

Personal Tax Return Check List



Your Name _____	SIN _____	Birth Date _____	MM/DD/YYYY
Your Spouse _____	SIN _____	Birth Date _____	
Address _____ _____ _____	Home Phone (____) _____ Cell Phone (____) _____ Email _____		

Marital Status: ☐ Married ☐ Common-Law ☐ Widowed ☐ Separated ☐ Divorced ☐ Single

Did your marital status change during the year? ☐ Yes ☐ No If yes, when? _____

Are we preparing a tax return for your spouse? ☐ Yes ☐ No

If No, please provide us:

Net income (from line 236 on page 3 of his/her tax return) _____

Dependant Name	Relationship	Birth Date MM/DD/YYYY	SIN	Net Income	Qualify for disability tax credit?
_____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yourself					<input type="checkbox"/> Yes <input type="checkbox"/> No
Your spouse					<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER IMPORTANT MATTERS (unless otherwise indicated we will assume the default response) **Default**

Did you dispose of a property in 2017 for which you are claiming a principal residence exemption? If Yes, provide details below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NO
Property was principal residence all years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NO
Property have been my principal residence some, but not all years owned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NO
Properties have been my principal residence for some or all of the years owned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NO
Address of the property _____ Year of acquisition _____ Years lived in _____			
Selling price \$ _____ Total of Selling Expenses (Lawyer, Realtor, Taxes) \$ _____			
Do you own/hold foreign property with a total cost of more than CAN \$100,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NO
Are you a Canadian citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES
Do you authorize CRA to provide information about you to Elections Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES
Do you want your tax refund deposited directly to your bank account? (Attach a void cheque if yes).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES
How do you want your tax return delivered once it has been completed?	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Pick

SOURCES OF INCOME

(Check if you have any of the following sources of Income and **INCLUDE RECEIPTS** in all cases)

Source	Slips
<input type="checkbox"/> Employment income	T4
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Profit sharing income	T4PS
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Old Age Security	T4(OAS)
<input type="checkbox"/> Canada Pension Plan	T4AP
<input type="checkbox"/> Other pensions/annuities	T4A
<input type="checkbox"/> Universal Child Care Benefit	RC62
<input type="checkbox"/> Employment Insurance benefits	T4E
<input type="checkbox"/> Dividend income	T3 or T5
<input type="checkbox"/> Interest income	T3 or T5
<input type="checkbox"/> Limited partnership income	T5013
<input type="checkbox"/> RRSP income	T4RSP
<input type="checkbox"/> RRSP withdrawals	T4RSP
<input type="checkbox"/> RRIF income	T4RIF
<input type="checkbox"/> Scholarships & bursaries	T4A
<input type="checkbox"/> Workers' Compensation benefits	T5007
<input type="checkbox"/> Social assistance payments	T5007
<input type="checkbox"/> Spousal support received	\$_____
<input type="checkbox"/> Child support (taxable)	\$_____
<input type="checkbox"/> Tips & gratuities	\$_____
<input type="checkbox"/> Other_____	\$_____
<input type="checkbox"/> Other_____	\$_____
<input type="checkbox"/> Other_____	\$_____
<input type="checkbox"/> Other_____	\$_____
<input type="checkbox"/> Other_____	\$_____
<input type="checkbox"/> Other_____	\$_____

DEDUCTIONS AND TAX CREDITS AVAILABLE

(Check if you have any of the following sources of Income and **INCLUDE RECEIPTS** in all cases)

Source	Amount
<input type="checkbox"/> RRSP Contribution	\$_____
<input type="checkbox"/> Union dues & professional fees	\$_____
<input type="checkbox"/> Child care expenses	\$_____
<input type="checkbox"/> Moving expenses	\$_____
<input type="checkbox"/> Interest paid on investment loans	\$_____
<input type="checkbox"/> Investment counselling fees	\$_____
<input type="checkbox"/> Safety deposit box charges	\$_____
<input type="checkbox"/> Transit passes (Jan – June 2017)	\$_____
<input type="checkbox"/> Interest paid on student loans	\$_____
<input type="checkbox"/> Tuition fees - Self	\$_____
<input type="checkbox"/> Tuition fees – Spouse/Children	\$_____
<input type="checkbox"/> Charitable donations	\$_____
<input type="checkbox"/> Political party Contributions - Fed	\$_____
<input type="checkbox"/> Political party Contributions - Provincial	\$_____
<input type="checkbox"/> First-time Home Buyer's amount	\$_____
<input type="checkbox"/> Home Buyers plan withdrawals	\$_____
<input type="checkbox"/> Home Buyers plan payments	\$_____
<input type="checkbox"/> Lifelong Learning Plan withdrawals	\$_____
<input type="checkbox"/> Lifelong Learning Plan payments	\$_____
<input type="checkbox"/> Tax installments paid to CRA	\$_____
<input type="checkbox"/> Other_____	\$_____

Check if you have any of the following deductions and ensure that you have receipts to support the items:

<input type="checkbox"/> Employment expenses	\$_____
<input type="checkbox"/> Spousal support payments	\$_____
<input type="checkbox"/> Child support payments	\$_____
<input type="checkbox"/> Medical expenses	\$_____

EMPLOYMENT EXPENSES

Please include a signed T2200 – Declaration of
Employment Conditions from your employer.

Travel	\$ _____
Parking	\$ _____
Supplies (stationery, other)	\$ _____
Telephone	\$ _____
Salaries paid to an assistant	\$ _____
Office rent	\$ _____
Accounting & legal*	\$ _____
Advertising & promotion*	\$ _____
Meals and entertainment*	\$ _____
Rental of office equipment *	\$ _____
Training*	\$ _____

*Applies to commission employees only

VEHICLE EXPENSES

Year and make of vehicle	_____
Purchase price	\$ _____
Date of purchase/sale	_____
Date lease began/ended	_____
Km driven for business purposes	_____
Total km driven during the year	_____

Expenses

Fuel	\$ _____
Repairs and maintenance	\$ _____
Insurance	\$ _____
Licensing & registration fees	\$ _____
Loan interest	\$ _____
Lease payments	\$ _____
Car washes	\$ _____
Parking	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

OTHER INCOME AND DEDUCTIONS

If you have other income and/or deductions that
are not listed above, please itemize below and
attach supporting receipts

SELF-EMPLOYED INCOME & EXPENSES

Name of business _____
Type of business _____
Names of partners and % owned _____
SIN # of partners _____
Revenue \$ _____

Expenses

Advertising	\$ _____
Meals & Entertainment	\$ _____
Bad debts	\$ _____
Insurance	\$ _____
Interest & bank charges	\$ _____
Licenses, dues, membership & subscriptions	\$ _____
Office expense	\$ _____
Supplies	\$ _____
Legal, accounting & other professional fees	\$ _____
Rent	\$ _____
Repairs & maintenance	\$ _____
Salaries	\$ _____
Travel	\$ _____
Telephone	\$ _____
Vehicle expenses	\$ _____

Equipment and Furniture purchases

_____	\$ _____
_____	\$ _____

GST Business number _____

Do the above amounts include
GST/HST? ☐ Yes ☐ No

Are we preparing your GST return? ☐ Yes ☐ No

If yes, attach return

HOME OFFICE (for Business and Employment)

Percentage of home used for business _____

Heat	\$ _____
Hydro	\$ _____
Water	\$ _____
Repairs & maintenance	\$ _____
Insurance**	\$ _____
Property taxes**	\$ _____
Rent	\$ _____
Mortgage Interest (self-employed)	\$ _____

*** applies to commission employees and
Self-employed only

RENTAL PROPERTY # 1

Include the **Statement of Adjustment** if purchased in reporting period year

Address _____

Name of partner, % owned, SIN # _____

Rental Income \$ _____

Expenses

Advertising \$ _____

Insurance \$ _____

Mortgage interest \$ _____

Office expenses \$ _____

Legal, accounting & other fees \$ _____

Management & Administration fees \$ _____

Repairs & maintenance \$ _____

Salaries, wages & benefits \$ _____

Property taxes \$ _____

Travel \$ _____

Utilities \$ _____

Other _____ \$ _____

Major renovations & purchases (ie: appliances)

_____ \$ _____

_____ \$ _____

SALE OF REAL ESTATE

Include the Statement of Adjustment for **both** sale and purchase

Address _____

Name of partners and % owned, SIN # _____

Date purchased _____

Purchase price \$ _____

Property transfer tax \$ _____

Legal costs paid on purchase \$ _____

Additions and/or major improvements

_____ \$ _____

_____ \$ _____

Date sold _____

Sale price \$ _____

Legal costs paid on sale \$ _____

Commissions paid on sale \$ _____

Other _____ \$ _____

Other _____ \$ _____

RENTAL PROPERTY # 2

Include the Statement of Adjustment if purchased in reporting period year

Address _____

Name of partner, % owned, SIN # _____

Rental Income \$ _____

Expenses

Advertising \$ _____

Insurance \$ _____

Mortgage interest \$ _____

Office expenses \$ _____

Legal, accounting & other fees \$ _____

Management & Administration fees \$ _____

Repairs & maintenance \$ _____

Salaries, wages & benefits \$ _____

Property taxes \$ _____

Travel \$ _____

Utilities \$ _____

Other _____ \$ _____

Major renovations & purchases (ie: appliances)

_____ \$ _____

_____ \$ _____

SALE OF REAL ESTATE

Include the Statement of Adjustment for **both** sale and purchase

Address _____

Name of partner, % owned, SIN # _____

Date purchased _____

Purchase price \$ _____

Property transfer tax \$ _____

Legal costs paid on purchase \$ _____

Additions and/or major improvements

_____ \$ _____

_____ \$ _____

Date sold _____

Sale price \$ _____

Legal costs paid on sale \$ _____

Commissions paid on sale \$ _____

Other _____ \$ _____

Other _____ \$ _____

SALE OF INVESTMENT (Not including investments in your RRSP or other registered plans)

Include the following documents for ALL NON-RRSP and NON-Registered plans:

December 31st year end statement

Realized gain/loss report from

broker

Brokers' statement for both purchase and sale (only if realized gain/loss report is not available)

[illegible]

Other information regarding your income tax not captured in the questionnaire

[illegible]