

Trust Return – List of Required Information

Name of Trust: _____

Contact Name: _____ Phone number: _____

Email: _____

Please provide the trust document (deed or agreement), if available. If not, please provide a description of the purpose for the trust:

List of Settlers:

Name: _____ Address: _____

Date of Birth: _____ SIN/BN: _____

Name: _____ Address: _____

Date of Birth: _____ SIN/BN: _____

List of Trustees:

Name: _____ Address: _____

Date of Birth: _____ SIN/BN: _____

Name: _____ Address: _____

Date of Birth: _____ SIN/BN: _____

List of Beneficiaries:

Name: _____ Address: _____

Date of Birth: _____ SIN/BN: _____

Name: _____ Address: _____

Date of Birth: _____ SIN/BN: _____

Engagement letter - Tax Preparation Service

You have engaged us to prepare your T3 trust return. This letter outlines the terms nature and scope of the services we will be providing. Any services that you desire further to the preparation of this return, such as correspondence with, or audit by, the Canada Revenue Agency or significant tax planning services will be provided under a separate engagement and billed separately.

1. You have provided the required information to complete the return. This includes, but is not limited to, T3, T4, and T5 and NR4 forms, other information slips, summaries of income and expenses relating to any business or rental property, capital gains information, receipts and vouchers, and other information necessary to complete my return. In addition you have provided the information on all known reportable entities.
2. You accept responsibility for the accuracy and completeness of the information provided to us and understand that we made no audit, review, or other attempt to verify the information.
3. Before signing the return, you reviewed it and discussed with us any items that required clarification or appeared incorrect and you confirm that to the best of your knowledge all the information disclosed in the T3 is complete and accurate. You understand that the information in the income tax return may be inappropriate for other purposes. You confirm that the trust **did not** hold foreign investments in excess of \$100,000.00 at any time during the year.
4. You are aware that fees are based on the complexity of the return and the time required to prepare it and are payable upon delivery of the completed return. Any invoices that remain outstanding over 30 days are charged interest at 2% monthly. You have reviewed your billing for the preparation of your return and found it to be satisfactory.
5. You understand that these arrangements will remain in effect from year to year unless revised in writing.

If these terms are acceptable, please acknowledge by signing the copy of this letter where indicated.

Sincerely yours,

Sterling Stanford, Chartered Professional Accountants

The services set out in the foregoing letter are in accordance with our requirements. The terms set out are acceptable to us and are hereby agreed to.

Accepted by: _____ Date: _____



Authorize a Representative for Offline Access

Representatives

For online access to your client's information, do **not** complete this form. Instead, go to canada.ca/cra-login-services and sign in to Represent a Client.

Individuals and business owners

If you are a Canadian individual or business, you can **view, add, or modify an authorized representative online** using our online services at canada.ca/cra-login-services.

Use this form to authorize a representative to communicate on your behalf with the Canada Revenue Agency (CRA) using only offline access (by phone, fax, mail, or in person) for several types of accounts. For more information, see **When to use this form** on page 3.

Step 1 – Account information

Use this section to identify all of the accounts you want the representative to access. Provide **both** the account number and name for each account.

SIN, TTN, or ITN First name Last name

Trust account number Trust name

Non-resident account number Non-resident account name

If you identified a non-resident account number and have an associated CRA identifier, please provide it here:

Other CRA identifier* Type of CRA identifier (SIN, TTN, ITN, trust account number, or business number)

* Note that providing your other CRA identifier will not provide authorization for that account.

Business number Business name

If you provided a business number, choose **one** of the following **business options**:

Option 1 – Give access to **all** my business number program accounts

Option 2 – Give access to **specific** business number program accounts

For a **list of supported program identifiers**, see page 3.

Program identifier (two letters)	All reference numbers	or	A specific reference number (four digits)
<input type="text"/>	<input type="checkbox"/>	or	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	or	<input type="text"/>

Step 2 – Representative information

Choose **one** of the following options and fill in the required information:

Option 1 – I am authorizing an **individual**

First name Last name Telephone number Extension

Option 2 – I am authorizing a **firm**

Firm name Telephone number Extension

Sterling Stanford, Chartered Professional Accountants **250-480-0558**

Step 3 – Level of access

Choose **one** of the following levels:

Level 1 – Allow access **to information only**

We can disclose information about your account to your representative.

Level 2 – Allow access **to information and to make certain account changes**

We can disclose information about your account to your representative, and they can request to make certain changes on your account.

Step 4 – Authorization expiry date

If you want this authorization to expire, provide an expiry date.

Expiry date (YYYYMMDD): (optional)

Note: If there is no expiry date, the authorization will remain until you or someone with signing authority changes or cancels it.

Step 5 – Certification

You must have signing authority for the accounts identified in **Step 1**. We may contact you for more information.

Choose the appropriate option:

- I am the:**
- taxpayer
 - parent or legal guardian of a taxpayer under the age of 16
 - legal representative (such as the executor, power of attorney, or trustee)
 - owner (such as the sole proprietor, or a partner of a partnership)
 - officer of a non-profit organization
 - corporate director or corporate officer
 - individual with delegated authority for the business account

We will not process this form if your name does not match the one in our records. To avoid processing delays, verify that we have complete and valid information on file for you **before** signing this form.

First name

Last name

Telephone number

I certify that the information given on this form is correct and complete.

Signature: _____

Date (YYYYMMDD):

Once completed, **send this form to your tax centre** within **six months** of the date you signed it or we will not process it. For more information, see page 4.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 005, CRA PPU 015, CRA PPU 047, CRA PPU 063, CRA PPU 094, CRA PPU 140, CRA PPU 165, CRA PPU 178, CRA PPU 218, CRA PPU 223, CRA PPU 224, CRA PPU 231, CRA PPU 232, CRA PPU 233, CRA PPU 234 and CRA PPU 235 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.