



Anca L Rotaru CPA Professional Corporation Inc.

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T1 Personal Tax Return 2023

NEW CLIENTS - Please download this form, fill it out and upload it including your tax slips to the **PORTAL**.

If you don't have access to the portal please email contact@rotaru-cpa.com

New Client

Existing Client

Personal Information					
First Name		Last Name		Middle Name	
Date of Birth		SIN #		Citizenship	
Street Address				Apt#	
				PO Box	
City		Province/State		Post Code	
Country		Email Address		We must have a valid email address & at least one (1) phone number for us to communicate with you.	
Home Phone		Mobile Phone			

Marital Status: Indicate your marital status as of December 31, 2023.

Single

Married

Common-law

Separated

Divorced

Widowed

Did your marital status change from last year's tax return?

Yes

No

If you answered **YES** to the above question, please indicate the date this status changed.

Residency information:

Were you a resident of Ontario as of December 31, 2023?	Yes	No
If NO , please indicate your province or territory of residence. If you lived outside of Canada, please select OTHER.		
Did you live outside of Canada for GREATER than 183 days in 2023?	Yes	No
Did you SELL your principal residence in 2023?	Yes	No
If YES , please indicate the date of sale and selling price.		
	Sale Date:	
	Sale Price:	



Employment information:

Are you self-employed?	Yes	No
Are you a full-time student?	Yes	No
Are you totally and permanently disabled?	Yes	No
Are you a dependent of another taxpayer?	Yes	No
Did you receive a Declaration of Conditions of Employment (T2200) form from your employer?	Yes	No

Deductions & tax credits information:

Please check all that apply to you for **2023**. You must have receipts or supporting documents in all cases.

<input type="checkbox"/>	Charitable donations
<input type="checkbox"/>	Dental expenses (not reimbursed by a third-party insurer)
<input type="checkbox"/>	Employment expense
<input type="checkbox"/>	First-time homebuyer
<input type="checkbox"/>	Health insurance premium(s)
<input type="checkbox"/>	Home buyer’s plan
<input type="checkbox"/>	Investment counseling fees
<input type="checkbox"/>	Interest paid on investment loans
<input type="checkbox"/>	Long term care premium(s)
<input type="checkbox"/>	Medical expenses (not reimbursed by a third-party insurer)
<input type="checkbox"/>	Moving expenses for work or study (not reimbursed by your employer)
<input type="checkbox"/>	Political party contributions – Federal/Provincial
<input type="checkbox"/>	Prescription drugs & medical devices (not reimbursed by a third-party insurer)
<input type="checkbox"/>	RRSP contributions
<input type="checkbox"/>	RRSP contributions - SPOUSE
<input type="checkbox"/>	Spousal support payment
<input type="checkbox"/>	Union & professional dues



Did you own /rent home in 2023?	Property Taxes paid:	Rental amount paid:
<ul style="list-style-type: none"> Municipality / Landlord name: 		
Did you donate to a registered CHARITY during the tax filing year?	Yes	No
Did you donate to a POLITICAL party during the tax filing year?	Yes	No

Investment & Donation information:

Did you own or hold foreign property with a total value GREATER than CAD\$100,000? Foreign Property can include (but not limited to) physical assets, financial investments, such as stocks, bonds, foreign or crypto currency, or any other related investments tools.	Yes	No
Did you buy or sell any financial investments (excluding your RRSP & TFSA) during the tax filing year?	Yes	No

SPOUSE INFORMATION

If we do not file the return for your spouse please indicate their income from **Line # 23600 of their T1 return**



DEPENDENTS

Please complete the following information for any dependents.

Dependent Information (if applicable)						
Name	Relationship	Date of Birth	SIN #	Net Income*	Childcare Expense Amount	Post-secondary Tuition Expense? **
						Yes
						Yes
						Yes
						Yes
						Yes

**We will require signed Tuition and Enrolment Certificate and Summary Form (T2202) for each dependent with tuition expenses.

Are we filing a separate T1 return for any dependent(s)? * Yes No

Do any of your dependents qualify for disability credit? Yes No

To send us the completed form please upload PDF form to the [PORTAL](#) as it contains sensitive information. Alternatively, you can print it out and [DROP](#) it off with the tax documents you have.