



Personal Tax Checklist

PERSONAL INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status
Primary phone	Secondary phone	Fax	Email
Any family members disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you authorize CRA to provide information about you to Elections Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SPOUSE'S INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
If we are not preparing your spouse's tax return: Taxable income figure from line 26000 of their tax return: _____			
If your marital status changed during the year, please provide the date it changed (MM/DD/YYYY): ____/____/____			
DEPENDANT INFORMATION			
Full Name	S.I.N.	Birthdate	Email
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach signed T2202A if doing a tuition transfer</i>			
Full Name	S.I.N.	Birthdate	Email
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach T2202A</i>			
Full Name	S.I.N.	Birthdate	Email
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach T2202A</i>			
SALE OF PRINCIPAL RESIDENCE			
Did you sell your principal residence during the year?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: Year of Acquisition: _____ Proceeds of Disposition: _____			
Did you own any other properties that could qualify as a principal residence?			YES <input type="checkbox"/> NO <input type="checkbox"/>
FOREIGN REPORTING			
Do you own foreign assets with a cost greater than \$100,000 CAD?			YES <input type="checkbox"/> NO <input type="checkbox"/>
INCOME SOURCES CHECKLIST			
Employment (T4 or T4A)	<input type="checkbox"/>	RRSP, RRIF, RESP (T4RSP/T4RIF/T4A)	<input type="checkbox"/>
Government pensions (T4A[OAS]/T4A[P])	<input type="checkbox"/>	Estates/Trusts/Mutual Fund (T3)	<input type="checkbox"/>
Employment Insurance (T4E)	<input type="checkbox"/>	Interest/Dividends/Capital Gains (T3/T5/T5013)	<input type="checkbox"/>
TAX DEDUCTIONS / CREDITS CHECKLIST (with official receipts)			
RRSP Contributions	<input type="checkbox"/>	National Student Loan Interest	<input type="checkbox"/>
Union/Professional Dues	<input type="checkbox"/>	Medical Expenses (net of any reimbursements)	<input type="checkbox"/>
Child Care Expenses (Incl. Name & SIN of Recipient)	<input type="checkbox"/>	Charitable or Political Donations (official receipts)	<input type="checkbox"/>
Moving Expenses (if at least 40km's closer to work)	<input type="checkbox"/>	First-time Home Buyer?	<input type="checkbox"/>
Accounting Fees (other than our fees)	<input type="checkbox"/>	Teacher who pays for their own supplies?	<input type="checkbox"/>
Interest/Fees Paid on Investments (Non-Registered)	<input type="checkbox"/>	Tuition Fees (T2202A – <i>Signed by Student if transferring</i>)	<input type="checkbox"/>
Number of days worked from home due to Covid 19	<input type="checkbox"/>	CERB / CRB benefits repaid	<input type="checkbox"/>



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OTHER IMPORTANT DOCUMENTS CHECKLIST			
Mutual Fund Investment Summary Statement	<input type="checkbox"/>	Tax Shelters (T101/T5013/Annual Reports)	<input type="checkbox"/>
Sale of Property: Address, Cost of property	<input type="checkbox"/>	T2200 if worked from home due to Covid 19 OR USE Simplified version using \$2/day up to \$500	<input type="checkbox"/>
Sale of Property: Seller's Statement of Adjustments	<input type="checkbox"/>	Court-Ordered Spousal Support Payments <i>Paid</i>	<input type="checkbox"/>
Sale of Shares: Gain/Loss Summary from Broker	<input type="checkbox"/>	Court-Ordered Spousal Support Payments <i>Received</i>	<input type="checkbox"/>
New Clients: Notice of Assessment for Prior Year	<input type="checkbox"/>	New Clients: T1 Tax Return Filed for Prior Year	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

OTHER INFORMATION CHECKLIST (please provide if necessary)	
Rental Income and Expenses (Please provide detail listing of rental income and expenses per property below in Appendix A)	<input type="checkbox"/>
Self-Employment Income and Expenses (Please provide detail listing of the income and expenses below in Appendix B)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

List of foreign property owned, including:	
Country of Origin	<input type="checkbox"/>
Fair Market Value at Year-End	<input type="checkbox"/>
Highest Fair Market Value for The Year	<input type="checkbox"/>
Total Income and Total Capital Gains	<input type="checkbox"/>
Other:	<input type="checkbox"/>

INSTALLMENT PAYMENTS	
Have you made installment payments for the tax year? If YES: how much for yourself? If YES: how much for your spouse? If YES: how much for each child?	YES <input type="checkbox"/> NO <input type="checkbox"/> \$ _____ \$ _____ \$ _____

DIRECT DEPOSIT/ TAX REFUND	
Has Your Direct Deposit Information Already Been Provided to CRA? If NO: If You Would Like to Have Tax Refunds Directly Deposited, provide us with either: A Void Cheque <i>OR</i> Branch Number (5 digits) Institution Number (3 digits) Account Number (Maximum 12 digits)	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____

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APPENDIX A: RENTAL PROPERTY SUMMARY* (Please prepare this form for <u>EACH</u> rental income-producing property)																
<u>DETAILS OF PROPERTY</u>																
Address of Rental Property: _____ City _____ Province/State _____ Postal Code _____ Country _____ Ownership Percentage (%) _____ Full Name and SIN of Co-Owners _____ _____																
<u>RENTAL INCOME:</u>																
Gross Rental Income	\$ _____	Did you pay for any major renovations or large purchases (i.e. appliances) during the tax year? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", please provide the details of the renovations/purchase and provide the cost amount below: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Renovation/Purchase</th> </tr> <tr> <th style="text-align: left; padding: 5px;">Amount</th> <th style="text-align: left; padding: 5px;">Description</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> </tbody> </table>	Renovation/Purchase		Amount	Description	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Renovation/Purchase																
Amount	Description															
\$ _____	_____															
\$ _____	_____															
\$ _____	_____															
\$ _____	_____															
\$ _____	_____															
<u>RENTAL EXPENSES:</u>																
Advertising	\$ _____															
Insurance	\$ _____															
Mortgage Interest	\$ _____															
Office Expense	\$ _____															
Legal & Accounting	\$ _____															
Management & Admin	\$ _____															
Repairs & Maintenance	\$ _____															
Property Taxes	\$ _____															
Travel	\$ _____															
Utilities	\$ _____															
Other (please specify)	\$ _____															

Net Rental Income	\$ _____															

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed. Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid. CRA also requires that automobile expense claims be supported by a mileage log.

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APPENDIX B: SELF-EMPLOYED INCOME AND EXPENSES (Please provide this form for EACH Business)

DETAILS OF BUSINESS:

Name of business _____ Type of business _____
 Names of Partners and Percentage (%) owned _____

REVENUE:

Gross Receipts/ Sales \$ _____

EXPENSES:

Bad Debts \$ _____
 Insurance \$ _____
 Meals and Entertainment \$ _____
 Interest & Bank Charges \$ _____
 Licenses, Dues, and Memberships \$ _____
 Office Expense \$ _____
 Supplies \$ _____
 Professional Dues \$ _____
 Rent \$ _____
 Repairs and Maintenance \$ _____
 Salaries \$ _____
 Travel \$ _____
 Telephone and Utilities \$ _____

Vehicle Expenses:

Year, Make and Model _____
 Kilometers Driven for Business _____ KMs
 Total Kilometers Driven _____ KMs
 If Leased, Date Lease began? _____
 Purchase/Sale Price \$ _____
 Gas _____
 Insurance \$ _____
 Repairs & Maintenance \$ _____
 Interest on Auto Loans \$ _____
 Leasing \$ _____

Is your business registered for GST? YES NO If yes, what is your GST number? _____
 Is GST included in the above amounts? YES NO

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed. Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid. CRA also requires that automobile expense claims be supported by a mileage log.