



32 Fittons Road West
Orillia ON L3V 3T8
Tel: 705-326-4125
Fax: 705-326-0538
Matthew@matthewgdixon.com
www.matthewgdixon.com

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

- | | |
|---|--------------------|
| <input type="checkbox"/> Employment – T4, T4A | No. of slips _____ |
| <input type="checkbox"/> Old Age Security – T4A (OAS) | |
| <input type="checkbox"/> Canada Pension Plan Benefits – T4A(P) | |
| <input type="checkbox"/> Other Pensions – T4A, T4A(P) | No. of slips _____ |
| <input type="checkbox"/> Employment Insurance – T4E | |
| <input type="checkbox"/> Interest, Dividends and other Investment Income – T5/T60 | No. of slips _____ |
| <input type="checkbox"/> 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 (June 2018 and prior only)
- 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 _____

Deductions (Cont'd)

- Alimony or Separation allowance paid (provide legal documentation, first time claim or changed from previous years)
 Name of Recipients _____
 Recipients' Address _____
- 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 \$ _____
- Sale of Principal Residence during the year?
 If so, what was it sold for \$ _____
 What year did you buy it? _____
- Other Deductions and/or Expenses (please specify)

