

Schedule A

(Please fill out excel spreadsheet on our website at www.logankatz.com)

Capital Gains (Losses)

Description of asset disposed of in 2011: _____

Date of acquisition: _____, 19__ / 20__

Date of disposal: _____, 2011

Original cost of asset \$ _____

Proceeds on disposal \$ _____

Outlays of cash upon disposal
(i.e. broker, lawyer, other) \$ _____

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Description of asset disposed of in 2011: _____

Date of acquisition: _____, 19__ / 20__

Date of disposal: _____, 2011

Original cost of asset \$ _____

Proceeds on disposal \$ _____

Outlays of cash upon disposal
(i.e. broker, lawyer, other) \$ _____

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Description of asset disposed of in 2011: _____

Date of acquisition: _____, 19__ / 20__

Date of disposal: _____, 2011

Original cost of asset \$ _____

Proceeds on disposal \$ _____

Outlays of cash upon disposal
(i.e. broker, lawyer, other) \$ _____

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REMINDER: Remember to please contact your financial advisor/broker as soon as possible to authorize them to provide Logan Katz LLP staff with any information we may be requesting when preparing your personal income tax return. It becomes extremely time-consuming to have to do this at the height of tax season, both for the accountant and for the broker. Also, please provide the following:

Name of Broker: _____

Telephone No: _____

Email address: _____

FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN EXTRA FEES.

Schedule B

(Please fill out excel spreadsheet on our website at www.logankatz.com)

Statement of Net Business or Professional Income

Name of business: _____

Year ended: _____, 2011.

Business number (if applicable) _____

REVENUE (Amount includes HST collected yes no) \$ _____

EXPENSES (Amounts include HST paid yes no)

Advertising \$ _____

Bad debts _____

Business tax, fees, licenses, dues, memberships, subscriptions _____

Delivery, freight, express _____

Fuel costs (except for motor vehicles) _____

Insurance (identify life and disability insurance separately) _____

Interest, bank charges (note: interest and penalties for late taxes and source deductions are not deductible) _____

Maintenance and repairs _____

Management and administration fees _____

Meals and entertainment (limited to a 50% deduction) Gross _____ Net _____

Motor vehicle (business portion only) (Provide an amount or complete *Schedule D*) _____

Office _____

Supplies _____

Legal, accounting and other professional fees _____

Premiums paid to a private medical plan _____

Property taxes _____

Rent _____

Salaries _____

Travel _____

Telephone and utilities _____

Opening inventory balance _____

Closing inventory balance _____

Other (please specify): _____

Home office expenses (Please complete *Schedule E*) _____

Capital expenditures see over

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Schedule B

Statement of Net Business or Professional Income (continued)

Capital expenditures:	Furniture and Fixtures	\$_____
	Vehicles see (2)	_____
	Computer equipment (include date of purchase)	_____
	Computer software	_____
	Other (please specify)	_____

(1) Goods and Services Tax	YES	NO	N/A
Are you registered for HST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you collect and remit HST on all your revenue sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, identify sources which are not subject to HST (except interest): _____			
Do you claim ITC's on HST paid on expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, have you provided your expenses excluding the HST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you file? _____			
Do you use the Quick Method?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the following details [or provide a copy of your HST return filed for 2011]:

Revenues (excluding HST)	\$_____
HST collected	_____
HST remitted to CRA (including instalments)	_____

(2) For each vehicle purchased or leased during the year, it is extremely important that you provide the following:

- Make and year of vehicle;
- Cost before HST, PST;
- Amount of HST and PST;
- Monthly payment amount;
- Trade-in amount (if applicable);
- Year and make of vehicle traded-in;
- **If available, please provide the purchase or lease documents.**

(3) Businesses whose physical activity is **construction** are required to report to CRA the name of, amount paid to, and identifier number (Business Number or S.I.N.) of their subcontractors. These should be recorded on Form T5018, under the **Contractor Reporting System**.

(4) If your business has carried out activities in the United States, please provide details to your Logan Katz LLP preparer to determine whether U.S. filings are required and/or whether you should claim treaty protection under the Canada-U.S. Tax convention.

(5) A self-employed taxpayer carrying on business may be entitled to various provincial tax credits. Provide details of any Apprentices or co-op students you have employed during the year.

Schedule C

(Please fill out excel spreadsheet on our website at www.logankatz.com)

Statement of Net Rental Income

(Please prepare one Schedule C for EACH property)

(Make copies as needed)

Address of rental property: _____

Rental income for the year \$ _____

Expenses:

Advertising \$ _____

Insurance _____

Interest _____

Repairs and maintenance _____

Management and administration fees _____

Motor vehicle expenses _____

Office expenses (see "Tax Tip" on Schedule E) _____

Legal, accounting, other professional fees _____

Property taxes _____

Salaries, wages, and benefits _____

Travel _____

Utilities _____

Other (Please specify): _____

Please provide a list of any improvements or assets purchased during the year.

If you purchased a new rental property during the year, it is extremely important that you provide the following:

- Full address
- Cost (before HST) of the building and HST (you should also provide cost of land, separately)
- Percentage to be attributed to yourself, spouse, or other
- **If available, please provide the purchase documents**

If the property was sold during the year, please provide the closing documents.

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Schedule D

(Please fill out excel spreadsheet on our website at www.logankatz.com)

(Self-) Employment Expenses: Allowable automobile expenses

(if claimed on employment income, you must provide a Form T2200 signed by your employer)

For each vehicle, provide the following:

	Vehicle A	Vehicle B	Vehicle C
Make of automobile	_____	_____	_____
Date acquired	_____, 20__	_____, 20__	_____, 20__
Number of Km driven to earn (self-) employment income (you must exclude km's to/from your home)	_____ km	_____ km	_____ km
Total Km driven in the year	_____ km	_____ km	_____ km

Expenses:

Fuel	\$ _____	\$ _____	\$ _____
Maintenance and repairs	_____	_____	_____
Insurance	_____	_____	_____
Licensing or registration	_____	_____	_____
Interest and finance charges (certain limits apply)	_____	_____	_____
<i>OR</i>			
Leasing costs (certain limits apply)	_____	_____	_____
Other (Please specify): _____	_____	_____	_____

For each vehicle purchased or leased during the year, it is extremely important that you provide the following:

- Make and year of vehicle;
- Cost before HST, PST;
- Amount of HST and PST;
- Trade-in amount (if applicable);
- Year and make of vehicle traded-in;
- **If possible, please provide a copy of the purchase or lease documents.**

Total amount reimbursed by employer for vehicle during year (N/A if self-employed) \$ _____

REMINDER: Remember that CRA requires you to keep a detailed log outlining dates, number of kilometres, and destinations to allow for a deduction of vehicle expenses.

Schedule E

(Please fill out excel spreadsheet on our website at www.logankatz.com)

(Self-) Employment Expenses: Work space in the home expenses

(if claimed on employment income, you must provide a Form T2200 signed by your employer)

Area of house used for business purposes (**square footage**) _____

Total area of house (**square footage**) _____

Expenses:

Heat \$ _____

Hydro _____

Insurance _____

Repairs and maintenance _____

Property taxes _____

Rent _____

OR

Mortgage interest - exclude principal payments (if self-employed only) _____ **

Water _____

Other (Please specify): _____

**** Please provide your mortgage statement for 2011,**
if your financial institution has supplied this information.

REMINDER: Remember that home office expenses can only be claimed if an area of your home is your principal place of business; or the space is used exclusively for the purpose of earning income from business, and is used on a regular and continuous basis for meeting the clients, customers or patients of your business.

TAX TIP: According to a 2002 District Office Memo at CRA, it appears **home office expenses** can be claimed against rental income. Accordingly, if you are reporting rental income on schedule C of this package, we encourage you to complete this schedule as well.

Schedule F

(Please fill out excel spreadsheet on our website at www.logankatz.com)

Statement of Net Farming Income

Revenues:

Wheat	\$ _____
Oats	_____
Barley	_____
Mixed grains	_____
Flaxseed	_____
Canola	_____
Soya beans	_____
Corn	_____
Fruits and vegetables (please specify)	_____
Forage crops	_____
Livestock	
- Cattle	_____
- Swine	_____
- Poultry	_____
- Sheep and lambs	_____
Eggs	_____
Milk and cream	_____
Custom & contract work & machine rental	_____
Patronage dividends	_____
Dairy subsidies	_____
Insurance proceeds	_____
Other (please specify): _____	_____
Total income	\$ _____

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Schedule F

Statement of Net Farming Income (continued)

Expenses:

Building and fence repairs	\$ _____
Clearing or leveling, and draining	_____
Irrigation / drainage	_____
Containers, twine & bailing wire	_____
Crop insurance, GRIP, and stabilization premiums	_____
Machinery & truck expense	_____
- Gasoline, diesel fuel & oil	_____
- Repairs, license, insurance	_____
Insurance - building, livestock	_____
Interest on real estate mortgage	_____
Interest - other	_____
Motor vehicle expenses	_____
Property taxes	_____
Rent (land, buildings, pasture)	_____
Salaries (including CPP, QPP, EI, WSIB)	_____
Custom & contract work & machine rental	_____
Freight & trucking	_____
Electricity	_____
Feed, supplements, straw, bedding	_____
Fertilizers & lime	_____
Heating fuel	_____
Livestock purchased	_____
- Cattle	_____
- Swine	_____
- Poultry	_____
- Sheep and lambs	_____
Herbicides, pesticides, insecticides, fungicides	_____
Seeds and plants	_____
Veterinary fees, medicine & breeding fees	_____
Small tools	_____
Accounting, legal, office, advertising, memberships and subscriptions	_____
Telephone	_____
Other (please specify): _____	_____
 Total expenses	 \$ _____
 Fair market value of inventory at December 31, 2011	 \$ _____

Schedule G

(Please fill out excel spreadsheet on our website at www.logankatz.com)

Schedule of moving expenses

Criteria: Must have moved at least 40 Km to earn employment or self-employment income or to study in an educational institution.

Address	Former address in full _____	New address in full _____
City, Prov.	_____	_____
Postal Code	_____	_____
Date of move:	_____, 2011	_____, 2011
Name	Former employer, business or educational institution _____	New employer, business or educational institution _____
Address	_____	_____
City, Prov.	_____	_____
Postal Code	_____	_____
Distance from former residence to new work or study location		_____ Km
Distance from new residence to new work or study location		_____ Km

Costs:

Moving of household effects (mover: _____)	\$ _____
Transportation costs from former residence to new residence (Mode of travel: _____)	
Travel costs (# of km: _____)	_____
Lodging (# of nights: _____)	_____
Meals (# of days: _____)	_____
Temporary living expenses near new or old location (max. 15 days)	
Lodging (# of nights: _____)	_____
Meals (# of days: _____)	_____
Cost of lease settlement	_____
Selling costs of former residence (selling price: \$ _____)	
Real estate commission	_____
Legal or notarial fees	_____
Advertising	_____
Other (please specify): _____	_____
Purchase costs of new residence	
Legal fees	_____
Taxes (registration or transfer of title)	_____
Total expenses	\$ _____
Amount reimbursed by employer (if NIL, please state)	\$ _____