

# Personal Tax Checklist

PERSONAL INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status
Phone	Cell	Fax	Email
Any family members disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you a Northern Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Did your marital status change during the year? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", please provide date __/__/____		Are we preparing a tax return for your spouse? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you authorize CRA to provide information about you to Elections Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SPOUSE INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
If you have selected "No" above for the preparation of your spouse's tax return, please provide the following information below for your spouse: <b>Net income Figure of his/her tax return:</b> _____			
CHILDREN INFORMATION			
Full Name – Child 1	S.I.N.	Birthdate	Citizenship
Attending Post-Secondary Education? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach T2202A</i>			
Full Name – Child 2	S.I.N.	Birthdate	Citizenship
Attending Post-Secondary Education? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach T2202A</i>			
Full Name – Child 3	S.I.N.	Birthdate	Citizenship
Attending Post-Secondary Education? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach T2202A</i>			
SALE OF PRINCIPAL RESIDENCE			
Did you sell your primary residence during the year?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide us with the Year of Acquisition of your principal residence and your Proceeds of disposition. <b>Year of Acquisition:</b> _____ <b>Proceeds of Disposition:</b> _____			
FOREIGN REPORTING			
Do you own foreign assets with a cost greater than \$100,000? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please provide details of ownership of foreign assets and transactions with foreign entities. Please note that PENALTIES ARE APPLICABLE if not reported.			
INCOME SOURCES CHECKLIST			
Employment T4 or T4A slips <input type="checkbox"/>	RRSP, DPSP, RPP, RRIF, RESP <input type="checkbox"/>		
Pension (T4/T4OAS/T4AP) <input type="checkbox"/>	Estates/Trusts/Mutual Fund T3 <input type="checkbox"/>		
Employment Insurance <input type="checkbox"/>	Other: <input type="checkbox"/>		
Interest/Dividends/Capital Gains T5/T5013 <input type="checkbox"/>	Other: <input type="checkbox"/>		
Other Investments T5013/T5008 <input type="checkbox"/>	Other: <input type="checkbox"/>		
TAX DEDUCTIONS / CREDITS CHECKLIST (with official receipts)			
RRSP Contribution <input type="checkbox"/>	Student Loan Interest Statement <input type="checkbox"/>		
Union/Professional Dues <input type="checkbox"/>	Medical Expenses <input type="checkbox"/>		

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Child Care Expenses (Incl. Name & SIN of Recipient)	<input type="checkbox"/>	Disability Certificate (T2201)	<input type="checkbox"/>
Charitable Donations (Indicate if gift "in-kind")	<input type="checkbox"/>	Political Donations	<input type="checkbox"/>
Moving Expenses	<input type="checkbox"/>	Monthly Transit Passes ( <i>provide up to June 2017</i> )	<input type="checkbox"/>
Accounting Fees	<input type="checkbox"/>	First-time Home Buyer ( <i>provide acquisition date of home</i> )	<input type="checkbox"/>
Interest Paid on Non-Registered Investments	<input type="checkbox"/>	BC Education Coaching Tax Credit ( <i>for teachers, principals, and teaching assistants</i> )	<input type="checkbox"/>
Investment Counsel Fees	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Tuition Fees (T2202A – Signed by Student)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
<b>OTHER IMPORTANT DOCUMENTS CHECKLIST</b>			
Notice of (Re)Assessment for Prior Year(s)	<input type="checkbox"/>	Tax Shelters	<input type="checkbox"/>
Mutual Fund Investment Summary Statement	<input type="checkbox"/>	T2200 Employer Authorization for Expenses (Please see <b>Appendix A</b> below)	<input type="checkbox"/>
Sale of Property – Details	<input type="checkbox"/>	Child Support Received	<input type="checkbox"/>
Sale of Real Estate – Lawyer Stmt. of Adjustments	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sale of Stock Option Shares/Investments Summary	<input type="checkbox"/>	Other:	<input type="checkbox"/>

OTHER INFORMATION CHECKLIST (please provide if necessary)			
Employment/Commission Expenses <i>(Please provide detail listing of employment expenses in <b>Appendix A</b>)</i>	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Automobile Expenses (If Eligible)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Alimony/Maintenance Paid or Received	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Dependent's Income	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Foreign Income and Foreign Taxes Paid	<input type="checkbox"/>	Other:	<input type="checkbox"/>
List of Foreign Property Owned	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Rental Income and Expenses <i>(Please provide detail listing of rental income and expenses per property below in <b>Appendix B</b>)</i>	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Self-Employment Income and Expenses <i>(Please provide detail listing of the income and expenses below in <b>Appendix C</b>)</i>	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Signed T1 Engagement Letter	<input type="checkbox"/>	Other:	<input type="checkbox"/>

INSTALLMENT PAYMENTS
Have you made installment payments for the tax year? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", how much? _____
DIRECT DEPOSIT/ TAX REFUND
Do you want your tax refund deposited directly to your bank account? YES <input type="checkbox"/> (Please attach a void cheque) Direct Deposit already requested last year <input type="checkbox"/> NO <input type="checkbox"/>
TAX RETURN DELIVERY METHOD
How do you want your tax return delivered once it has been completed by our staff? Please check all that apply. Electronic copy sent to my email above <input type="checkbox"/> Mail to my Home Address <input type="checkbox"/> Hold for Pick-up <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>

**APPENDIX A: EMPLOYMENT EXPENSES** (Please attach a signed T2200-*Declaration of Employment conditions* from your employer)

Travel	\$ _____
Parking	\$ _____
Office Supplies	\$ _____
Telephone	\$ _____
Office Rent	\$ _____

**For Commission Employees only\*:**

Accounting & Legal Fees*	\$ _____
Advertising & Promotion*	\$ _____
Meals and Entertainment*	\$ _____
Rental of Office Equipment*	\$ _____
Training*	\$ _____

**Vehicle Expenses (If Applicable):**

Year and Make & Model	_____
Purchase/Sale Price	_____
Date of Purchase/Sale	_____
If leased, Date Lease began?	_____
KMs driven for business purpose	_____
Total KMs driving in the year	_____
Fuel	_____
Repairs & Maintenance	_____
Insurance	_____
Licensing & Registration Fees	_____
Loan Interest	_____
Lease payments	_____
Car Washes	_____
Parking	_____
Other: _____	_____

**APPENDIX B: RENTAL PROPERTY SUMMARY (Please prepare this form for EACH rental income-producing property)**

**DETAILS OF PROPERTY**

Address of Rental Property: \_\_\_\_\_ City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Ownership Percentage (%) \_\_\_\_\_

**RENTAL INCOME:**

**Gross Rental Income**        \$ \_\_\_\_\_

**RENTAL EXPENSES:**

Advertising                    \$ \_\_\_\_\_  
 Insurance                      \$ \_\_\_\_\_  
 Mortgage Interest          \$ \_\_\_\_\_  
 Office Expense                \$ \_\_\_\_\_  
 Legal, Accounting &        \$ \_\_\_\_\_  
 Other Professional fees  
 Management & Admin        \$ \_\_\_\_\_  
 Repairs & Maintenance      \$ \_\_\_\_\_  
 Salaries and Wages          \$ \_\_\_\_\_  
 Property Taxes                \$ \_\_\_\_\_  
 Travel                            \$ \_\_\_\_\_  
 Utilities                         \$ \_\_\_\_\_  
 Other \_\_\_\_\_                \$ \_\_\_\_\_

Did you have make any major renovations or any purchases (i.e. appliances) during the tax year?

YES     NO

If "YES", please provide the details of the renovations/purchase and provide the cost amount below:

Renovation/Purchase Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**APPENDIX C: SELF-EMPLOYED INCOME AND EXPENSES (Please provide this form for EACH Business)**

**DETAILS OF BUSINESS:**

Name of business \_\_\_\_\_ Type of business \_\_\_\_\_  
 Names of Partners and Percentage (%) owned \_\_\_\_\_

**REVENUE:**

Gross Receipts/ Sales \$ \_\_\_\_\_

**EXPENSES:**

Bad Debts \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Meals and Entertainment \$ \_\_\_\_\_  
 Interest & Bank Charges \$ \_\_\_\_\_  
 Licenses, Dues, and Memberships/Subscriptions \$ \_\_\_\_\_  
 Office Expense \$ \_\_\_\_\_  
 Supplies \$ \_\_\_\_\_  
 Professional Dues \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_  
 Repairs & Maintenance \$ \_\_\_\_\_  
 Salaries \$ \_\_\_\_\_  
 Travel \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Other Utilities: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Vehicle Expenses \$ \_\_\_\_\_

Do the amounts above include GST/HST? YES  NO

Are we preparing your GST Return? YES  NO

Please provide GST Business Number: \_\_\_\_\_