



Mackay Sadler LLP

Chartered Accountants

TAXATION YEAR: _____

US 1040 TAX RETURN INFORMATION FORM (US CITIZEN or US RESIDENT)

Note: For any YES / NO questions please circle your response

Name: _____ E-Mail Address: _____

Address: _____

Primary Contact Telephone #: _____ Cell Phone #: _____ Other Phone#: _____

Social Security #: _____ ITIN#: _____ Birthdate: _____

MARITAL STATUS: Single [] Married [] Widow(er) with Dependent Child []

DEPENDENT CHILDREN:

<u>Name:</u>	<u>SSN#:</u>	<u>ITIN #:</u>	<u>Date of Birth:</u>	<u>Did dependent children live with you the entire year?</u>
_____	_____	_____	_____	YES NO
_____	_____	_____	_____	YES NO
_____	_____	_____	_____	YES NO

Country of Citizenship: _____ Country of Birth: _____

Were either of your parents US Citizens? _____ If you are a US Citizen, when did you become one? _____

Country issuing Your Passport: _____ Country of Residence: _____ Date Established: _____

Approx # of Days in US during the above tax year: _____ If a US resident, date you became a US resident: _____

Do you have a GREEN CARD? **YES NO** If YES, what date was it issued? _____

If NO, have you applied for a Green Card? _____ Date you applied for a green card? _____

Have you abandoned a green card, or relinquished U.S. Citizenship since February 2, 1995? **YES NO**

Do you have any other U.S. Visa? **YES NO** If YES, type _____ Visa number, if any _____

For what tax year did you LAST file a U.S. Tax Return? _____ If we did NOT prepare it, please attach a copy.

Did you receive any correspondence from the IRS regarding your prior year tax return? **YES NO**

If yes, please attach a copy.

Are you attaching a copy of a Canadian Tax Return to this questionnaire? **YES NO** If YES, does it include all your worldwide income for the year? **YES NO**

If NO, please attach a summary of your worldwide income for the year.

Please provide a complete description of the following expenses you incurred during the year:

Unreimbursed medical expenses
Mortgage interest on a residence
Taxes on a residence
Casualty losses/theft

Medical Insurance Premiums
Other interest
Other taxes
Charitable contributions

Tax preparation
Alimony
Investment Expenses (RRSP fees)
Tuition expenses

Please provide details and amounts of any U.S. taxes withheld or paid with respect to the above calendar year.

1. Overpaid with prior year's return and applied to above calendar year _____
2. Estimated tax payments made for the above calendar year including dates and amounts:
Date: _____ Amount: _____
Date: _____ Amount: _____
3. Paid with the extension for the above calendar year _____

Did you sell or own any Canadian, European, or other Non-US mutual funds during the year? **YES NO**
If **YES**, please provide the cost of the initial purchase, the date of purchase, sale proceeds, and date of sale.

With respect to any IRA or 401(K) accounts, did you have any contributions, rollovers, or withdrawals? **YES NO**
If **YES**, please attach details.

Did you sell any assets (stocks, bonds, real estate, etc.) during the year? **YES NO**
If **YES**, please provide the cost of the initial purchase, the date of purchase, sale proceeds and date of sale.

Did you have a foreign (non-U.S) bond or note mature during the year? **YES NO**
If **YES**, please provide the cost of the initial purchase, the date of purchase, sale proceeds and date of sale.

OTHER IMPORTANT INFORMATION (PLEASE COMPLETE THE APPLICABLE SECTIONS)

If your country of residence is the U.S., please indicate: What date did you become a U.S. Resident: _____

Did you receive salary income from a NON – U.S. source? **YES NO**

If **YES**, please provide:

Total salary earned, expressed in the Foreign Currency _____ U.S. Dollars _____ Foreign Tax paid _____

Employer Name: _____ Employer Address: _____

Occupation: _____ Date you became a resident of foreign country: _____

You [] own, or [] rent your foreign home. Attach a list of all your housing expenses including rent, repairs, utilities, insurance etc.

How many days were you in the U.S. on business during the year? _____

Do you have a foreign Visa? **YES NO** If **YES**, Type: _____ Terms _____

OTHER IMPORTANT REPORTING REQUIREMENTS

At any time during the year, did you and/or your family own or control, directly or indirectly 10% or more of any Canadian, European, or Non-US Company, Trust, or Partnership? **YES NO**

Were you or your spouse an officer or director of any Non-US corporation during the year? **YES NO**

If **YES**, did any U.S. person directly or indirectly own 10% or more of the corporation? **YES NO**

During the year, did you transfer any money or property to a non-U.S. Corporation, Partnership, Trust or Estate, or to any U.S. partnership that has a non-U.S. partner? **YES NO**

During the year, did you receive any money or property from a non-U.S. Corporation, Partnership, Trust or Estate? (Other than dividends from publicly traded corporations.) **YES NO**

Were you the executor of any deceased individual that had a connection or transaction with a non-U.S. trust? **YES NO**

Did you receive any gifts or inheritance during the year? **YES NO**

Did you make any gifts during the year? **YES NO**

Do you have any connection whatsoever with any non-U.S. trust, including mutual funds and income trusts? **YES NO**

If you answered **YES** to any of the items in this section **PLEASE PROVIDE COMPLETE DETAILS**

ANNUITY PAYMENTS YOU RECEIVED

Did you receive annuity payments during the year? **YES NO**

If **YES**, please provide details on an attached sheet.

CANADIAN PENSION / PROFIT SHARING PLANS

Were you the owner / beneficiary of any of the following Canadian plans: a registered pension plan or deferred profit sharing plan or an RRSP or RRIF (or equivalent)? **YES NO**

If **YES**, please attach the following details:

Plan Balance @ year end: _____

Plan Account Number: _____

Plan Custodian: _____

Contributions to plan: _____

Distributions from plan: _____

OTHER (NON U.S. PENSION PLANS

Do you belong to a non-U.S. employer or private pension (e.g. a Canadian, European or other non-U.S. Plan)? **YES NO**

If **YES**, please provide: Name of Plan Trustee: _____ Plan Number: _____

Were you a U.S. citizen or U.S. resident at any time when you made contributions to the plan? **YES NO**

NON – U.S. BANK ACCOUNTS, BROKERAGE ACCOUNTS, ETC.

U.S. citizens and U.S. residents must file U.S. reports on their non-U.S. financial accounts. Therefore, for any non-U.S. bank, stockbrokerage, trust company, RRSP, RRIF or similar account you held during the year (including corporate accounts) please provide the following on a separate page:

Name of Institution (i.e. Name of Bank, Stockbrokerage, Trust Co., Life insurance co., etc.) _____

Address of Institution: _____ Type of account: _____

Name on account: _____ Account number: _____

Maximum balance during the year: \$ _____

During the year did you have signature authority over any non-U.S. account without having any ownership interest in the account? **YES NO**

If **YES**, please state the name, address, and U.S. taxpayer number, if any, of the owner of the account

During the year did you have any ownership interest in any U.S. Company, Partnership, or Trust that had any type of account mentioned in above? **YES NO**

If **YES**, please provide details: _____

If you have not answered all questions & supplied all documents requested on this questionnaire, please explain, otherwise your tax return may be delayed and/or the fee may be increased because of the extra time required.

SIGNATURE

DATE