

PLEASE PRINT, COMPLETE AND PROVIDE ALL DOCUMENTATIONS.

PERSONAL TAX INFORMATION CHECKLIST - PERSONAL INFORMATION

Did you move from/to house during the year? [Yes/No]: _____

Do you authorize Canada Revenue Agency to provide your name, address and date of birth to Elections Canada for the purpose of updating the National Register of Electors?
[Yes/No]: _____

Mr/Ms/Mrs _____ Name: _____
(Last/Family name, middle initial, first name)

SIN# _____ DOB _____ Marital status: _____

Spouses/Partners Name: _____
(Last/Family name, middle initial, first name)

SIN# _____ DOB _____ Number of dependants: _____

List dependants Name, SIN #, DOD, M/F: _____

Address _____

City: _____ Province: _____ Postal Code: _____

Telephone (home) _____ Telephone (work) _____

Fax-home: _____ preferred e-mail: _____

Number of Information Slips: (These are the standard prescribed forms on which income is reported)

T4, T4A: _____ (Employment, Commission, Directors fees or Scholarship income)

T4A or T4(P) or T4(OAS) or T4(RSP) or T4(RIF): _____ Pension Income slips

Do you receive any Foreign Pension or other Foreign Income: (Y/N) _____

T4(PS): _____ (Profit Sharing) **T4(E) or RC210:** _____ Employment or WSIB Benefits

RC62: _____ Universal Child Tax Credit

Did you receive Spousal or Child Support payments (Y/N): _____

T101 or T3 or T5 or T5006, 7, 8 or T5013 or S3Details: _____ Investment Income Slips

How many Buy/Sell Capital Gains/Loss transactions did you make in the taxation year: _____

T2202 or TL11: _____ Domestic or Foreign Education/Tuition Receipts

Did you **paid or received** any **other information slips**? Please describe: _____

You will need to provide official receipts for the accurate calculations of the following deductions/credits:

RRSP Contributions and information on Home Buyers (HBP) or Lifelong Learning Plan (LLP Charitable Donations.)
Medical expenses, including prescriptions, attendant, nursing and nursing home care expenses and all applicable Insurance plan re-imbusement documentations.
Letter from Nursing home identifying the proportion of property/rent vs. medical and other charges.
Political contributions (Federal or Provincial).
Professional/Union fees/dues
Convention fees.
Disability tax credit form(s) **T2201**
Receipt for Interest/Carrying charges or investment counselling fees as well as tax-return consultation and/or preparation fees.
Child care expenses indicating the name of child, duration in weeks and SIN# if attendant was an individual and not a company.
Moving expenses and accurate distance of move.
Statement of interest paid on student loans.
Public Transportation expense statement or validated receipts.

PLEASE ALSO INCLUDE:

- Pre-printed address labels from Canada Revenue Agency
- **Previous year Notice of Assessment and/or Reassessment.**
- Copy of your last filed personal tax and GST/HST return (if you are a first year client).

If you were Self-employed or received Professional or Rental income the following information, over and above the previously listed ones, is needed:

Registered business name or number.
Date business commenced.
Business activity – type of business.
Rental property income and expenses.
Business or professional income and expenses
HST collected and paid-out
Total vehicle expenses occurred for the whole year prorated to the actual applicable mileage used to earn employment income, self-employment or rental income.
Declaration of Condition of Employment (applicable tax year) **T2200**
Detailed listing of Assets purchased or disposed of during the business year including vehicles, office or other equipment, computers, furniture.
Uncollected (owed) billed invoices
Unpaid (owing) billed expenses
Workspace at home expenses where clients are being received.
Area of work/storage space vs. total living space in metres or feet _____x_____
Detailed Vehicle, Travel and Accommodation expenses occurred to earn income.

See next page for a list of common expenses:

Business – Self-employed	Vehicle expenses	Workspace at home
Sales: Taxes collected on sales: Cost of goods sold:	Make, Model and Year of Vehicle: Date of acquisition:	Area of Home for Business: _____ x _____ = _____
Advertising. Bad debts. Business tax. Delivery, freight, courier. Depreciation-Capital Cost Allowance on equipment/assets. Grooming. Insurance. Interest income Interest paid. Internet. Legal, accounting and other professional fees. Licences, dues, membership's. Maintenance and repairs. Management and administration fees. Meals and entertainment (total). Motor Vehicle expenses. Office expenses. Other (provide details). Private Health Services Plan Premiums. Rent-Property Tax. Salaries, wages, and benefits. Supplies. Telephone/Cell phone. Travel. Un-deducted losses. Uniform/Footwear. Utilities.	Cost of acquisition (before HST): Date of disposition: Monies received for disposed/traded vehicle: KM driven in Year (total): KM driven in year to earn income (total): Cost and length of term of vehicle financing: Monthly cost of leasing: Fuel and Oil: Maintenance and Repair: Business parking (only): Calculation of allowable Capital Cost Allowance: Calculation of allowable Leasing Cost: Calculation of allowable Loan Interest deduction: Calculation of Terminal Loss:	Total Area of Home: _____ x _____ = _____ Cleaning cost: Condo Maintenance or Common elements fee: Electricity-Hydro: Heat (Gas-Electric): Insurance: Landscaping or Snow-removal: Maintenance/Repair: Mortgage interest or Property taxes: Rent: Water/Garbage removal fees:
HST paid-out on expenses.		