

PERSONAL TAX INFORMATION CHECKLIST

1. PERSONAL INFORMATION

Did you or your spouse/common-law, at any time during the calendar year hold foreign property with a cost of more than \$100,000 CDN? *(Yes/no)*:

Do you authorize CRA to provide your name, address and date of birth to Elections Canada for the purpose of updating the National Register of Electors? *(Yes/no)*

If you do not want to E-File your return to the CRA write "NO" in this box.

**PLEASE ENSURE THAT YOU INCLUDE THE FOLLOWING INFORMATION:
A FULL COPY OF YOUR PREVIOUS YEARS INCOME TAX RETURN, YOUR
PREVIOUS YEARS NOTICE OF ASSESSMENT AND THE PRE-PRINTED
ADDRESS LABELS SENT TO YOU FROM CRA.**

Name _____

(First name, middle initial, last name)

Address _____

City/Prov. _____ Postal Code _____

Telephone _____ E-mail _____

SIN ____/____/____ Birth date *(dd/mm/yy)* _____

Marital Status _____ *(If marital status has changed in past year
please provide details of Separation Agreement and deduction allocation)*

2. SPOUSE (including common-law)

If marital status changed during the year, enter date of change: _____

<u>Name</u>	<u>Birth date (dd/mm/yy)</u>	<u>SIN</u>	<u>Net Income (line 236)*</u>
-------------	------------------------------	------------	-------------------------------

Are you or your spouse claiming a Disability Credit? Yes No

If the paper work has already been filed, please provide a copy.

3. DEPENDANTS (children, parents and others dependant on you for financial support)

<u>Name</u>	<u>Relationship</u>	<u>Birth date</u> (dd/mm/yy)	<u>SIN</u>	<u>Net Income</u> (line 236)*	<u>Live with</u> <u>you</u>

For any dependant who is infirm, please identify dependant and describe nature of infirmity:

*provide details of income and deductions only if we are not preparing the tax return.

**Indicate whether dependant lived with you during the year (yes/no).

STATEMENT OF INCOME AND EXPENSES

Income

Sales, commissions or fees
(Excluding GST, HST & PST) _____

GST/HST collected on sales _____

Other income (please indicate source) _____

Are you using the GST Quick Method? (Y/N) _____

Have you tracked your GST separately? (Y/N) _____

Was income listed on a T4A? (Y/N) _____

Do you require help with your GST filing (Y/N) _____

Is GST return included (Y/N) _____

Expenses**TOTAL**GST Incl. Excl.

GST method _____

Cost of goods sold	_____
Advertising	_____
Bad debts	_____
Business tax	_____
Licenses, dues, membership's	_____
Delivery, freight, courier	_____
Business insurance	_____
Interest	_____
Maintenance and repairs	_____
Management and admin. Fees	_____
Meals and entertainment (total)	_____
Office expenses	_____
Supplies	_____
Legal, accounting and other professional fees	_____
Rent	_____
Salaries, wages and benefits	_____
Supplemental health insurance premiums	_____
Travel	_____
Telephone (see Note1)	_____
Internet and network services	_____
Other (provide details)	_____

Note 1: Include telephone charges for a separate business or fax line and business related long distance charges and business cell phone bills.

AUTOMOBILE EXPENSES: (provide total expense (do not prorate) for each vehicle used for business purposes during the year)

Employment Business Rental (please check one)

	Vehicle 1	Vehicle 2
Make of vehicle	_____	_____
Date of acquisition	_____	_____
Date of disposition (if in the year)	_____	_____
Cost before GST & PST	_____	_____
GST and PST	_____	_____
Km driven for business	_____	_____
Km driven in year (total)	_____	_____
Total expenses incurred		
Monthly lease cost	_____	_____
Fuel and oil	_____	_____
Maintenance & repairs	_____	_____
Insurance	_____	_____
License & registration	_____	_____
Interest	_____	_____
Auto Club (e.g. CAA)	_____	_____
Car Washes	_____	_____
Parking	_____	_____
Other (provide details)	_____	_____

*Please provide purchase agreement (showing purchase price, trade-in value and down payment), or lease term sheet (showing Manufacturers List Price and down payment), as applicable.

WORK SPACE IN THE HOME: (provide total expenses – do not prorate)

Employment Business

Office area (square footage) _____

Total area (square footage) _____

Mortgage Interest	_____
Property taxes	_____
Insurance	_____
Rent	_____
Heat	_____
Electricity	_____
Water	_____
Repairs & maintenance	_____
Security	_____
Landscaping/snow removal	_____
Other (provide details)	_____

EMPLOYMENT EXPENSES (Attach T2200 from Employer)

Please attach a detailed listing of **other employment expenses** *not* reimbursed by your employer (including meals, lodging, travel, parking, promotion, supplies, cell phone/telephone charges – NOTE: *restrictions apply and vary depending on whether you are a commissioned salesperson*).

SELF-EMPLOYED INFORMATION CHECKLIST (UNINCORPORATED BUSINESS)

Registered business name: _____ Partnership (yes/no): _____

Date business commenced (mm/yy): _____

Fiscal year-end (dd/mm/yy): _____

GST registered (yes/no): _____ Business #: _____

Please attach a detailed listing of capital assets purchased or disposed of during the year (including furniture, equipment, and computers).

RENTAL EXPENSES (Fill out one for each property)

Was this the **first** year of operation? (*Yes/no*) _____

Was this the **last** year of operation: (*Yes/no*) _____

Address of Property: _____

of Units _____

Personal Use % _____

Total Gross Rents _____

- please attach a detailed listing of any co-owners or partners, including their name, address, and SIN and percentage ownership. (If not already on file)
- please attach a detailed listing of capital assets purchased or disposed of during the year (including furniture, equipment and appliances).

EXPENSES

Advertising	_____
Insurance	_____
Repairs & maintenance (provide details)	_____
Motor vehicle expenses	_____
Office expenses	_____
Legal, accounting & other professional fees	_____
Property taxes	_____
Salaries, wages and benefits	_____
Travel	_____
Utilities	_____
Other expenses (provide details)	_____

INCOME TAX REFUND AND GST CREDIT

Complete banking information to have your income tax refund and GST/HST credit payments deposited into your bank account.

Branch Number (5-digits) Institution Number (3-digits) Account Number (Max. 12-digits)

T-SLIPS (INCOME)

Attached

These are the standard prescribed forms on which Canadian income is reported:

Employment income

Employment/commission income	T4, T4A	_____
Director's fees	T4, T4A	_____
Employee profit sharing	T4PS	_____

Pension/retirement income

Pension/annuity income	T4A, T4A (OAS), T4A (P)	_____
Income from RRSP or RRIF	T4RSP, T4RIF	_____

Investment income

Interest & dividends	T5	_____
Mutual funds and other trusts	T3	_____

Other sources

Income from RESP	T4A	_____
Partnership income	T5013	_____
Employment insurance benefit	T4E	_____
Purchase and sale of securities	T5008	_____
Tax shelters	T101, T5013	_____

OTHER INCOME

Details of all other income including pensions received, directors' fees, scholarships, etc. _____

INVESTMENTS (Income/Expenses)

Interest and other carrying charges paid to earn income from investments (including safety deposit box, accounting and investment counsel fees). _____

Gains or losses from selling securities or other capital property –e.g. stocks, Bonds, mutual funds, real estate (including broker’s trading summaries or a Transactions list showing *date of each purchase and sale*, currency, original Cost and transaction fees. _____

Detailed listing of income and expenses from **rental properties** (request Worksheet, if necessary), on a property by property basis (indicate owners Split.) _____

DEDUCTIONS/TAX CREDITS

Please provide the receipts/forms received for these deductions/credits:

RRSP contributions _____

Home Buyers Plan withdrawals or repayments _____

Lifelong Learning Plan withdrawals or repayments _____

Charitable donations (provide details for in-kind donations, such as shares of stock) _____

Political donations _____

Professional/union dues _____

Attendant care (if you claim the disability tax credit) _____

Interest paid on student loans _____

Legal fees (*see Note 1*) _____

Moving expenses (*see Note 2*) _____

Alimony, maintenance or child support paid or received (*see Note 3*) _____

Income tax installments (*see Note 4*) _____

Disability tax credit **T2201** _____

Medical expenses (*see Note 5*) _____

Tuition fees and Education deduction (*see Note 6*) _____

Childcare expenses (*see Note 7*) _____

Home Renovation Tax Credit _____

- Note 1** If you incurred legal expenses in connection with employment termination, or claiming spousal or child support, please provide details.
- Note 2** If you moved at least 40 kilometers closer to a new place of work or school, please contact us to request for T1-M.
- Note 3** The amount of alimony, maintenance or child support paid or received in the year and the name, SIN, and address of the recipient, if applicable.
- Note 4** Details regarding income tax installment payments made during the year (include recent CRA statement of Account or cancelled cheques).
- Note 5** Include receipts for all medical and health related expenses including nursing, nursing home, prescription eyewear, prescription drugs, supplemental health insurance premiums, medical devices and orthotics, ambulance, travel expenses, dental, chiropractic, naturopath, homeopath and other medical treatments, or cost of specialized services required because of a medical or physical impairment. If any of these expenses were covered by insurance, please provide copies of all claims reports issued by the insurer.
- Note 6** Dependant must complete and sign form T2202 if the credit is being transferred to a supporting person.
- Note 7** Details regarding child care expenses for children 16 & under, including the name of the provider, social insurance number, if an individual, fees for camps, programs and lessons