



Moving Expenses Statement

Taxpayer Name: _____ S.I.N. _____ Tax Year _____

Criteria: Must have moved at least 40 km closer to a new job, business location in Canada, or post-secondary institution at which they began full-time attendance.

	Former Address in	Full New Address in Full
Address	_____	_____
City, Province	_____	_____
Postal Code	_____	_____

	Former Employer, Business or educational institution	New Employer, Business or educational institution
Name	_____	_____
Address	_____	_____
City, Province	_____	_____
Postal Code	_____	_____

Date of Move: _____

Distance from former residence
to new work or study location _____ km

Distance from new residence
to new work or study location _____ km

Costs:

Moving of household effects	(mover: _____)	\$ _____
Transportation costs from former residence to new	(mode of travel: _____)	\$ _____
Travel costs	(# of kms: _____)	\$ _____
Lodging	(# of nights: _____)	\$ _____
Meals	(# of days: _____)	\$ _____
Temporary living expenses near new or old location (max. 15 days)		\$ _____
Lodging	(# of nights: _____)	\$ _____
Meals	(# of days: _____)	\$ _____
Cost of lease settlement		\$ _____
Selling costs of former residence	(selling price: \$ _____)	\$ _____
Real estate commission		\$ _____
Legal or notarial fees		\$ _____
Advertising		\$ _____
Other	(please specify: _____)	\$ _____
Purchase costs of new residence		\$ _____
Legal fees		\$ _____
Taxes	(registration or transfer of title)	\$ _____
TOTAL Expenses		\$ _____
Amount reimbursed by employer		\$ _____

This list is intended to help you organize your Moving expenses, we hope it helps. **Please call if you need additional help, or require explanations concerning this information.**

Tel : (905) 856-6085 Fax: (905) 856-6085
[Email:saiacct@scambellone.com](mailto:saiacct@scambellone.com) or www.scambellone.com

