

## Personal Income Tax Return Checklist

This checklist form is interactive.

Please note: the information you enter in the form can be saved on your computer or printed on your printer. To save it do the following:

- On a Windows PC, hold the CTRL key down and hit the S key
- On a MAC, hold the Command key down and hit the S key
- Choose your Desktop of any familiar location to save the file
- Click "Save"

YOU CAN ADD CONTENT, SAVE IT, CLOSE IT, REOPEN IT AND ADD MORE INFORMATION THEN.

PRINT THE DOCUMENT ONCE YOU HAVE FINISHED FILLING IT IN AND BRING IT TO OUR OFFICE WITH YOUR TAX SLIPS.

Please review and complete the entire document prior to giving us your personal tax information for the year.

Is this	the first year we have prepared your income tax return?		
Yes			
•	please provide us with a copy of your prior year's return and notice of assessment or ssment.		
No			
If no,	If no, please provide us with your prior year notice of assessment or reassessment		

#### **Personal Information**

1.	Name:	
2.	SIN #:	
3.	Birthdate:	-
4.	Address:	
5.	Home Phone:	_
6.	Work Phone:	
7.	Cell Phone:	_
8.	Email:	_
9.	Marital Status December 31:	_
10.	. Date of Change in Marital Status During Year?:	
11.	. Province of Residence December 31:	_
12.	. Date of Change in Canadian Residency:	-
13.	. Change in Name?	_
14.	. Date of Death if Deceased:	
15.	. Financial Advisor's Contact Information:	
16.	. Did you sell your Principal Residence within this tax year?	
	a. Address	_
	b. Year of acquisition	
	c. Proceeds of disposition	_





### **Filing Information**

1.	Authorization to Represent Client?		
2.	Citizenship:		
3.	Provide Information to Elections Canada?		
4.	Foreign Property (including portfolio securities) with Cost Greater than		
	a. \$100,000?		
5.	Direct Deposit of Refund? (please attach voided cheque)		
Sp	Spousal Information		
1.	Name:		
	SIN #:		
3.	Birthdate:		
4.	Address:		
5.	Home Phone:		
	Work Phone:		
	Email:		
8.			

9. Spousal Net Income if we are not Preparing T1: \_\_\_\_\_

## **Dependent Information #1**



1.	Name:	
	SIN:	
	Relationship:	
	Date of Birth:	
	Net Income:	
6.	Qualify for Disability?	
7.	Fitness / Arts Expenses?	
8.	Tuition?	
	Childcare Expenses?	
	ependent Information #2	S
	Name:	
	SIN:	
	Date of Birth:	<u>-</u>
<i>5</i> .	Net Income:Qualify for Disability?	
	Fitness / Arts Expenses?	
8.		
	Childcare Expenses?	
	ependent Information #3	
1. 2.	Name:	
3.	SIN:	
5.	Net Income:	
6.	Qualify for Disability?	
7.	Fitness / Arts Expenses?	
8.	Tuition?	
9.	Childcare Expenses?	

#### **Sources of Income**



1	Employment Income	T4
2	Profit sharing	T4PS
3	Old Age Security	T4OAS
4	Canada Pension Plan	T4AP
5	Other Pensions/RRIFS/Annuities	T4A
6	Universal Child Care Benefit	RC 62
7	Employment Insurance	T4E
8	Interest and Dividends	T5/T3
9	Partnership Income	T5013
10	RRSP Withdrawals	T4RSP
11	Workers Compensation	T5007
12	Social Assistance	T5007
13	Other	see below
14	Rental Income	see below
15	Self Employed	see below
16	Sales of property and investments	see below

#### **Deductions from Income**

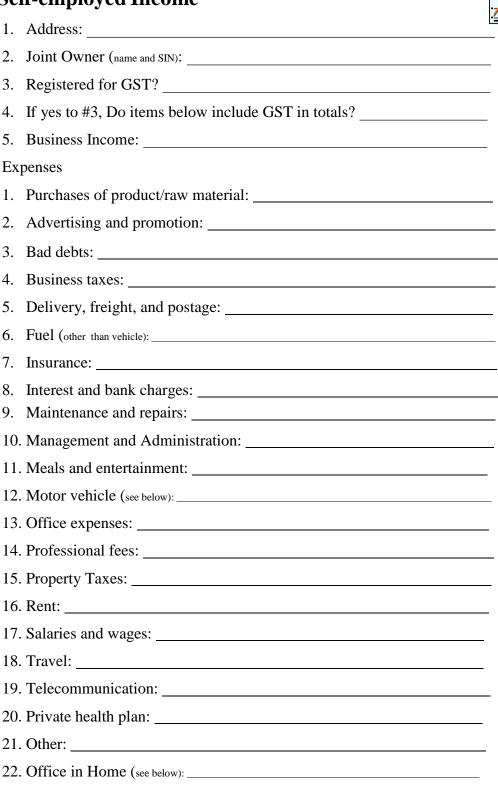


1.	Did you make RRSP contributions during the year or in the first sixty days of the
	following year?(RRSP contribution slip mandatory)
2.	Are you a participant in the Home Buyers Plan or Life Long Learning Plan?
3.	Do you agree to split pension income with your spouse?
4.	Did you make Union or Professional dues during the year?
5.	Did you or your spouse pay for childcare expenses?
6.	Did you dispose of either shares or debt in a Canadian Controlled Private
7.	Corporation during the year?
8.	Did you make or receive spousal or child support payments?
9.	Name and SIN of former spouse:
10.	Did you incur costs including interest to earn investment income?

11.	Did you incur moving costs to be at least 40 km closer to new employme	ent or to
	start a new business?	
	Did you incur un-reimbursed expenses in the course of your employment	
13.	Do you have a signed T2200 from your employer?	
	Did you incur legal expenses to obtain or enforce a right to wages, pension	
	support from a former spouse?	
	Did you repay any social benefits to the government?	
Ta	x Credits	
1.	Did you incur costs for adoption?	
2. 3.	Did you care for dependent other than a child?Are you disabled?	
4.	If yes above, do you have a signed T2201?	
5.	Did you pay interest on student loans?	
6.	Did you pay tuition to a post-secondary institution?	
7.	Did you pay premiums to health insurance plan?	
8.	Did you pay for medical expenses for yourself or dependent?	
9.	Did you make any charitable contributions?	
10.	. Did you make and political contributions?	
11.	. Did you pay any tax via installments?	
Re	ental Property Income and Expenses	FOR RENT
1.	Address:	_
2.	Joint Owner? (name and SIN)	
3.	Rental income:	_
	Expenses	
1.	Advertising:	_
2.	Bank Charges:	_
3.	Insurance:	
4.	Interest:	

5.	Maintenance and Repairs:
6.	6. Motor Vehicle(see below):
7.	Office expenses:
8.	Professional fees:
9. 10.	Property taxes: Utilities:
11.	Other:
	Capital Dispositions/Expenditures
1.	The purchase price of rental property:
2.	Percentage Split Between Land and Building:
3.	Major renovations and purchases:
4.	Proceeds of disposition:
5.	Costs of disposition:

#### **Self-employed Income**



23. Capital expenditures:

# **Automobile Expenses for Rental/Self-employed/Employment expenses**



1.	Year and make of car:	
2.	Date purchased/leased(please provide documentation):	
3.	Total km driven during the year:	
4.	Total km driven to earn income:	
5.	Fuel costs:	
6.	Interest on vehicle loan:	
7.	Insurance:	
8.	License fees:	
9.	Maintenance and repairs:	
10	. Lease down payment:	
11	. Annual lease costs:	
12	. Parking:	
13	. Tolls:	
Of	ffice in the home for self-employed	
1.	Area of the home used for business:	<u></u>
2.	The total area of home:	_
3.	Utilities:	
4.	Insurance:	
5.	Mortgage interest:	
6.	Property taxes:	
7.	Minor repairs and maintenance:	_
Н	ome Office Commission Employees	
		<u></u>
	Area of the home used for business:	_
	Total area of home:	_
3.	Utilities:	-
4.	Insurance:	
5.	Property taxes:	
6.	Minor repairs and maintenance:	_

### **Home Office Non-commissioned Employees**



1.	Area of the home used for business:
2.	The total area of home:
3.	Utilities:
4.	Minor repairs and maintenance:

## Capital Gains and Losses (please add additional worksheet for multiple dispositions)



1.	Did you sell, transfer or gift any stocks, mutual funds, income trusts or re	eal
	property during the year?	_
2.	Description:	
	Proceeds of disposition:	
4.	Costs of disposition:	
5.	Date sold:	
6.	Date(s) purchased:	
7.	Costs of purchase:	
8.	Have there been any reinvested earnings while holding investment?	
9.	Have there been any returns of capital while holding investment?	
10.	. If property owned December 31, 1971, value on that day:	<u>—</u>
11.	. If property owned February 24, 1994, did you claim the capital gains ele	ction
	available?	
Ot:	ther Deductions from Employment Income	
1.	Food and beverage:	
2.	Lodging:	
3.	Parking:	
4.	Supplies:	
5.	Professional fees (commission only):	
6.	Advertising and promotion (commission only):	
7	Entertainment (commission only):	