



**SHERIF T. HENEIN
HENEIN & ASSOCIATES INC.**

Professional Accountants

2019 Personal Income Tax Package

Sherif T. Henein © 2019

MAIN PACKAGE: PERSONAL & FAMILY INFORMATION

PERSONAL INFORMATION

Last Name		First Name	
Date of Birth		Social Insurance No	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Current Address		City	
Province		Postal Code	
Home Telephone No		Work Telephone No	
Cellular Telephone No		Email Address	

MARITAL STATUS & DEPENDENTS QUESTIONNAIRE

Moved in 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Time Home Buyer?	<input type="checkbox"/> Yes	Date	
Did you immigrate into or emigrate out of Canada in 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
Change in Marital Status in 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
Additional Children in 2018 or 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list children below			
Child 1	Name		D.O.B.		SIN
Child 2	Name		D.O.B.		SIN
Child 3	Name		D.O.B.		SIN
Child 4	Name		D.O.B.		SIN
Suffered a Medically certified severe and prolonged disability	<input type="checkbox"/> Yes <input type="checkbox"/> No				

PERSONAL QUESTIONS

Do you have any T2200 and/or Employment Expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, Complete Schedule A</i>
Do you have an Unincorporated Business or Partnership Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, Complete Schedule B</i>
Do you have any Rental Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, Complete Schedule C</i>
Did you have any Assets outside Canada costing more than \$100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, Complete Schedule D</i>
Did you sell any Property that was ever used as a Principal Residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, Complete Schedule E</i>

LAST NAME		FIRST NAME	
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INCOME CHECKLIST

Please check off the Types of Income and Expenses that you will be submitting by checking the appropriate box. Where indicated, please provide the amounts applicable to each category:

Income & Revenue Item(s)	Provided	Payment & Expense Item(s)	Provided
T4 / T4A	<input type="checkbox"/> Yes	RRSP Contributions	<input type="checkbox"/> Yes
T3 / T5	<input type="checkbox"/> Yes	Rent Paid	<input type="checkbox"/> Yes
Sold Stocks (Capital Gains)	<input type="checkbox"/> Yes	Property Taxes Paid (Year Total)	<input type="checkbox"/> Yes
Cashed RRSP Amounts	<input type="checkbox"/> Yes	Tuition Fees	<input type="checkbox"/> Yes
Scholarships & Bursaries	<input type="checkbox"/> Yes	Student Loans Interest	<input type="checkbox"/> Yes
E.I. Income Amount (T4E)	<input type="checkbox"/> Yes	Paid Tax Installments	<input type="checkbox"/> Yes
Self-Employed Income <i>(Schedule B Required)</i>	<input type="checkbox"/> Yes	Employment Expenses <i>(Schedule A Required)</i>	<input type="checkbox"/> Yes
Rental Property Income <i>(Schedule C Required)</i>	<input type="checkbox"/> Yes	Home Buyers Plan Repayment	<input type="checkbox"/> Yes
Foreign Pension Amount	<input type="checkbox"/> Yes	Child Care Expenses	<input type="checkbox"/> Yes
Old Age Security Amount (T4A 0AS)	<input type="checkbox"/> Yes	Medical Expenses	<input type="checkbox"/> Yes
Other Pension Amount (T4AP)	<input type="checkbox"/> Yes	Charitable Donations	<input type="checkbox"/> Yes
Workers' Comp Income (T5007)	<input type="checkbox"/> Yes	Spousal & Child Support	<input type="checkbox"/> Yes
Other Income	<input type="checkbox"/> Yes	Professional / Union Dues	<input type="checkbox"/> Yes
Other Income	<input type="checkbox"/> Yes	Investment Expenses	<input type="checkbox"/> Yes
Other Income	<input type="checkbox"/> Yes	Other Expense	<input type="checkbox"/> Yes

BANKING INFORMATION

Account Holder		Institution / Bank No (3 digits)	
Institution / Bank Name		Transit / Branch (5 digits)	
Bank Branch Address		Account No (7 or 11 digits)	
		Void Cheque Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
City & Province		Province	Postal Code

Please attach a Copy of a Void Cheque if not previously provided.

LAST NAME		FIRST NAME	
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METHOD OF PAYMENT & AUTHORIZATION

Method of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Internet Transfer					
Credit Card Number		Expiry		<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex		
Full Billing Address					Suite No	
Billing Address City		Province		Full Postal Code ♦		
Card Holder's Name	As the name appears on the front of your Card					

♦ **The Postal Code is REQUIRED for Payment Verification Purposes, and MUST be provided.**

My signature below is my authorization to charge my Credit Card for services rendered to myself and/or my family members, and/or my business(es), by your firm, Sherif T. Henein HBSC CCA RPA PBA ABA CBA FCBA CMA, a member of the Henein Group which includes Henein & Associates Inc, and Sherif Henein & Associates, and that I shall take full responsibility for the payment of such charges until such amounts have been settled in full for the services which have been rendered by your firm. It is also understood that further requests by the taxpayer(s) or Canada Revenue Agency, requiring the further submission of copies, may be charged on this Credit Card, as a separate item.

Signature Date		Card Holder's Signature	
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PLEASE NOTE: We no longer release any tax returns for filing until full payment has been received. NO EXCEPTIONS.

AUTHORIZATION & CERTIFICATION

PERSONAL CONFIRMATION OF INFORMATION RETURN

The related tax returns will be completed from the information provided in the accompanying documentation herein by the Taxpayer, who certifies such information to be true, accurate, and complete to the best of their knowledge. Furthermore, the Taxpayer acknowledges that it is the Taxpayer's responsibility to check the information provided for accuracy and completeness, and that such information is not prepared for any misleading or improper purposes, and fully discloses the Taxpayer's income and deductible expenses and credit claims for the purposes of filing the Taxpayer's 2019 Income Tax Return.

I, as the Taxpayer, acknowledge, assert and confirm that all of the information provided for my tax returns, and the tax returns of my family members, are herein correct, accurate and complete to the best of my knowledge, and that all information has been provided as it should be.

Signature Date		Tax Payer's Signature	
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LAST NAME		FIRST NAME	
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SCHEDULE A: T2200 PERSONAL EMPLOYMENT EXPENSES

AUTOMOBILE EXPENSES

Payment & Expense Item(s)	Amount (\$)	Payment & Expense Item(s)	Amount (\$)
Automobile Parking Costs		Automobile Loan Interest	
Automobile Gasoline		Annual Automobile Lease Cost	
Automobile Repairs		Automobile Car Washes	
Annual Automobile Insurance Cost		Automobile CAA Memberships	
Automobile License & Registration		Other Automobile Expenses	
Total Kilometers Driven in 2019		Total Kilometers Driven for Business	
Cost of New Vehicle	<i>Applicable only to Vehicles purchased in 2019</i>		

HOME OFFICE EXPENSES

Payment & Expense Item(s)	Amount (\$)	Payment & Expense Item(s)	Amount (\$)
Heating Costs		Condominium Fees	
Electricity Costs		Rent Paid	
Home Insurance		Water Costs	
Repairs & Maintenance		Landscaping Costs	
Mortgage Interest Paid		Security Alarm	
Property Taxes		Others	
Others		Others	
Total Square Footage of Home		Total Square Footage for Business	
Number of Rooms in the Home		No. of Rooms used for Business	

Relevant Comments	
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LAST NAME		FIRST NAME	
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SCHEDULE B: PERSONAL BUSINESS INCOME & EXPENSE

BUSINESS INCOME & EXPENSES

Income & Revenue Item(s)	Amount (\$)	Cost(s) of Sales	Amount (\$)
Sales Income before HST		Sub-Contracts Paid	
Sales Returns (If any)		Purchases	
HST Collected		HST Paid	
Opening Inventory at Cost (If any)		Closing Inventory (If any)	
Other Income		Other Cost of Sales	

Operating Expense Item(s)	Amount (\$)	Operating Expense Item(s)	Amount (\$)
Advertising & Promotion		Management Fees	
Meals & Entertainment		Rent Expenses	
Bad Debts (Not Collectible)		Repairs & Maintenance	
Insurance Expenses		Salaries & Wages	
Interest & Bank Charges		Travel Expenses	
Fees, Dues & Licenses		Telephone & Internet Expenses	
Office Expenses		Utilities Expense	
Business Supplies		Other Expense	
Legal & Accounting Fees		Other Expense	

CAPITAL ASSETS ACQUIRED

Capital Asset Item(s)	Amount (\$)	Capital Asset Item(s)	Amount (\$)
Equipment Purchases		Computer Purchases	
Furniture Purchases		Other Capital Purchases	

SALES TAX SUMMARY

H.S.T. Registration Number		Please indicate if not HST Number	<input type="checkbox"/> No HST Number
H.S.T. Reporting Period Start		H.S.T. Reporting Period End	

LAST NAME		FIRST NAME	
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SCHEDULE C: RENTAL PROPERTY INFORMATION

*Please complete the area below regarding all Income and Expenses concerning your Rental Property. **ONE FORM IS REQUIRED for each individual property.***

Property Address or Reference		Percentage Owned by Me	
Total Rents Received in 2019		Percentage Owned by my Spouse	
Name of Other Owner(s)		Percentage Owned by Others	

Payment & Expense Item(s)	Amount (\$)	Comments & Additional Information	
Advertising			
Insurance			
Mortgage Interest			
Office Expenses (Details on Page 2)			
Legal, Accounting & Professional Fees			
Management & Condo Fees			
Repairs & Maintenance			
Salaries & Wages			
Property Taxes			
Travel Expenses			
Utilities Expenses			
Automobile Expenses (Details on Page 2)			
Major Renovations			
Other Expenses			
Total Square Footage of Home		Total Square Footage for Rental	
Number of Rooms in the Home		Number of Rooms used for Rental	

SALES TAX SUMMARY

H.S.T. Registration Number		Please indicate if not HST Number	<input type="checkbox"/> No HST Number
H.S.T. Reporting Period Start		H.S.T. Reporting Period End	

LAST NAME		FIRST NAME	
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SCHEDULE C: RENTAL PROPERTY INFORMATION (CONT'D)

Please complete the area below regarding all expenses concerning your automobile and travel related to your Rental Properties.

AUTOMOBILE EXPENSES

Operating Expense Item(s)	Amount (\$)	Operating Expense Item(s)	Amount (\$)
Automobile Parking Costs		Automobile Loan Interest	
Automobile Gasoline Costs		Annual Automobile Lease Costs	
Automobile Repair Costs		Automobile Car Washes	
Annual Automobile Insurance Cost		Automobile CAA Memberships	
Automobile License & Registration		Other Automobile Expenses	
Total Kilometers Driven in 2019		Total Kilometers Driven for Business	
Cost of New Vehicle	<i>Applicable only to Vehicles purchases in 2019</i>		

HOME OFFICE EXPENSES

Payment & Expense Item(s)	Amount (\$)	Payment & Expense Item(s)	Amount (\$)
Heating Costs		Condominium Fees	
Electricity Costs		Rent Paid	
Home Insurance		Water Costs	
Repairs & Maintenance		Landscaping Costs	
Mortgage Interest Paid		Security Alarm	
Property Taxes		Others	
Others		Others	
Total Square Footage of Home		Total Square Footage for Business	
Number of Rooms in the Home		No. of Rooms used for Business	

Relevant Comments	
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LAST NAME		FIRST NAME	
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SCHEDULE D: FOREIGN PROPERTIES COSTING MORE THAN \$100,000

FOREIGN PROPERTY REPORTING

ONLY COMPLETE IF YOU OWN FOREIGN PROPERTY COSTING MORE THAN \$100,000 CAD

Canadian resident individuals who held certain property outside Canada with a total cost of more than \$100,000 CAD at any time during the tax year are subject to certain disclosure requirement to the Canada Revenue Agency (CRA).

Non-compliance with this reporting requirement results in severe penalties. To help us determine whether you are subject to the reporting rule, please read and consider each of the following questions carefully when answering them.

If you owned any of the following property at any time during 2019, answer YES to the relevant questions. You may be subject to the foreign property reporting rule, and we may prepare additional forms to submit to the CRA.

1. Funds or tangible property (patents, copyrights, etc.) situated, deposited or held outside Canada.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Tangible property situated outside of Canada.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. A share of the capital stock of a non-resident corporation held by the taxpayer or by an agent on behalf of the taxpayer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. An interest in a non-resident trust that was acquired for consideration, other than an interest in a non-resident trust that is a foreign affiliate for the purposes of section 233.4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. An interest in a partnership that holds a Specified Foreign Property unless the partnership is required to file a T1135.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. An interest in, or right with respect to, an entity that is a non-resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. A property that is convertible into, exchangeable for, or confers a right to acquire a property that is Specified Foreign Property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. A debt owed by a non-resident, including government and corporate bonds, debentures, mortgages, and notes receivable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. An interest in a foreign insurance policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Precious metals, gold certificates, and futures contracts held outside Canada	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Full Name		Signature	
Signature Date			

LAST NAME	FIRST NAME
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SCHEDULE E: PRINCIPAL RESIDENCE

SOLD HOMES	<i>Please complete the area below regarding your Principal Residence that was sold in 2019.</i>
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Address		City		Prov		Postal	
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Home Details	Amount / Details	Notes / Additional Information	
Year of Purchase		<i>Note</i>	
Purchase Price		<i>Note</i>	
Selling Price		<i>Note</i>	
Selling Costs		<i>Note</i>	
Ownership Titles & Percentage Owned	Owner 1 Full Name		Ownership Percentage
	Owner 2 Full Name		Ownership Percentage
	Owner 3 Full Name		Ownership Percentage

If there was EVER a change in the use of this Property (e.g. Rented all or part of the Home, used for Business, etc.) please provide details related to such changes including applicable dates and other pertinent information that may have tax implications.

PURCHASED HOMES	<i>Please complete the area below regarding your Principal Residence that was purchased in 2019.</i>
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Address		City		Prov		Postal	
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Home Details	Amount / Details	Notes / Additional Information	
Purchase Price		<i>Note</i>	
Closing Date		<i>Note</i>	

Are you a First Time Home Buyer (i.e. Never Owned any Property in the Last 5 Years?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did you use your Home Buyer Plan (RRSP's) for the purchase of your Home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Ownership Titles & Percentage Owned	Owner 1 Full Name		Ownership Percentage
	Owner 2 Full Name		Ownership Percentage
	Owner 3 Full Name		Ownership Percentage