

PERSONAL INCOME TAX RETURN CHECKLIST

1. Are you a Canadian Citizen? Yes No
2. **Copies of all Notice of Assessments and any other correspondence from Canada Revenue Agency. It is very important that we receive a copy of these forms if possible.**
3. All information slips such as: N/A Included
- T3 - Statement of Trust Income Allocations
 - T4 - Statement of Employment Income
 - T4A - Statement of Pension, Retirement, Annuity or Other Income
 - T4A(OAS) - Statement of Old Age Security
 - T4AP - Statement of Canada Pension Plan Benefits
 - T4RSP - Statement of Registered Retirement Savings Plan (RRSP) Income
 - T4RIF - Statement of Income from a Registered Retirement Income Fund
 - T4E - Statement of Employment Insurance Income
 - T5 - Statement of Investment Income
 - T5007 - Social Assistance payments
 - T5008 - Income from Securities Transaction
 - T5013 - Statement of Partnership Income
 - T5018 - Statement of Contract Payments
 - T600 - Canada Savings Bond Interest
 - RC210 - Working Income Tax Benefit Advance Payment
 - And any other Slips
4. Details of other income for which no slips have been received such as:
- Capital gain/losses - Sale of shares/property etc.
 - Other employment income
 - Business income
 - Professional income
 - Farming income
 - Partnership income
 - Rental income
 - Foreign pensions - Breakdown of taxable/non taxable amounts
 - Alimony, separation allowances, child maintenance
 - Please provide the date of your current child support agreement
5. Details of other expenses such as:
- Employment related expenses - Provide Form 2200 - *Declaration of Conditions of Employment*, signed by your employer
 - TL2 - Claim for Board and Lodging Expenses
 - Interest on money borrowed to purchase investments
 - Interest expenses incurred to purchase tax shelters and limited partnerships
 - Investment counsel
 - Accounting fees
 - Moving expenses
 - Childcare expenses
 - Alimony, separation allowances, child maintenance
- Is date of Court order/agreement prior to May 1997 or was your agreement varied after that date? Yes No

6.	Receipts for:	N/A	Included										
	<ul style="list-style-type: none"> • Registered Retirement Savings Plan Contributions (RRSP) <input type="checkbox"/> • Home Buyers Plan (HBP) withdrawal or repayment slips <input type="checkbox"/> • Professional and Union Dues paid <input type="checkbox"/> • Tuition fees and Form T2202 <input type="checkbox"/> • Student loan interest receipts <input type="checkbox"/> • Completed Form T11A for Tuition outside Canada <input type="checkbox"/> • Charitable donations <input type="checkbox"/> • Medical expenses <input type="checkbox"/> <ul style="list-style-type: none"> - A STATEMENT from Insurance company showing insurance portion paid <input type="checkbox"/> -A STATEMENT of Prescriptions from pharmacy(ies) with total for the year <input type="checkbox"/> -A STATEMENT from Dentist recapping payments for the year by individual <input type="checkbox"/> -A STATEMENT from Physiotherapist / Massage Therapist <input type="checkbox"/> • Rent or Property tax receipts <input type="checkbox"/> • Political contributions <input type="checkbox"/> • Letter from Nursing Home attesting to the amount paid for Full-Time care <input type="checkbox"/> • Adoption Expenses <input type="checkbox"/> • Home Buyers Amount (for first time home buyer - include Purchase documents) <input type="checkbox"/> • Eligible educator school supply tax credit - maximum \$1000 in supplies <input type="checkbox"/> • Any other deductions <input type="checkbox"/> 												
7.	Reporting the sale of your principal residence - Need date of acquisition, sale amount and address, number of years designated "Principal residence"	<input type="checkbox"/>	<input type="checkbox"/>										
8.	Details of capital gains and losses and business investment losses realized in the tax year	<input type="checkbox"/>	<input type="checkbox"/>										
9.	Changes in marital status - please provide:	<input type="checkbox"/>	<input type="checkbox"/>										
	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20%;"></td> <td style="border-top: 1px solid black; width: 25%;"></td> <td style="border-top: 1px solid black; width: 20%;"></td> <td style="border-top: 1px solid black; width: 20%;"></td> <td style="border-top: 1px solid black; width: 15%;"></td> </tr> <tr> <td style="text-align: center;">Date of change</td> <td style="text-align: center;">Spouse's name</td> <td style="text-align: center;">Net income</td> <td style="text-align: center;">SIN</td> <td style="text-align: center;">Birth date</td> </tr> </table>						Date of change	Spouse's name	Net income	SIN	Birth date		
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10.	Changes with dependants or common-law partners - please provide:	<input type="checkbox"/>	<input type="checkbox"/>										
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11.	If you or any dependants are disabled, provide Form T2201 - Certificate of Disability signed by your doctor.	<input type="checkbox"/>	<input type="checkbox"/>										
12.	Receipts for this years income tax instalments.	<input type="checkbox"/>	<input type="checkbox"/>										
13.	If not already provided, please provide a void cheque or a direct deposit form from the bank for your tax refund and/or benefits ie. Child tax benefit, GST credits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
14.	Caregiver Amount. Did you provide care for an infirm parent or grandparent (including in-laws) or an infirm dependant relative	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
16.	Do you have a Tax Free Savings Account (TFSA)?	<input type="checkbox"/>	<input type="checkbox"/>										

17. Home Accessibility Expenses

18. Do you have an email address?
