



PERSONAL INFORMATION

| | | | |
|----------|-----------|-----------------|--|
| Name: | SSN/ITIN: | - - | Date of Birth: YY / MM / DD |
| Name: | SSN/ITIN: | - - | Date of Birth: YY / MM / DD |
| Address: | | | |
| Tel: | E-mail: | Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Head of Household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Separately |

REASON FOR FILING US TAX RETURN: (Please check)

US Citizen/Green Card Holder (Provide date you became a Canadian resident for foreign earned income exclusion YY / MM / DD)

Dual Status ((for non-US citizen/green card holder) Provide date of US arrival/departure/cease residency 2020 / MM / DD)

Non-Resident Alien claiming refund for excess withholding tax

Non-Resident Alien with US employment income US Rental income US Capital gain US Gambling income Other _____

For Non-Resident Alien: Specify the number of days in US 2018 _____ days 2019 _____ days 2020 _____ days

For US Citizens, US Residents, or Green Card Holders Only

1. SPECIAL REPORTING REQUIREMENT Please refer to page 3 and 4.

2. ECONOMIC IMPACT PAYMENT (i.e. Stimulus Payment)
Did you receive the Economic Impact Payment in 2020 (maximum credit of \$1,200 US [\$2,400 for married filers]) plus \$500 for each qualifying child? If so, enter the amount you received: _____

3. VIRTUAL CURRENCY (NEW)
Did you receive, sell, exchange, or acquire any virtual currency during the year?
 Yes No

ELECTRONIC OR PAPER DELIVERY (PLEASE CHOOSE ONE)

E-DELIVERY Please send my tax returns securely via **e-Delivery** to the email address above. (I understand that I will not receive a paper copy of my tax returns and that my original supporting documents will be destroyed. An electronic copy of these documents will be included with my tax return and also retained by BBA.)

PAPER DELIVERY Please send me a paper copy of my tax returns.

DEPENDANTS INFORMATION

| Name | Date of Birth | SSN/ITIN | Attending Post-secondary? |
|------|---------------|----------|--|
| | YY / MM / DD | - - | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | YY / MM / DD | - - | <input type="checkbox"/> Yes / <input type="checkbox"/> No |

INCOME, DEDUCTIONS, CREDITS & OTHER PAYMENTS

| | INCLUDED | INFORMATION REQUIRED |
|---|----------|--|
| Employment Income | | W2 |
| Investment Income | | 1099-INT, 1099-DIV, K-1 (Form 1165) |
| Capital Gains, Including Sale of Principal Residence | | 1099-B, Purchase Date and Cost, Sale Date and Proceeds |
| Pension Income, Social Security Benefits | | 1099-R, 1099-SSA |
| Unemployment Income | | 1099-G |
| Debt Forgiveness | | 1099-C |
| Other Income Including Worldwide Gambling Income | | 1099-MISC, 1042, Details |
| US Withholding Tax | | 1042-S, 8805, 8288-A, State Tax slips |
| Education Expenses/Tuition Fees, Interests on Student Loans | | 1098-T, 1098-E |
| Itemized Deductions and Other Deductions | | Complete Table #1 on page 2 |
| Rental Income and Expenses | | Complete Table #2 on page 2 |
| Business Income and Expenses | | Complete Table #3, 4, 5 on page 2 |
| 2020 Estimated Tax Payments Made | | IRS Receipts or Details |
| Health Insurance Marketplace Statement | | 1095-A |
| Other, please specify: | | Details (attach separate sheet) |

Note: Please let us know if you or your spouse is diagnosed with or suffered economic loss as a result of the coronavirus.

Note: Please provide a copy of your 2020 Canadian Tax Return (if your US return is based on your Canadian return), and for new clients, your 2019 US Tax Return. Please also provide your 2019 and/or 2020 IRS Notices (if any).

OTHER DEDUCTIONS (TABLE #1) Specify currency (CAD or USD). Original receipts not required by BBA except where noted below. Please keep receipts.

| | | | |
|---|-----|---|----------------------------|
| Childcare expenses | \$ | Itemized deductions & Deduction for Net Investment Income Tax (NIIT) | |
| Name of provider | | You are allowed to claim the larger of the standard deduction or itemized deductions. | |
| SSN (if applicable) | - - | The 2020 standard deductions are: | |
| Alimony paid | \$ | Single or Married Filing Separately | \$12,200 |
| Recipient's name | | Married Filing Jointly | \$24,400 |
| Recipient's SSN | - - | Head of Household | \$18,350 |
| Moving expenses (no longer deductible) | | If it is beneficial to claim itemized deductions, please provide the following: | |
| Medical/Dental expenses (details or receipts) | \$ | US Property tax (non-US property tax not deductible) | Form 1098 or tax statement |
| Other () | \$ | Mortgage interest* (exclude rental property), Form 1098 | \$ |
| Other () | \$ | Charitable donations (receipts) | \$ |
| | | Investment interest / fees / expenses | No longer deductible |

*NOTE: You can deduct mortgage interest only on the first \$750,000 USD (\$375,000 if married filing separately) of indebtedness. This rule does not apply if the money was borrowed on or before Dec. 15, 2017. Interest for home equity loans is not deductible unless the loan proceeds were used to buy, build, or improve your home.

RENTAL INCOME (TABLE #2) Specify currency (CAD or USD). Original receipts not required by BBA. Please keep receipts.

| | | | |
|---|--|-----------------------|----|
| Address of rental property: | Building Cost (If acquired in during the year): \$ | | |
| | Personal use % (if applicable): % | | |
| Gross rental income: (100% of income) \$ | % Ownership (if applicable): % | | |
| Expenses (100% of expenses) | | | |
| Advertising | \$ | Maintenance / Repairs | \$ |
| Insurance | \$ | Property Taxes | \$ |
| Interest | \$ | Other () | \$ |
| Lighting / Heating / Water | \$ | Other () | \$ |

NOTE: Do not include if already included in itemized deductions.

BUSINESS INCOME (TABLE #3) Specify currency (CAD or USD). Original receipts not required by BBA. Please keep receipts.

| | | | |
|--------------------------------------|-------------------|------------------------------------|----|
| Sales / Gross revenue: | \$ | | |
| Expenses | | | |
| Accounting / Legal / Consulting | \$ | Travel | \$ |
| Advertising | \$ | Equipment Rentals | \$ |
| Automobile | Complete Table #4 | Insurance** | \$ |
| Business Tax / Fees / License / Dues | \$ | Interest / Bank Charges** | \$ |
| Maintenance / Repairs | \$ | Lighting / Heating / Water** | \$ |
| Management / Administration | \$ | Office** | \$ |
| Meals / Entertainment (100%) | \$ | Property Tax (Business Property)** | \$ |
| Private Health Care Premiums | \$ | Other () | \$ |
| Salaries | \$ | Other () | \$ |

**NOTE: Complete Table #5 for business use of home.

AUTO EXPENSES (TABLE #4) Specify currency (CAD or USD). Original receipts not required by BBA. Please keep receipts.

| | |
|--|--|
| Obtained or sold a new vehicle? <input type="checkbox"/> Yes / <input type="checkbox"/> No | Started to use your vehicle for business during the year? <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Started or stopped leasing a vehicle? <input type="checkbox"/> Yes / <input type="checkbox"/> No | If Yes, please specify the estimate value |
| If Yes, please provide purchase/loan/sale/leasing documents | at that point: \$ |
| Fuel | \$ |
| Insurance / Licence / Registration | \$ |
| Interest | \$ |
| Leasing Cost | \$ |
| Maintenance / Repairs | \$ |
| Other () | \$ |

MILES NEEDED

Business use: _____ Miles

Total use: _____ Miles

BUSINESS USE OF HOME (TABLE #5) Specify currency (CAD or USD). Original receipts not required by BBA. Please keep receipts.

| | | | | |
|---------------|----|--------------------------------|----|--|
| Heating | \$ | Rent | \$ | <p>SQUARE FOOTAGE NEEDED</p> <p>Business use: _____ ft²</p> <p>Total house: _____ ft²</p> |
| Hydro | \$ | Mortgage Interest [†] | \$ | |
| Water / Sewer | \$ | Property Taxes [†] | \$ | |
| Maintenance | \$ | Other () | \$ | |
| Insurance | \$ | Other () | \$ | |

[†]NOTE: Do not include if already included in itemized deductions.

Do not complete Table #2, 3, 4, and 5 if it is reported on your Canadian tax return that has been provided to BBA.

SPECIAL REPORTING REQUIREMENTS: (US Citizens, US Residents, Green Card Holders Only)

A. FBAR – Report of Foreign Bank and Financial Assets (Form 114 - formerly TDF 90-22.1)

You are required to file the FBAR form for non-US financial accounts with a combined value of greater than \$10,000 USD.

Examples of Non-US Financial Accounts Include:

- Canadian bank accounts
- Canadian stocks and/or securities accounts
- Canadian RRSP/RRIF accounts
- Canadian RESP accounts
- Canadian Tax Free Savings Accounts (TFSA)
- Canadian mutual funds accounts

Please complete account information for each account on page 4.

Please note that you will be required to e-file the FBAR form. For more information, please visit bsaefiling.fincen.treas.gov

B. Statement of Specified Foreign Financial Assets (Form 8938)

You are required to file Form 8938 with your tax return if you (and your spouse) have non-US financial accounts with a combined value greater than:

| | Living in the US | Living abroad |
|------------------------|---|---|
| Married filing jointly | \$150,000 during 2020, or \$100,000 on Dec 31 | \$600,000 during 2020, or \$400,000 on Dec 31 |
| Other filing status | \$75,000 during 2020, or \$50,000 on Dec 31 | \$300,000 during 2020, or \$200,000 on Dec 31 |

Example of Non-US Financial Accounts Include:

- Canadian bank accounts
- Canadian stocks/securities accounts
- Canadian RRSP/RRIF accounts
- Canadian RESP accounts
- Canadian Tax Free Savings Accounts (TFSA)
- Canadian mutual funds accounts
- Canadian registered pension plans
- Share of non-US private Corporation

Please complete account information for each account on page 4, including 'Income Earned in 2020' for **each** TFSA account.

C. Canadian Tax-Free Savings Account (TFSA)

Please specify the income received from TFSA during 2020 to be reported on your US tax return (Specify currency (CAD or USD)):

Interest Income \$ _____ Dividend Income \$ _____ Capital Gain Income \$ _____

If TFSA is invested in mutual funds, provide additional information (See item #E below)

D. Canadian Registered Education Saving Plan (RESP)

Please provide information as follows:

| | Contributor is US person* (Parent) | Contributor (Parent) NOT US person |
|--------------------------------------|---------------------------------------|--|
| Beneficiary US Person (Child) | 2020 Statements | Number of years plan in existence, 2020 statements and T4A slips** |
| Beneficiary NOT US Person (Child) | 2020 Statements | No reporting required |

US persons = US citizens, green card holders or US residents

* Please note that the US contributor must include investment income and grant income on their US return(s).

**Note that US tax payable is highly likely. Please contact us for details.

E. Canadian Mutual Funds/Electronic Trading Funds (ETF) Held Outside RRSP, RRIF, RESP†

Please provide us with the 2020 statements along with all tax slips for each mutual fund/ETF account.

†Note that US tax payable is likely. Please contact us for details.

F. Trustees or Beneficiaries of Canadian/Non-US Family Trusts

Please provide information as follows:

| | Trustee is US person | Trustee NOT US person |
|---------------------------|-----------------------|---|
| Beneficiary US Person | 2020 Trust Statements | Number of years trust in existence, 2020 trust statements and T3 slips‡ |
| Beneficiary NOT US Person | 2020 Trust Statements | No reporting required |

US persons = US citizens, green card holders or US residents

‡Note that US tax payable is highly likely. Please contact us for details.

G. Shareholders of Non-US Private Corporation

- If you are a shareholder of a non-US private Corporation and you own:

- a) 10% or more of the total value of the Corporation's stock.
- b) 10% or more of the total combined voting power of all classes of stock with voting rights

- If US persons own more than 50% of the votes and value, you may be subject to the repatriation tax and/or the GILTI tax. Contact us for more information.

Please provide the current year financial statements

- If you are a shareholder with less than 10% of total value of the Corporation's stock or total combined voting power, please provide

a) Name and Address of Corporation: _____

b) Estimated value of the Corporation in 2020: \$ _____

Non-US Financial Accounts (US Citizens/Green Card/Residents Only)

Please see page 3 for instructions. For each non-US financial account, please provide the following details:

| Account #1 | Account #6 |
|--|--|
| Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No | Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Account #2 | Account #7 |
| Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No | Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Account #3 | Account #8 |
| Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No | Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Account #4 | Account #9 |
| Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No | Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Account #5 | Account #10 |
| Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No | Institution Name: _____ Branch: _____ Account Number: _____ Type of Account: <input type="checkbox"/> Bank <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> RESP <input type="checkbox"/> RRSP <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other _____ Financial Interest <input type="checkbox"/> Yes / <input type="checkbox"/> No Signing Authority <input type="checkbox"/> Yes / <input type="checkbox"/> No Joint Owners? (Name & SSN, if not spouse): _____ Maximum balance in 2020 (<input type="checkbox"/> USD <input type="checkbox"/> CAD): \$ _____ Income Earned in 2020 (or attach tax slips): <input type="checkbox"/> Yes / <input type="checkbox"/> No |

Please attach a separate sheet if you need to disclose more accounts.