

Application A

All easytax™ applicants must fill in this page completely before returning to Money Mart. If you have any questions, call 1-800-361-1407.



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Please indicate the tax year this return is for _____

PERSONAL INFORMATION

| | | | | |
|-----------|------------------------|------------|--------------------------------|-----------------------------|
| Mr/Mrs/Ms | Last Name | First Name | Social Insurance Number - - | Date of Birth m/d/yr / / |
| Apt # | Street Name and Number | | City | |
| Province | Postal Code | Email | Phone Number () | |

MARITAL STATUS

| | | | | | |
|--|-----------------------------------|-------------------------------------|----------------------------------|---|--|
| On December 31, your marital status was: | Married <input type="checkbox"/> | Common-Law <input type="checkbox"/> | Widowed <input type="checkbox"/> | Has your marital status changed since your last return? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | Divorced <input type="checkbox"/> | Separated <input type="checkbox"/> | Single <input type="checkbox"/> | | If YES, what date?(m/d/yr) / / |

Note: If married or Common-Law, you must fill out Application B.

| | | |
|---|--|--|
| What Province was your place of residence on December 31, of last year? | _____ | If Quebec, and you want easytax to prepare your TPI, you must also fill out Application Q. |
| Did you move in or out of Canada last year? | <input type="checkbox"/> NO <input type="checkbox"/> YES | Is your name different from last year's return? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| I submit my name for the National Register of Electors (Elections Canada). (Applies to Canadian Citizens only). | <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| I am applying for the GST Credit* (Spouse/common-law partners cannot also claim, but must file a tax return). | <input type="checkbox"/> NO <input type="checkbox"/> YES | |

CHILDREN

| | | |
|--|--|---|
| Are you supporting children or other dependants? | <input type="checkbox"/> NO <input type="checkbox"/> YES | If YES, you must also fill in Application B |
|--|--|---|

INCOME/EARNINGS

| | |
|--|--|
| Number of jobs last year? _____ | T4s required for each job |
| Did you receive a T4E for benefits or repayment of EI benefits? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Did you or your spouse/common-law partner receive a T5007 for Social Assistance or WCB payments? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Did you receive any income from investment (T5) or retirement (T4RSP, T4RIF, T4A, T4AP, T4OAS)? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Did you receive spousal or child support payments? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Taxable amount: _____ (100% of spousal support is taxable. Child support pre May 1997 agreements is taxable) | |
| Did you receive any other income for which you do not have a slip (i.e. gratuities, missing T4's etc?) | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Amount? _____ | |

CREDITS/DEDUCTIONS

| | | |
|--|--|---|
| RRSP contribution | <input type="checkbox"/> NO <input type="checkbox"/> YES | CRA Notice of Assessment indicating RRSP deduction limit is required. |
| Are you applying for Rental or Property Tax Credit? (Ontario and Manitoba only) | <input type="checkbox"/> NO <input type="checkbox"/> YES | A rental statement or receipts signed by your landlord required. Only one spouse may claim. |
| Are you claiming education amounts or tuition for yourself? | <input type="checkbox"/> NO <input type="checkbox"/> YES | T2202A required. |
| Are you transferring education amounts or tuition from a dependant? | <input type="checkbox"/> NO <input type="checkbox"/> YES | Require T2202A, signed by your dependant if transferred to you. |
| Are you claiming charitable or political donations, medical expenses, or other claims? | <input type="checkbox"/> NO <input type="checkbox"/> YES | Official receipts required. |
| Are you claiming deductions or credits from prior tax years? | <input type="checkbox"/> NO <input type="checkbox"/> YES | CRA Notice of Assessment for proof of carry forward amount required. |
| Did you pay spousal or child support payments? | <input type="checkbox"/> NO <input type="checkbox"/> YES | How much? _____ |
| Deductable amount _____ (100% of spousal support is deductible. Child support for pre May 1997 agreements is deductible) | | |

SUPPORT PAID TO:

| | | |
|-----------|------------|--------------------------------|
| Last Name | First Name | Social Insurance Number / / |
|-----------|------------|--------------------------------|

*Note: Require receipts AND copy of written agreement or court order

| | | |
|--|--|--|
| Have you previously claimed a disability amount deduction for yourself?* | <input type="checkbox"/> NO <input type="checkbox"/> YES | *Note: You will need to provide proof of eligibility for disability claim. |
|--|--|--|

I confirm that the information provided, and any documents attached are correct, complete and fully disclose all of my income. I authorize Money Mart to verify the information provided and prepare my Income Tax Return based on this information.

Signature _____

Date _____

Application B

If you are supporting children or other dependants, you must complete this page as well.
If you have any questions, call 1-800-361-1407.



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SPOUSE OR COMMON-LAW INFORMATION

| | | | |
|--|-----------|--|-----------------------------|
| Mr/Mrs/Ms | Last Name | First Name | Date of Birth m/d/yr / / |
| Social Insurance Number - - | | Spouse's/Common-Law Spouse's Net Income* (Specify if zero – do not leave blank). | |
| Is your Spouse/Common-Law Spouse filing a tax return? | | Are we preparing your Spouse's/Common-Law Spouse's return? | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | | <input type="checkbox"/> NO <input type="checkbox"/> YES | |

*If Money Mart is not preparing your spouse's/common-laws' tax return, we may require proof of their net income such as a copy of their return, or copies of all T-slips and other receipts. This information is required by CRA to accurately assess your tax return.

CHILDREN

Complete this section if you support children or other dependants. How many dependants are you claiming? _____

Are you claiming an eligible dependant (Equivalent-to-Spouse)?* NO YES *Taxpayer must be single, separated or divorced to make this claim.

Which dependant will you be claiming as an eligible dependant (Equivalent-to Spouse)? Name _____

Did you receive the Child Tax Benefit last year? NO YES (Your spouse/common-law partner cannot also claim, but must file a tax return.)

| | |
|--|--|
| Did the dependant live with you (not just visit) at any time during the tax year while you were single, divorced or separated? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Is anyone else making this claim in respect of this dependant? | <input type="checkbox"/> NO <input type="checkbox"/> YES |

Dependant One:

| | | | |
|------------|--|-----------------------------|--|
| Last Name | First Name | Date of Birth m/d/yr / / | Relationship to you |
| Net Income | Social Insurance Number (if applicable) - - | Disability | <input type="checkbox"/> NO <input type="checkbox"/> YES** |

**Note: You will need to provide proof of eligibility for disability claim.

Dependant Two:

| | | | |
|------------|--|-----------------------------|--|
| Last Name | First Name | Date of Birth m/d/yr / / | Relationship to you |
| Net Income | Social Insurance Number (if applicable) - - | Disability | <input type="checkbox"/> NO <input type="checkbox"/> YES |

Dependant Three:

| | | | |
|------------|--|-----------------------------|--|
| Last Name | First Name | Date of Birth m/d/yr / / | Relationship to you |
| Net Income | Social Insurance Number (if applicable) - - | Disability | <input type="checkbox"/> NO <input type="checkbox"/> YES |

Dependant Four:

| | | | |
|------------|--|-----------------------------|--|
| Last Name | First Name | Date of Birth m/d/yr / / | Relationship to you |
| Net Income | Social Insurance Number (if applicable) - - | Disability | <input type="checkbox"/> NO <input type="checkbox"/> YES |

Dependant Five:

| | | | |
|------------|--|-----------------------------|--|
| Last Name | First Name | Date of Birth m/d/yr / / | Relationship to you |
| Net Income | Social Insurance Number (if applicable) - - | Disability | <input type="checkbox"/> NO <input type="checkbox"/> YES |

CHILD CARE EXPENSES

If child care is provided by an individual, that individual's Social Insurance Number must be included on receipts.

Paid To: _____ Amount _____ SIN: _____

Paid To: _____ Amount _____ SIN: _____

If care is provided by a company, standard receipts from the company (including company address) are required.

Number of receipts: _____

I confirm that the information provided, and any documents attached are correct, complete and fully disclose all of my income.
I authorize Money Mart to verify the information provided and prepare my Income Tax Return based on this information.

Signature _____

Date _____