February 20, 2024

Dear Client:

RE: 2023 Personal tax returns

We have enclosed a number of forms and checklists to help you co-ordinate and record your tax information. Please review the various taxpayer situations below and complete the various forms as required. This process will also help us save time if all documentation and information is current and complete.

The following forms and checklists are enclosed with this package. **Please note copies of various forms and checklists are also available on our website at www.simsandcompany.com**

For quick access to the forms, please click on the corresponding form number to navigate to the appropriate page.

Taxpayer Situation	Forms to be completed
Employee with no employment expenses	Complete Form **2**
Employee with regular employment expenses (include completed and signed T2200)	Complete Form **2, 5**
Self employed	Complete Form **2, 4**
Partner earning self employed income	Complete Form **2, 4**
Taxpayer with rental income	Complete Form **3**
Taxpayer with medical expenses and donations	Complete Form **6, 7**
Held foreign property, including stocks or bonds, or had property sale during the year	Review and complete Form **2.F** if applicable

We have also enclosed our engagement letter for your review and signature. This letter documents the terms of our engagement to provide you with personal income tax services. **A signed copy of this letter must be received in order to allow us to proceed with the preparation of your tax return. Please provide a signed copy of the engagement letter for each individual that we will be preparing the tax return for. For quick access. Click here**

Please do not hesitate to contact us with any questions you may have either of a general nature or in connection with completing the 2023 tax forms. COVID measures that were implemented during 2020, 2021 and 2022 are no longer available for the 2023 tax filings. We remind you to visit our website at www.simsandcompany.com.

We are always interested in expanding our personal tax practice. We appreciate all referrals from our clients and would ask that you pass along our contact information where appropriate.

Yours very truly,
SIMS & COMPANY CPAs LLP

Steven Sims, CPA, CA

February 20, 2024

Subject: Letter of Engagement

Dear Client:

We appreciate the opportunity to work with you and advise you on income tax matters. Canada Revenue Agency (CRA) impose penalties upon taxpayers, and upon us as tax return preparers, for failure to observe due care in reporting on your income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

We will prepare your 2023 personal income tax returns based on information that you provide to us. We will not audit or otherwise verify the data you submit, although we may ask you for clarification of some of the information. It is our responsibility to prepare your tax return correctly according to the law and the information that you have provided. It is your responsibility to provide us with all the information required to prepare complete and accurate returns. You should retain all the documents, cancelled cheques and other data that form the basis of your income and deductions. These may be necessary to prove the accuracy and completeness of the return to CRA. You have the final responsibility for the income tax return and, therefore, you should review it carefully before you sign it.

By signing this letter, you represent that you will provide us with accurate and complete information necessary to prepare your tax returns. This includes informing us of all interests you held in foreign properties with an aggregate cost in excess of $100,000 at any time in the year, as well as all income from any foreign properties regardless of their aggregate value and all income and transactions relating to non-resident trusts.

Our business respects the privacy of personal information, that is, information that identifies you as an individual, or that is associated with such identifying information. By engaging our services, you agree to provide such personal information as is necessary for us to meet your service requests.

Before you provide us with any personal information on behalf of others, you agree that you will have obtained consent for collecting, using and disclosing this information, according to current Canadian privacy legislation.

We confirm to you that we will not rent, sell or otherwise make your personal information, including contact information, available to any third-party without your permission. We use your information to complete your service requests, to inform you of changes in our business or service offerings, and to maintain our professional correspondence with you.

We follow rigorous privacy practices and we have a privacy policy that governs our use and handling of the information you provide to us. We invite you to contact our office if you would like additional information about these practices.

To change your contact information or to let us know if there are any types of correspondence you do not wish to receive from our office, please contact us.

Upon completion of your income tax return or after providing advice or other services on any matters respecting same, we will render you a bill for services at our usual billing rate. It is agreed this invoice will be paid upon receipt. Any amounts outstanding will be charged interest at 1% per month (12% annum).

Before your returns can be electronically filed (Efiled) **Sims & Company must receive a signed copy of this engagement letter, one signed copy per tax payer, along with the individually signed T183 form**, (Information Return for Electronic Filing of an Individual's Income Tax and Benefit Return) **Part D.**

CRA may select your returns for review. Often they request copies of your receipts and other times they may require a full audit. Any adjustments proposed by CRA are subject to certain rights of appeal. In the event of such tax examinations, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

If this letter accurately reflects your understanding, please acknowledge your agreement by signing and returning to us the enclosed copy. Please feel free to call us with any questions or concerns at (416) 481-9101. Thank you for your trust in our business.

Sincerely yours,

SIMS & COMPANY CPAs LLP

The services and terms as set out above are as agreed. As well, I acknowledge and accept my responsibilities as the taxpayer as outlined above.

______________________________	______________________
Signature	Date

____

Print Name

FORM 2: 2023 INDIVIDUAL INCOME TAX RETURN INFORMATION

A. PERSONAL IDENTIFICATION

No changes since last notified ☐

1. Full name: ____________________ No change ☐
2. Social insurance number: ____________________ No change ☐
3. Date of birth: ____________________ No change ☐
4. Residential address: ____________________ No change ☐

   ____
5. Contact information: No change ☐
   a. Telephone: ____________________
   b. Email address: ____________________
6. Were you born in the US or a US citizen? ____________________ No change ☐

B. SPOUSAL/COMMON-LAW PARTNER INFORMATION

No changes since last notified ☐

Do you require us to prepare the 2023 spousal/common-law partner tax return? Yes ☐ No ☐

If no, please provide net income for 2023: ____________________

1. Full name: ____________________ No change ☐
2. Social insurance number: ____________________ No change ☐
3. Date of birth: ____________________ No change ☐
4. Residential address: ____________________ No change ☐

   Same as above: ☐ ____________________
5. Contact information: No change ☐
   a. Telephone: ____________________
   b. Email address: ____________________
6. Were you born in the US or a US citizen? ____________________ No change ☐

C. MARITAL STATUS

No changes since last notified ☐

1. Marital status as of December 31, 2023:

   Married ☐ Common Law ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐

   a. Date of marital status change (YYYY-MM-DD): ____________________

FORM 2: 2023 INDIVIDUAL INCOME TAX RETURN INFORMATION

D. DEPENDENT INFORMATION

No changes since last notified ☐

	Dependent #1	Dependent #2	Dependent #3
1. Full name:	________	________	________
2. Relationship to taxpayer:	________	________	________
3. Social insurance number:	________	________	________
4. Date of birth:	________	________	________
5. Physically or mentally infirm?	________	________	________

E. MISCELLANEOUS

1. **Property tax/rent paid**	**Property tax paid** N/A ☐	**Rent paid** N/A ☐
a. Total amount paid:	________	________
b. Number of months:	________	________
c. Address of location:	________	________
Same as Section A:	☐ ________	☐ ________
d. Name of landlord/municipality	________	________
	________	________

2. **Direct deposit information** — **No changes since last notified** ☐
   a. Branch (5 digits): ________
   b. Institution (3 digits): ________
   c. Account number (12 digits): ________

3. For Ontario and Nunavut residents, do you want to receive information about organ and tissue donation from the provincial/territorial government? Yes ☐ No ☐

4. Did you do any renovation to your primary residence in your 2023 tax year? Yes ☐ No ☐
   If so, please complete Form 2-F Question 3 in the next section. **Click here**

Comments/Notes

Please use this space for any comments or notes relating to your 2023 tax year

FORM 2: 2023 INDIVIDUAL INCOME TAX RETURN INFORMATION

F. ADDITIONAL INFORMATION

1. Did you dispose of any properties during the year? Yes ☐ No ☐

   If yes, please fill out the following table:

	Property #1	Property #2	Property #3
A. Full address of property disposed			
B. Percentage held by:	Taxpayer: ______ Spouse: ______	Taxpayer: ______ Spouse: ______	Taxpayer: ______ Spouse: ______
C. Do you regularly inhabit this property? How many years?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
D. Date of purchase			
E. Cost of purchase (if acquired before 1981, please use Market Value on December 31, 1981)			
F. Nature of renovation/addition made to the property (if applicable) (i.e. added extra room, reconstructed, etc)			
G. Total cost of renovation/addition described in Point F above			
H. Date of disposition			
I. Proceed of disposition			
J. Additional comments			

FORM 2: 2023 INDIVIDUAL INCOME TAX RETURN INFORMATION

F. ADDITIONAL INFORMATION (CON'T)

2. Did you own or hold any of the following at any time in 2023 with a total cost of more than CAN $100,000?
   - Foreign currency
   - Rental property held outside Canada
   - Funds held outside Canada
   - Shares and/or debt of non-Canadian corporation or trust

   Yes ☐ No ☐

   If yes, please fill out the following table:

   a. Please select all foreign properties owned or held at any time in 2023 and provide the following information:

i.	US$ or other foreign currency investment portfolio held in Canadian financial institution - Inquire with your financial advisor at your Canadian financial institution and request a copy of the T1135 Foreign Income Verification schedule.	**N/A** ☐
ii.	Rental property held outside Canada - Summary of Rental income and expenses for all rental properties held outside Canada. If you wish to use our integrated Rental schedule, please refer to Form 3. **Click here**	**N/A** ☐
iii.	- Funds held outside Canada	**N/A** ☐
iv.	Shares or debt of non-Canadian corporations (excl. investments held in Canadian financial institution)	**N/A** ☐

iii. Funds held outside Canada:

Name of bank	**Country held**

Max cost during the year	**Amount held at end of the year**	**Gross income**

iv. Shares or debt of non-Canadian corporations:

Name of corporation /Description of debt	**Country held**	**Max cost during the year**

Cost at end of the year	**Gross income**	**Gain (loss) on disposition**

F. ADDITIONAL INFORMATION (CON'T)

v. Interests in non-Canadian trusts

N/A ☐

Name of corporation /Description of debt	Country held	Max cost during the year

Cost at end of the year	Gross income	Capital received	Gain (loss) on disposition

vi. Other property held outside Canada (Please specify in the space below)

3. **Multigenerational Home Renovation Tax Credit:** Was the renovation completed to establish a secondary living unit to accommodate for yours/your partner's family member? Yes ☐ No ☐

If yes, please fill out the following chart.

A. What is the nature of your relationship with the family member? B. What was the purpose of the renovation?	

Name of Vendor	Description	Amount $		
		Gross	HST	Net

Please refer to "2023 T1 Tax return – Supplemental package" for additional rows

FORM 2.A: DOCUMENT CHECKLIST

INCOME	Enclose Information	Number of documents enclosed
1. Employment income	T4, T4PS, other employment related income (e.g. stock option benefit, car allowances, etc.)	
2. Pension, retirement, annuity income, registered account withdrawals	T4A, T4A(OAS), T4A(P), T4RIF, T4PS, T4RSP	
3. Scholarships, bursaries, fellowships, grants	T4A	
4. Employment insurance benefits	T4E	
5. Investment income & capital gains/losses	T5, T3, capital gain/loss report, brokerage statement	
6. Foreign income	Foreign income verification statement (T1135), foreign tax withheld – please inquire with your financial advisor	
7. Partnership income	T5013	
8. Rental income	Details of income & expenses (please complete Form 3)	
9. Self-employment income: business, professional, commission, farming income	Details of income & expenses (please complete Form 4)	
10. Capital gains & losses	Real property: - include purchase and sales documents (trust ledger, legal documents, receipts for major property renovations/improvements)	
11. Alimony or support payments received	Cheques of alimony payments received, separation agreement	
12. RRSP deduction	RRSP contribution receipt(s)	
13. Union, professional, or like dues	Provide receipt or confirm details (payee, amount)	
14. Child care expenses	Receipt from caregiver or facility	
15. Multigenerational Home Renovation Tax Credit	Details of nature and renovation completed Summary list of expenditure incurred (please complete to **Form 2-F Question 3**)	
16. Support payments made	A copy of the separation agreement if not previously provided	

FORM 2.A: DOCUMENT CHECKLIST

<table>
<tr><th>DEDUCTIONS FROM INCOME AND CREDITS</th><th>Enclose information</th><th>Number of documents enclosed</th></tr>
<tr><td>17. Moving expenses not reimbursed by employer</td><td>Purpose of move
Address of old residence
Address of new residence
Amount for following:
- Transportation and storage costs
- Auto expense, meals and accommodation incurred to move to new home
- Lease cancellation cost on old home
- Property taxes, insurance, utilities to maintain vacant old home if new home already purchased
- Selling cost for old home (advertising, real estate commission, mortgage penalty)
- Costs related to move (address change on legal documents, driver's license/permits)</td><td></td></tr>
<tr><td>18. Carrying charges related to investment income</td><td>Management/advisor fees, accounting fee, interest expense</td><td></td></tr>
<tr><td>19. Employment expenses</td><td>MUST provide signed T2200 from employer
Summary or receipts for unreimbursed employment expenses Please see Form 5</td><td></td></tr>
<tr><td>20. Home Buyers' amount</td><td>For first-time home buyers:
- Date of acquisition of home
- Address of property</td><td></td></tr>
<tr><td>21. Social benefits repayment</td><td>T4E or amount of repayment</td><td></td></tr>
<tr><td>22. Tuition fees and education deduction</td><td>T2202 or TL11A and professional exam receipts</td><td></td></tr>
<tr><td>23. Medical expenses</td><td>Medical receipts* (refer to Form 6), premiums paid to a private health services plan

*Note: consider obtaining a summary from your pharmacy if you have many prescription receipts (rather than providing us with individual receipts).</td><td></td></tr>
<tr><td>24. Charitable donations /political contributions</td><td>Donation receipt, summary totaling donations made in the year, political contribution receipt. Refer to Form 7</td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

Did you own any rental properties? **Yes** ☐ **No** ☐

If yes, please fill out Form 3 below:

FORM 3: RENTAL PROPERTY INCOME AND EXPENSES SUMMARY

Property #1	Property #2	Property #3
Address:	Address:	Address:
Period property owned in the year: ______________ to ______________	Period property owned in the year: ______________ to ______________	Period property owned in the year: ______________ to ______________
Percentage of ownership:	Percentage of ownership:	Percentage of ownership:

Description	Property #1	Property #2	Property #3
Rental income	$	$	$
Other income (please specify in Form 3.C)	**Click here** to navigate to Form 3.C		

Rental Expenses:			
Please enter personal % included in rental expenses below			
Advertising			
Insurance			
Interest			
Office expenses			
Legal fees			
Accounting fees			
Management/condo fees			
Repairs & maintenance			
Salaries, wages, and benefits			
Property Taxes			
Utilities			
Automobile expenses (refer to Form 3.A)	**Click here** to navigate to Form 3.A		
Capital asset purchases (refer to Form 3.B) *(We recommend that amount less than $500 be expensed.)*	**Click here** to navigate to Form 3.B		
Other expenses (please specify in Form 3.C)	**Click here** to navigate to Form 3.C		

Click here to return to Form 3: Rental Property Income and Expense Summary

Form 3.A: Vehicle Expenses for Rental Use Purposes

N/A ☐

Details of Vehicle	Vehicle #1 Lease ☐ Own ☐	Vehicle #2 Lease ☐ Own ☐	Vehicle #3 Lease ☐ Own ☐
Make			
Model			
Year			
Date of acquisition (YYYY-MM-DD)			
Cost of purchase/total lease			
Date of disposal or lease termination (if within fiscal period YYYY-MM-DD)			
Proceeds of disposition, if applicable			
Kilometers	**Vehicle #1**	**Vehicle #2**	**Vehicle #3**
A. Number of KM driven during fiscal period to earn **rental income**			
B. Total KM driven in fiscal period			
Description	**Vehicle #1**	**Vehicle #2**	**Vehicle #3**
Fuel			
Interest			
Insurance			
License and registration fees			
Repairs and maintenance			
Lease cost			
Add: Parking (100% deductible)			
Reimbursements			
Other expenses (please specify in Form 3.C)	Click here to navigate to Form 3.C		

Click here to return to Form 3: Rental Property Income and Expense Summary

FORM 3.B: Capital Additions for Rental Use Purposes

N/A ☐

Capital additions: were there any furnishings/ appliances acquired or renovations completed on the property during the year? If yes, please complete the schedule below.

Name of Vendor	Description	Amount $		
		Property #1	Property #2	Property #3

FORM 3.C: Other Expenses for Rental Use Purposes

N/A ☐

Name of Vendor	Description	Amount $		
		Gross	HST	Net

Please refer to "2023 T1 Tax return – Supplemental package" for additional rows

Were you self-employed? **Yes** ☐ **No** ☐

If yes, please fill out Form 4 below:

FORM 4: BUSINESS OR PROFESSIONAL INCOME AND EXPENSES

Are you registered for HST?	**No changes since last notified** ☐	Yes ☐ No ☐
If yes, which filing method are you using?		Regular ☐ Quick ☐
If yes, do you need our assistance in filing your HST return?		Yes ☐ No ☐
Do you have access via CRA My Business?	**No changes since last notified** ☐	Yes ☐ No ☐

Income	Gross	HST/GST Collected	Net
Sales, commissions or fees			
Returns and allowances			
Cost of goods sold	Gross	HST/GST Paid	Net
Purchases during the year (net of returns, allowance and discounts)			
Direct wage cost			
Subcontracts			
Other income/expenses (please specify in Schedule D)	**Click here** to navigate to Schedule D		

Expenses	Gross	HST/GST Paid	Net
Advertising and promotion			
Meals & entertainment			
Bad debts			
Insurance			
Interest and bank charges			
Business tax, fees, licenses, dues, memberships and subscriptions			
Office expenses			
Other supplies, materials			
Legal, accounting and other professional fees			
Management and administration fees			

FORM 4: BUSINESS OR PROFESSIONAL INCOME AND EXPENSES

Expenses (Con't)	Gross	HST/GST Paid	Net
Rent (excluding your home)			
Maintenance and repairs (except motor vehicle)			
Salaries, wages and benefits (including employer's contributions)			
Property taxes (excluding your home)			
Travel expenses			
Utilities (excluding your home)			
Telephone (excluding your home)			
Fuel costs (excluding for motor vehicles)			
Delivery, freight and express			
Motor vehicle expenses (refer to Schedule A)	**Click here** to navigate to Schedule A		
Home office expenses (refer to Schedule B)	**Click here** to navigate to Schedule B		
Capital asset purchases (refer to Schedule C) *(We recommend that amount less than $500 be expensed.)*	**Click here** to navigate to Schedule C		
Other income/expenses (please specify in Schedule D)	**Click here** to navigate to Schedule D		

Were you required to pay any non-reimbursed expenses related to your employment? **Yes** ☐ **No** ☐

If yes, will your employer provide signed T2200 form? **Yes** ☐ **No** ☐

If yes, please fill out Form 5 below:

FORM 5: Employment Expenses

Employment expenses (including HST/GST)	**Gross $**
Travel expenses – Food	
Travel expenses – Lodging expenses	
Travel expenses – Other travel expenses	
Parking	
Stationary supplies	
Other supplies (postage, ink cartridge, etc.)	
Telecommunication (cell phone, telephone, long distance calls, etc.)	
Salaries paid to substitute or assistant	
Office rent	
Motor vehicle expenses (refer to Schedule A)	Click here to navigate to Schedule A
Home office expenses (refer to Schedule B)	Click here to navigate to Schedule B
Capital asset purchases (refer to Schedule C) *(We recommend that amount less than $500 be expensed.)*	Click here to navigate to Schedule C

Expenses below are for commission income ONLY **Do you earn commission income?**	Yes ☐ No ☐
Legal and accounting	
Advertising and promotion	
Entertainment expenses - Tickets	
Entertainment expenses - Meals	
Entertainment expenses - Other	
Licenses	
Bonding premiums	
Rental of office equipment	
Training costs	
Travel fare	
Other expenses (please specify in Schedule D)	Click here to navigate to Schedule D

Click here to return to Form 4: Business or Professional Income and Expenses
Click here to return to Form 5: Employment Expenses

Schedule A: Vehicle Expenses for Business/Employment Use Purposes

	Self-employment N/A ☐		Employment N/A ☐	
Details of Vehicle	**Vehicle #1** Lease ☐ Own ☐	**Vehicle #2** Lease ☐ Own ☐	**Vehicle #1** Lease ☐ Own ☐	**Vehicle #2** Lease ☐ Own ☐
Make				
Model				
Year				
Date of acquisition (YYYY-MM-DD)				
Cost of purchase/total lease				
Date of disposal or lease termination (if within fiscal period YYYY-MM-DD)				
Proceeds of disposition, if applicable				
	Self-employment		**Employment**	
A. Number of KM driven during fiscal period to earn income				
B. Total KM driven in fiscal period				
	Self-employment		**Employment**	
Fuel				
Interest				
Insurance				
License and registration fees				
Repairs and maintenance				
Lease cost				
Parking (100% deductible)				
Reimbursements				
Other expenses (please specify in Schedule D)	Click here to navigate to Schedule D			

Click here to return to Form 4: Business or Professional Income and Expenses
Click here to return to Form 5: Employment Expenses

Schedule B: Home Office Expenses for Business/Employment Use Purposes

Home office expenses	Self-employment N/A ☐	Employment N/A ☐
A. Total square feet of office space or space used during fiscal period to earn income		
B. Total square feet of home		

Description	Self-employment	Employment
Heat		
Electricity		
Water		
Insurance (self-employed and commission income only)		
Maintenance		
Mortgage interest		
Property taxes (self-employed and commission income only)		
Home internet expenses		
Home rent paid (if applicable)		
Other expenses (please specify in Schedule D)	**Click here** to navigate to Schedule D	

Click here to return to Form 4: Business or Professional Income and Expenses
Click here to return to Form 5: Employment Expenses

Schedule C: Capital Additions for Business/Employment Use Purposes N/A ☐

Capital additions: Did you make any fixed asset purchases for business, employment purposes during the year? If yes, please complete the schedule below.

Name of Vendor	Description	Amount $		
		Gross	HST	Net

Schedule D: Other Income/Expenses for Business/Employment Use Purposes N/A ☐

Name of Vendor	Description	Amount $ (Input income as negative)		
		Gross	HST	Net

Please refer to "2023 T1 Tax return – Supplemental package" for additional rows

FORM 6: Medical Expense Worksheet

None incurred ☐

Please use the space below to summarize your medical expenses paid during the year.

**** If using non-calendar period method, please include medical expenses for any 12 month period with at least 1 month in the current year. Please do not include any medical expenses previously claimed.**

****First line item (EX) entered is for Example purpose only, please delete before starting**

Patient Name: ____________________________

Ref #	Period covered From	 To	Payment made to	Description of expenses (Dental, prescription, etc)	Amounts $
EX	01-Jan-2023	31-Dec-2023	Shoppers Drug Mart	Prescription summary	300.00
2					
3					
4					
5					
6					
7					
				TOTAL PAID	

Patient Name: ____________________________

Ref #	Period covered From	 To	Payment made to	Description of expenses (Dental, prescription, etc)	Amounts $
1					
2					
3					
4					
5					
6					
7					
				TOTAL PAID	

Premiums paid to a private health service plan

Name of service provider: ____________________________

Amount paid in 2023: ____________________________

Period covered: ____________________________

FORM 6: Medical Expense Worksheet

Patient Name: ____________________________

Ref #	Period covered From	 To	Payment made to	Description of expenses (Dental, prescription, etc)	Amounts $
				TOTAL PAID	

Patient Name: ____________________________

Ref #	Period covered From	 To	Payment made to	Description of expenses (Dental, prescription, etc)	Amounts $
				TOTAL PAID	

Please refer to "2023 T1 Tax return – Supplemental package" for additional rows

FORM 7: Donation Worksheet

None incurred ☐

Please use the space below to summarize the donations you made during the year.

Ref #	Date donation was made (YYYY-MM-DD)	Donation made to (charitable organization)	Amount $
		TOTAL PAID	

Please refer to "2023 T1 Tax return – Supplemental package" for additional rows