

PERSONAL INCOME TAX CHECKLIST

All information provided on this form should be supported with receipts which you should keep in event of an audit.

Name _____

Social Insurance Number _____ **Date of Birth** _____
DD/MM/YY

Telephone _____ **Telephone** _____
Home Business

Cell _____ **Fax** _____

E-mail _____

Address _____
Street (number and name) City Province Postal Code

Please select marital status Single Married Common-law Other _____

Spouse/ Partner Name _____
First Name Last Name

Social Insurance Number _____ **Date of Birth** _____
DD/MM/YY

Number of Dependents _____

Dependent 1 Name _____

Social Insurance Number _____ **Date of Birth** _____
DD/MM/YY

Dependent 2 Name _____

Social Insurance Number _____ **Date of Birth** _____
DD/MM/YY

Dependent 3 Name _____

Social Insurance Number _____ **Date of Birth** _____
DD/MM/YY

Dependent 4 Name _____

Social Insurance Number _____ **Date of Birth** _____
DD/MM/YY

Date of Marriage (if within tax year) _____

Date of separation or divorce (if within tax year) _____

Date of Death (if within tax year) _____

Province of residency on December 31 _____

Has any of the above information changed from previous years? Yes No



E-File Returns (Select one) Yes No

Delivery Courier to me (courier charges to apply) Call me for pick up Email to me

Are you a Canadian citizen? Yes No

As a Canadian Citizen, do you authorize CRA to provide your information to Elections Canada?
 Yes No

Do you own foreign assets (stocks in foreign companies or real estate) greater than \$100,000 CDN during the year? Yes No

If yes, please provide a description _____

Have you given or received assets to/from a foreign trust (i.e. a trust from a foreign relative) Yes No

If yes, please provide a description _____

Do you own shares in a foreign company Yes No

If yes, please provide a description _____

Are you a first time homebuyer in the year? Yes No

Attach copy of previous year notice of assessment Yes No

Do you wish to split your pension income with your spouse, if applicable? Yes No

Would you like to provide us authorization to speak to the CRA on your behalf? Yes No

Please check all items you have attached and the number of slips forwarded (if applicable)

Income

- Employment – T4, T4A No. of slips _____
- Old Age Security – T4A (OAS)
- Canada Pension Plan Benefits – T4A(P)
- Other Pensions – T4A, T4A(P) No. of slips _____
- Employment Insurance – T4E
- Interest, Dividends and other Investment Income – T5/T60 No. of slips _____
- Mutual Funds and other Trust Income – T3 No. of slips _____
- Limited Partnership – T5013 or financial statement No. of slips _____
- RRSP or RRIF withdrawal – T4RSP, T4RIF No. of slips _____
- Registered Disability Savings Income Plan – T4A No. of slips _____
- Worker’s Compensation Benefits – T5007 No. of slips _____

Income (Cont'd)

- Interest or dividend income – T5
- Universal Child Care Benefit – RC62
- Alimony or Child Support Payments Received
- Business or Professional (attach Financial Statements or Business Checklist)
No. of businesses _____
- Income from self-employment or professional income (include details see Business Checklist)
- Rental Properties (include details see Rental Property Checklist) No. of Properties _____
- Capital Gain/Loses
 - Did you sell or transfer shares to a related person at a loss? Yes No
 - Did you sell shares of small business corporation in the year? Yes No
 - Are you claiming an allowable business investment loss (ABIL)? Yes No
 - If yes to any of the above questions, please provide additional details.
- Other Income (i.e. Stock options, Annuities, scholarships, bursaries, research grants etc)
No. of slips _____

Deductions

- RRSP contributions (attach receipts) No. of slips _____
- Annual union, professional dues (attach receipts) No. of slips _____
- Public Transit Passes
- Child Fitness Expense No. of slips _____
- Children Activity Tax Credit (Ontario Only) No. of slips _____
- Child Care Expense (attach receipts) No. of slips _____
 - Individual Provider SIN _____
Address _____
 - Summer Camp No. of weeks _____
- Attendant Care Expense (attach receipts) No. of slips _____
- Interest Paid on Student Loan No. of slips _____
- Tuition Amount – T2201/T2202A No. of slips _____
- Moving Expenses (attach Receipt) km moved _____
- Alimony or Separation allowance paid (provide legal documentation, first time claim or changed from previous years)
Name of Recipients _____
Recipients' Address _____



Deductions (Cont'd)

- Medical Expenses (attach receipts) No. of slips _____
- Donations No. of slips _____
- Political Donations No. of slips _____
- Apprentice Training Tax Credit
- Co-op Tax Credit
- Labour Sponsored Funds – T5006 No. of slips _____
- Disability Deductions (First time claim, provide T2201 signed by physician)
- Interest Paid on Student Loan (attach slips) No. of slips _____
- Adoption Expenses
- Carrying Charges and Interest (investment fees, safety deposit box fee, etc)
- Motor Vehicle Expense (attach Motor Vehicle Checklist)
- Home Office Expense (attach Home Office Checklist)

Other

- Property Tax paid on personal residence (if applicable) \$ _____
- Rent paid on personal residence (if applicable) \$ _____
- Personal Tax Instalments paid for year (attach receipts) Total remitted \$ _____
- Other Deductions and/or Expenses (please specify)

If you have any questions, please contact my office.