

PERSONAL TAX RETURN CHECKLIST

<input type="checkbox"/> New Client		<input type="checkbox"/> Existing Client (List changes if any to basic information)		MM / DD / YYYY
Your Name: _____	SIN# _____	_____	Birthdate _____	
Your Spouse: _____	SIN# _____	_____	Birthdate _____	
Address: _____		Did you move in the year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (provide receipts)
_____		Home number	() -	
_____		Work number	() -	
Email: _____		Cell number	() -	
		Spouse number	() -	

Marital Status:				
<input type="checkbox"/> Married	<input type="checkbox"/> Common-law	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Single
Did your marital status change during the year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide date _____
Are we preparing a tax return for your spouse?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If we are NOT preparing a tax return for your spouse, please provide the following:				
1. Universal Child Care Benefit from line 117 on page 2 of his/her current year tax return		_____		
2. Net Income figure from line 236 on page 3 of his/her current year tax return		_____		
List all dependants as of December 31, 20____:				
Name	Relationship	Birthdate MM/DD/YYYY	SIN #	Net Income (on current year return if prepared elsewhere)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Do you, your spouse or any of your dependants qualify for the disability tax credit? _____ If yes, indicate whom _____				

OTHER IMPORTANT MATTERS		DEFAULT
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
If yes, we require details on types of foreign property held and the Fair Market Value (FMV) of each property		
Are you a Canadian citizen?		YES
Do you authorize CRA to provide information about you to Elections Canada?		YES
Do you want your tax refund deposited directly to your bank account?		
<input type="checkbox"/> Yes (attach a void cheque) <input type="checkbox"/> Direct deposit requested last year	<input type="checkbox"/> No	NO
Please provide a copy of your previous years' NOTICE OF ASSESSMENT with this checklist		

NOTES / OTHER
If you have any changes to your basic information, any other income and/or deductions not listed above, please list below and attach supporting receipts/documentation.

PERSONAL TAX RETURN CHECKLIST

EMPLOYMENT EXPENSES	
Please include a signed T2200 - Declaration of Employment Conditions - signed by your employer	
Source	Slips to attach
<input type="checkbox"/> Travel	Receipts
<input type="checkbox"/> Parking	Receipts
<input type="checkbox"/> Office supplies	Receipts
<input type="checkbox"/> Telephone (cell & internet)	Receipts
<input type="checkbox"/> Salaries paid to an assistant	Receipts
<input type="checkbox"/> Office rent	Receipts
<input type="checkbox"/> Accounting & Legal *	Receipts
<input type="checkbox"/> Advertising & Promotion *	Receipts
<input type="checkbox"/> Rental of office equipment *	Receipts
<input type="checkbox"/> Training *	Receipts
* Applies to commission employees only	

VEHICLE EXPENSES	
Year and make of vehicle _____	
Purchase/sale price _____	
Date of purchase/sale ** _____	
Date lease began/ended ** _____	
** if purchased, leased or sold in tax year, include agreement	
KMs driven for business purposes in tax year _____	
Total KMs driven in tax year _____	
Expense	
Source	Slips to attach
<input type="checkbox"/> Fuel	Receipts
<input type="checkbox"/> Repairs and Maintenance	Receipts
<input type="checkbox"/> Insurance	Receipts
<input type="checkbox"/> Licensing & Registration	Receipts
<input type="checkbox"/> Loan interest	Receipts
<input type="checkbox"/> Lease payments	Receipts
<input type="checkbox"/> Car washes	Receipts
<input type="checkbox"/> Parking	Receipts

RENTAL PROPERTY	
Include the statement of adjustments if purchased in current year (found with legal purchase documents)	
Address _____	
Names of partners and % owned _____	
SIN# of partners _____	
Source	Slips to attach
<input type="checkbox"/> Rental Income	Sales receipts
Expenses	
<input type="checkbox"/> Advertising	Receipts
<input type="checkbox"/> Insurance	Receipts
<input type="checkbox"/> Mortgage Interest	Receipts
<input type="checkbox"/> Office Expenses	Statement
<input type="checkbox"/> Legal, accounting & other professional fees	Receipts
<input type="checkbox"/> Management & administration fees	Receipts
<input type="checkbox"/> Repairs & maintenance	Receipts
<input type="checkbox"/> Salaries, wages & benefits	Receipts
<input type="checkbox"/> Property taxes	Receipts
<input type="checkbox"/> Travel	Receipts
<input type="checkbox"/> Utilities	Receipts
<input type="checkbox"/> Other	Receipts
Major renovations & purchases	
_____	Receipts
_____	Receipts

SELF-EMPLOYED INCOME & EXPENSES	
Name of business _____	
Type of business _____	
Names of partners and % owned _____	
SIN# of partners _____	
Source	Slips to attach
<input type="checkbox"/> Revenue	Sales receipts
Expenses	
<input type="checkbox"/> Advertising	Receipts
<input type="checkbox"/> Meals & entertainment	Receipts
<input type="checkbox"/> Bad debts	Receipts
<input type="checkbox"/> Insurance	Statement
<input type="checkbox"/> Interest & bank charges	Receipts
<input type="checkbox"/> Licenses, dues, memberships & subscriptio	Receipts
<input type="checkbox"/> Rent	Receipts
<input type="checkbox"/> Repairs & maintenance	Receipts
<input type="checkbox"/> Salaries	Receipts
<input type="checkbox"/> Travel	Receipts
<input type="checkbox"/> Telephone	Receipts
<input type="checkbox"/> Vehicle expenses	Summarize
<input type="checkbox"/> Equipment & furniture purchases	Receipts
GST Business Number _____	
Do the above amounts include GST/HST? _____	
Are we preparing your GST Return? _____ if yes, attach return	

HOME OFFICE (for Business & Employment)	
Percentage of home used for business/employment _____	
Source	Slips to attach
<input type="checkbox"/> Heat	Receipts
<input type="checkbox"/> Hydro	Invoice
<input type="checkbox"/> Water	Invoice
<input type="checkbox"/> Repairs & maintenance	Receipts
<input type="checkbox"/> Insurance ***	Invoice
<input type="checkbox"/> Property Tax ***	Statement
<input type="checkbox"/> Rent	Receipts
<input type="checkbox"/> Mortgage Interest (self-employed only)	Statement
*** Applies to commission employees and self-employed only	

SALE OF REAL ESTATE	
Include the Statement of Adjustments for BOTH the sale and purchase	
Address _____	
Names of partners and % owned _____	
SIN# of partners _____	
Date Purchased _____	
Source	Slips to attach
Purchase Price	Purchase Agreement
Property transfer tax	Purchase Agreement
Legal costs paid on purchase	Purchase Agreement
Additions and/or major improvements	Receipts
Other _____	Receipts
Other _____	Receipts
Date Sold _____	
Sale Price	Sales Agreement
Legal costs paid on sale	Sales Agreement
Commission paid on sale	Sales Agreement
Other _____	Receipts
Other _____	Receipts

