

# STEPHEN J. SUTHERLAND

*Chartered Accountant*

## PERSONAL TAX PACK FOR THE YEAR 2010

- |  |   |
|--|---|
| <input type="checkbox"/> 2009 Notice of Assessment                         | <input type="checkbox"/> Medical expense receipts               |
| <input type="checkbox"/> T4 Slips  | <input type="checkbox"/> Education and Tuition receipts         |
| <input type="checkbox"/> Other Slips (T3, T5, T4U, T4A, T4P)               | <input type="checkbox"/> Charitable donation receipts           |
| <input type="checkbox"/> Old Age Security, CPP and other pensions          | <input type="checkbox"/> Political contribution receipts        |
| <input type="checkbox"/> List of other income or investments sold          | <input type="checkbox"/> Child Care expenses                    |
| <input type="checkbox"/> Mutual Funds statements                           | <input type="checkbox"/> Moving expenses                        |
| <input type="checkbox"/> List of foreign property owned                    | <input type="checkbox"/> Carrying charges and interest expenses |
| <input type="checkbox"/> Unemployment Insurance benefits                   | <input type="checkbox"/> Automobile and Travel expenses         |
| <input type="checkbox"/> Declaration of Employment Condition               | <input type="checkbox"/> Home Office expenses                   |
| <input type="checkbox"/> Workers' Compensation benefits                    | <input type="checkbox"/> Property taxes and rent paid           |
| <input type="checkbox"/> Alimony or separation allowances paid or received | <input type="checkbox"/> Tax installment receipts               |
| <input type="checkbox"/> Rental, Business or Farm income and expenses      | <input type="checkbox"/> Capital additions                      |
| <input type="checkbox"/> Professional or Union dues receipts               | <input type="checkbox"/> Dependant Information                  |
| <input type="checkbox"/> RRSP receipts                                     | <input type="checkbox"/> Other _____                            |

If you require an appointment, please contact Antonella

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Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Marital Status: \_\_\_\_\_ (If changed, when?) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Children

D.O.B.

S.I.N.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dependants

D.O.B.

S.I.N.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____