

## 2025 TAX INFORMATION

25

NEW CLIENT YES ☐ NO ☐

## STEP 1

Select how you would like to process your return  
If no option is selected, we will process with option A

All applicable documents are scanned and available in our secure portal.

- ☐ **A**
- DROP OFF IN PERSON
  - SIGN & PAY IN PERSON
  - PICK UP ORIGINALS

PRINTED RETURN REQUEST YES ☐ NO ☐

- ☐ **B**
- DROP OFF IN PERSON / MAIL / EMAIL / PORTAL
  - DOCUSIGN (EMAIL REQUIRED)
  - PAY WITH E-TRANSFER / CREDIT CARD
  - NO ORIGINALS RETURNED

## STEP 2

Review your information and correct as needed  
Complete remaining fields

## TAXPAYER – PRIMARY CONTACT

If new client

LAST NAME		FIRST NAME		D.O.B. MM/DD/YYYY		S.I.N.	
STREET		CITY		PROVINCE		POSTAL CODE	
PHONE		EMAIL					
DISABILITY TAX CREDIT *NEW* CURRENTLY?		CANADIAN CITIZEN?		SHARE INFO WITH ELECTIONS CANADA?			
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>			

## MARITAL STATUS As of December 31, 2025

SINGLE <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	COMMON-LAW <input type="checkbox"/>	If you selected common-law or married, enter your spouse or partner's details below
DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	MARRIED <input type="checkbox"/>	

## SPOUSE/PARTNER

If new client

If marital status changed as of December 31, 2025

LAST NAME		FIRST NAME		D.O.B. MM/DD/YYYY		S.I.N.	
DISABILITY TAX CREDIT *NEW* CURRENTLY?		CANADIAN CITIZEN?		SHARE INFO WITH ELECTIONS CANADA?			
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>			



**BRIAN PETERSEN**  
MBA, CPA, CMA, CFP  
TAX SERVICES YOU CAN TRUST



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DEPENDANTS    List dependants where tax returns are required  
List new dependants as of 2025

LAST NAME	FIRST NAME	If new client or new dependant in 2025 D.O.B. MM/DD/YYYY    S.I.N. _____	
DISABILITY TAX CREDIT CURRENTLY? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>*NEW*</b>		TAX RETURN REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	

LAST NAME	FIRST NAME	If new client or new dependant in 2025 D.O.B. MM/DD/YYYY    S.I.N. _____	
DISABILITY TAX CREDIT CURRENTLY? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>*NEW*</b>		TAX RETURN REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	

LAST NAME	FIRST NAME	If new client or new dependant in 2025 D.O.B. MM/DD/YYYY    S.I.N. _____	
DISABILITY TAX CREDIT CURRENTLY? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>*NEW*</b>		TAX RETURN REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**STEP 3**    Complete and sign (submit documents, if required)

FOREIGN INVESTMENTS AND PROPERTY

<input type="checkbox"/> <b>NO</b> , I DID NOT OWN FOREIGN INVESTMENTS OR FOREIGN PROPERTY OF MORE THAN \$100,000 CDN IN 2025 <b>IF NO, SIGN BELOW</b>	<input type="checkbox"/> <b>YES</b> , I OWNED FOREIGN INVESTMENTS OR FOREIGN PROPERTY OF MORE THAN \$100,000 CDN IN 2025 <b>IF YES, COMPLETE AND SIGN BELOW</b>
<input type="checkbox"/> <b>FOREIGN INVESTMENTS</b> – PLEASE PROVIDE THE <b>T1135</b> FOREIGN INCOME VERIFICATION STATEMENT PREPARED BY YOUR BROKER	
<input type="checkbox"/> <b>FOREIGN PROPERTY</b> – PLEASE PROVIDE YOUR PROPERTY DETAILS BELOW	
FULL ADDRESS _____	
PURCHASE PRICE \$ _____ YEAR OF PURCHASE _____	

<b>ALL CLIENTS ARE REQUIRED TO SIGN AND DATE THIS DECLARATION</b>	
SIGNATURE _____	DATE SIGNED MM/DD/YYYY _____
PRINT NAME _____	

## STEP 4

Complete and include with applicable worksheets  
Worksheets available at [www.bptax.ca](http://www.bptax.ca)

SUBMIT APPLICABLE FORMS: T4, T4E, T4A, CPP, OAS, T4RIF, T4RSP, T2202, T3, T5, T5008, T5013

TOTAL PROPERTY TAXES PAID

\$

TOTAL RENT PAID

\$

SUBMIT **FINAL** PROPERTY TAX ASSESSMENT

OR

SUBMIT RECEIPT FROM LANDLORD

TOTAL COMBINED MEDICAL EXPENSES PAID

\$

TOTAL COMBINED CHARITABLE  
DONATIONS MADE

\$

PLEASE INCLUDE YEARLY STATEMENT

We no longer accept **individual** medical receipts

INCLUDE WORKSHEET & RECEIPTS

HAVE YOU SOLD YOUR PRINCIPAL RESIDENCE THIS YEAR? YES ☐ NO ☐ **IF YES, PLEASE PROVIDE**  
YEAR PURCHASED

PROCEEDS OF DISPOSITION (SOLD FOR)  
\$

## EMPLOYMENT EXPENSES

ARE YOU CLAIMING HOME OFFICE EXPENSES AGAINST EMPLOYMENT INCOME? YES ☐ NO ☐

**IF YES, SUBMIT WORKSHEET FOR EMPLOYMENT EXPENSES (PLEASE DO NOT SUBMIT RECEIPTS)**

## RENTAL PROPERTIES

DO YOU OWN RENTAL PROPERTIES? YES ☐ NO ☐

**IF YES, SUBMIT SEPARATE WORKSHEETS FOR EACH RENTAL PROPERTY  
(PLEASE DO NOT SUBMIT RECEIPTS)**

## SMALL BUSINESS

ARE YOU SELF-EMPLOYED OR DO YOU OWN A SMALL BUSINESS? YES ☐ NO ☐

**IF YES, SUBMIT SEPARATE WORKSHEETS FOR EACH BUSINESS (PLEASE DO NOT SUBMIT RECEIPTS)**

ARE YOU REGISTERED FOR HST? YES ☐ NO ☐ **IF YES, SUBMIT A COPY WITH THE ACCESS CODE**

# QUICK REFERENCE

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PLEASE SUBMIT NO LATER THAN **FRIDAY, APRIL 17, 2026**

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TAX FILES RECEIVED AFTER APRIL 17, 2026 WILL NOT BE FILED BY THE APRIL 30, 2026 DEADLINE.

**TAX DEADLINE**

**April 30, 2026**

## T SLIPS REQUIRED

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### INCLUDE APPLICABLE FORMS, IN THIS ORDER

- T4 EMPLOYMENT INCOME
- T4E EMPLOYMENT INSURANCE
- T4A OTHER INCOME
- T4AP CANADA PENSION PLAN INCOME
- T4A OLD AGE SECURITY
- T4RIF REGISTERED RETIREMENT INCOME FUND
- T4RSP REGISTERED RETIREMENT SAVINGS PLAN
- T2202 TUITION
- T3 TRUST INCOME
- T5 INVESTMENT INCOME
- T5008 CAPITAL GAINS/LOSSES
- T5013 LIMITED PARTNERSHIP INVESTMENT INCOME

## TIPS FOR SUBMITTING RETURN

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- ✓ USE PAPER CLIPS OR CLIPS
- ✓ REQUEST YEARLY STATEMENTS FROM YOUR PHARMACY, DENTIST, OPTOMETRIST, ETC. (SORT, CLIP & TOTAL)
- ✓ TOTAL ALL RECEIPTS WHERE REQUESTED
- ✓ USE ALL APPLICABLE WORKSHEETS
- ✓ SORT BY PRIMARY, PARTNER, DEPENDANTS
- ✓ SORT T SLIPS AS LISTED ABOVE
- ✓ CONSIDER SUBSCRIBING TO IFIRM PORTAL

## WORKSHEETS

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### TOTAL RECEIPTS/STATEMENTS AND INCLUDE WITH THE FOLLOWING WORKSHEETS

- CHARITABLE DONATIONS
- MEDICAL EXPENSES
- PROPERTY TAX/RENT RECEIPTS
- CHILDCARE RECEIPTS
- SPOUSAL SUPPORT PAYMENTS
- CAREGIVER EXPENSES
- DIGITAL NEWS SUBSCRIPTIONS
- UNION & PROFESSIONAL DUES
- MOVING EXPENSES

## PLEASE DO NOT

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- × **SUBMIT INDIVIDUAL MEDICAL RECEIPTS (A \$50 FEE MAY INCUR IF WE ARE REQUIRED TO SORT AND TOTAL YOUR INDIVIDUAL RECEIPTS)**
- × USE STAPLES, POST IT NOTES, INCLUDE ENVELOPES
- × SUBMIT IN BINDERS, HARD CASES, FOLDERS, ETC.
- × SUBMIT PRIOR TAX RETURNS (UNLESS REQUESTED)
- × INCLUDE MONTHLY UTILITY STATEMENTS
- × INCLUDE ANY PROMOTIONAL/MARKETING PAGES FROM INVESTMENT/BANKING STATEMENTS

## EMPLOYMENT EXPENSE WORKSHEET

COMPLETE THIS IF YOU ARE EMPLOYED AND HAVE OBTAINED A T2200 CONDITIONS OF EMPLOYMENT

## RENTAL PROPERTIES WORKSHEET

COMPLETE THIS PAGE FOR **EACH** RENTAL PROPERTY THAT YOU OWN

## SMALL BUSINESS WORKSHEET

COMPLETE THIS PAGE IF YOU ARE SELF-EMPLOYED OR OWN A SMALL BUSINESS

Available at

**[www.bptax.ca](http://www.bptax.ca)**

No receipts related to your business expenses need to be submitted at this time. **However**, you are responsible to keep your receipts for 6 years in the event CRA requests proof.