

SAVEWAY TAX SERVICES DROP OFF QUESTIONNAIRE

Please complete one questionnaire to document all household members in this submission to our office.

Date: _____

TAXPAYER

SPOUSE (other taxpayer)

Name: _____

Address: _____
(no change)(new) _____

Birth date(s): _____

Tel: Res: _____ Bus: _____ Cell: _____

Email address : _____

Legal/Marital Status: Married Common-law Widowed Divorced Separated Single

(Moving in with a partner or dissolving a relationship could signal a change in legal status for income tax purposes. Ask to review the CRA definitions if uncertain.)

Date of change of marital status: _____

Own FOREIGN PROPERTY at any time in year with total cost over CAN\$100,000?

Yes No

(including real property [other than personal use property], bank accounts held outside of Canada, foreign investments [including foreign property held in an account with a Canadian registered securities dealer or a Canadian trust company], etc.)

Did you SELL A HOME (house, condo, etc.) or was there a change in use in _____?

Yes No

If you answered 'No' to the above question, skip directly to the Dependents section below.

Was the home your principal residence Yes No

(If not the sale of a principal residence, please make an appointment to discuss with one of our consultants or preparers.)

Was there a change in use of your principal residence Yes No

(This could include, for example, converting some or all of our principal residence into an income earning property or ending the rental of some or all of your residence. If yes, please provide detail on the back side of this sheet.)

Year of acquisition: _____

Address: _____

Proceeds of disposition : _____
(price received after any real estate commissions and/or legal fees)

Dependents: (Any additions during the tax year?)

| Name | Relationship | Date of Birth |
|-------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you a Canadian citizen? Yes No

Provide information to Elections Canada? Yes No

Please proceed to the back side of this document.



EMPLOYEES WORKING FROM HOME IN 2020 DUE TO COVID-19 – CLIENT DOCUMENT

Name: _____

If more than one household member worked from home during COVID-19 and is wanting to potentially claim work space in home expenses, each member will have to complete this worksheet.

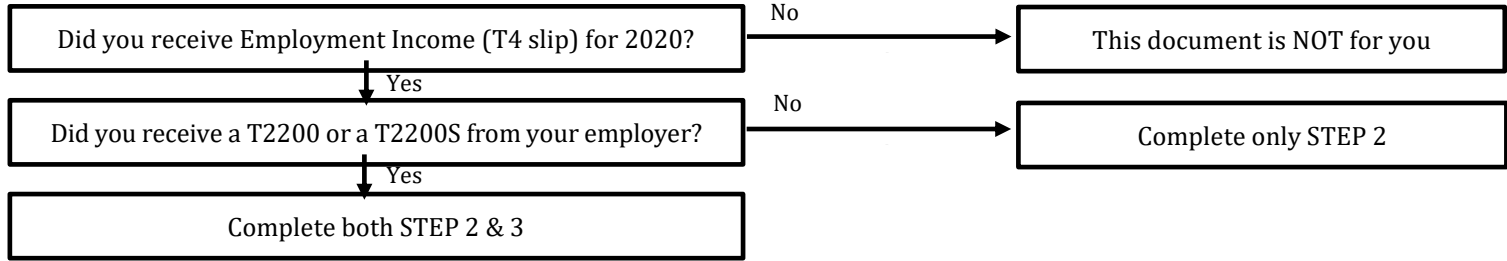
Did you work from your home in 2020 due to COVID-19? **Yes** **No**

If you answered 'yes' to the above question, please proceed in completing the remainder of this form.

If you answered 'no' to the above question, please altogether **disregard** the remainder of this form and move to the bottom for any additional notes and signature.

Many employees will be able to claim a deduction on their 2020 personal tax return for work space in home expenses. Follow the steps below as a simplified guide to assist in determining your claim.

STEP 1 – ELIGIBILITY AND CHOOSING A METHOD



STEP 2 – SIMPLIFIED CHART (TEMPORARY FLAT RATE METHOD)

- A) Did you work from home more than 50% of the time for at least four consecutive weeks in 2020 due to COVID-19? YES / NO
- B) If Yes, total number of days (200 days max.) you worked from home (full or part time) in 2020 due to COVID-19: _____
(Days worked count, while days off, vacation days, sick leave days or other leaves or absences do not count in the total number of days.)

STEP 3 – DETAILED CHART (DETAILED METHOD)

Dates you worked from home _____ Home: Total finished sq. ft. _____ Work space: Total sq. ft. _____

| | | |
|--|---|--|
| Did you receive any reimbursements / allowances from your employer for your work space at home? Provide details. | Was your work space used only for employment? If not, how many hours / week was it used for employment? | Did you share this work space with anyone else? Provide details. |
| | | |

| ALL EMPLOYEES | | ONLY COMMISSIONED EMPLOYEES | |
|-----------------------|------------------|-----------------------------|------------------|
| Expense | Amount for 2020* | Expense | Amount for 2020* |
| Rent | | Home Insurance | |
| Utilities | | Property Taxes | |
| Home Internet Access | | | |
| Repairs / Maintenance | | | |

| ALL EMPLOYEES | | | ONLY COMMISSIONED EMPLOYEES | | |
|---|------------------|------------------|-----------------------------|------------------|------------------|
| Expense | Amount for 2020* | Employment Use % | Expense | Amount for 2020* | Employment Use % |
| Office Supplies | | | Cell Phone Lease | | |
| Long distance phone calls made for work | | | Computer, Fax, etc. Lease | | |
| Cell Phone | | | | | |

*Net of any employer support. For further descriptions of what can and cannot be deducted, follow this [link](#).

Additional detail/notes pertaining to your tax situation:

We will contact you if we need additional information / clarity.

I, _____ (print name) _____, attest that the information disclosed on this sheet is to the best of my knowledge complete and accurate.

Signature: _____