

Scott, Pichelli & Easter Limited

Licensed Insolvency Trustee
Receiver and Manager

3600 Billings Court, Suite 109
Burlington, Ontario
L7N 3N6
Phone: (905) 632-5853
Fax: (905) 632-6113
Email: jbreau@scottpichelli.com

2022 PERSONAL INCOME TAX QUESTIONNAIRE

STEP 1 – IDENTIFICATION

(Please answer all applicable questions, even if your spouse is not bankrupt.)

Your identification

First Name: _____

Last Name: _____

S.I.N.: _____

Date of Birth: _____

Country of Citizenship: _____

On December 31, 2022, you were:

Married () Common Law () Widowed ()
Separated () Single () Divorced ()

If your marital status changed in 2021, please give the date: _____

(ie. if you were married in 2021 please give date of marriage)

Spouse's Identification

First Name: _____

Last Name: _____

S.I.N.: _____

Date of Birth: _____

Country of Citizenship: _____

Spouse's Net income for 2022:

\$ _____

(Only required if married or common-law)

Your Current Address:

Address: _____ Apt/unit _____

City: _____ Province: _____ Postal Code: _____

Phone: (H): _____ (W): _____

(C): _____

Email: _____

STEP 2 – DEPENDENTS

Please only list individuals who live in your household and are supported by you.
Do not list Individuals for whom you pay maintenance (child support to ex-spouse).

Name (First and Last)	Relationship (son / daughter / other)	Date of Birth (Year/mm/dd)	Earnings in 2021

Who claims these dependents for tax purposes? Self Spouse
 Who normally claims the Child Tax Credit? Self Spouse

STEP 3 – RENT/PROPERTY TAX PAID

(This amount will affect whether or not you receive the Trillium benefit)

If you paid rent or property taxes, please provide below details for the address you rented or owned in 2021.
(Please attach receipts)

Address	Postal Code	No. of Mths in 2022	Amount	Landlord or Municipality

Disposition of property:

Did you dispose of any property during 2022: Yes No

Selling Price: _____

Purchase Price: _____

Capital improvement costs: _____

Other expenses: (Real estate Commission, lawyers fees, advertising costs etc.)

STEP 4 – YOUR INCOME

(List all sources of income: eg. Wages, support, disability, unemployment insurance etc.)

List your employer or source of income that was received in 2022

Please include start and end date, even if the start or end date was during another year or has not ended

Company Name	Start Date\Month	End Date\Month

Disability Benefits:

(For first year claim, a signed Form T2201 is required from your physician or nurse practitioner for certification)

Are you permanently disabled? **Yes** **No**

Are you entitled to the Disability Amount **Yes** **No**

(Disability Tax Credit)

Do you or somebody else claim the “Caregiver Amount”? **Yes** **No**

Please provide details:

Self-Employed individuals

You must provide the Trustee with a spreadsheet of your income/revenue and expenses.

The filing due date for self-employed individuals is June 15, 2022, however penalties and

interest start to accrue starting April 30, 2022.

Pensioners

Do you receive the Guaranteed Income Supplement **Yes** **No**

IF YOU RECEIVE THE GUARANTEED INCOME SUPPLEMENT YOU MUST ADVISE THE TRUSTEE OR YOU RISK BEING CUTOFF YOUR SUPPLEMENT

Spousal Support

Spousal Support Received:

If you received spousal support provide total amount received in 2022_____.

Name of Payor: _____

Spousal Support Paid:

If you paid spousal support provide total amount paid in 2022_____.

If you paid child support along with spousal support provide total amount that you paid in 2022
_____. Name of Recipient: _____.

Rental Income:

Address of rental property: _____

Your percentage of ownership: _____ %

At anytime during 2022 did you use this property as your personal residence? **Yes** **No**

If yes provide the number of days of personal use: _____

Please attach all rental income and expenses associated with your rental property(s)

STEP 6 – YOUR EXPENSES:

EDUCATION EXPENSES:

Tuition and Enrolment Amounts – T2202A to be provided

(If a student is transferring any unused amounts the student has to complete the “Transfer or carryforward of unused amount” section of [Schedule 11](#) and attach the schedule to his or her return. The **student** must also complete the back of any of the following **applicable** forms to designate you as the person who can claim the amount)

Qualifying Student

(This amount also includes training in a second language or in basic literacy and numeracy it will also qualify for the tuition amount as long as the student is at least 16 years of age at the end of the year and are enrolled in the educational institution to obtain skills for, or improve the student’s skills in, an occupation.

If you are a “qualifying student” please provide the amount paid (tuition only), dates attended and the name of the institution for 2022:

Name of Institution: _____ Amount Paid: _____

Date attended: From _____ to _____

MEDICAL EXPENSES:

Please provide prescriptions, receipts for medical devices, receipts for payments made to a medical doctor, dentist, nurse or other medical professionals, payments for reproductive technologies and premiums paid to private health plans (other than paid by your employer)

DONATIONS:

Please provide receipts for all charitable donations made by either you or your spouse that you will be claiming.

CHILD CARE:

(If you have the receipts please attach them, if not fill out below)

Child's Name	Child Care Centre Name/Care Providers Name	Amount

ADDITIONAL EXPENSES:

Union dues, interest paid on student loans etc.)

(If you have the receipts please attach them, if not please fill out below)

Name of Expense	Name of Company	Amount

DISCLOSURE STATEMENT

I hereby certify that the information given in this Questionnaire and in any documents attached is correct and complete and fully discloses my income from all sources. I understand that the trustee shall rely solely upon the information in this statement in preparing my personal income tax return for the year indicated.

I agree to indemnify the trustee for loss or damages suffered in reliance upon incorrect or undisclosed information in this statement.

Date: _____

Name: (Please print) _____

Name: (Signature) _____