOR ELDERLY OR DISABLED RELATIVE

DONATIONS – RECEIPTS

CREDITS

ARE YOU CLAIMING RENT: DATES _____

ADDRESS _____

AMOUNT PAID _____

PROPERTY TAX (Can only claim if household income is under \$50,000.00)

AMOUNT PAID: _____

WERE YOU RESIDING IN A RETIREMENT HOME? YES NO (If Yes, RECEIPT NEEDED)

SPECIAL NOTES:

DECLARATION:

I DECLARE THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CONFIRM I WILL RETAIN ALL ORIGINAL DOCUMENTS IN THE EVENT OF A CRA REVIEW.

Signature: _____ Date: _____