LOHN CAULDER LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

Personal Tax Checklist

PERSONAL INFORMATION

Full Name	S.I.N.	Birthdate	Citizenship
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status

Primary phone	Secondary phone	Fax	Email

Any family members disabled? YES ☐ NO ☐	Do you authorize CRA to provide information about you to Elections Canada? YES ☐ NO ☐

SPOUSE'S INFORMATION

Full Name	S.I.N.	Birthdate	Citizenship

If we are not preparing your spouse's tax return: **Taxable income figure from line 26000 of their tax return:** ___________________

If your marital status changed during the year, please provide the date it changed (MM/DD/YYYY): ____/____/______

CHILDREN'S INFORMATION

Full Name – Child 1	S.I.N.	Birthdate	Email

Attending Post-Secondary Institution? YES ☐ NO ☐ *- If yes please attach T2202A*

Full Name – Child 2	S.I.N.	Birthdate	Email

Attending Post-Secondary Institution? YES ☐ NO ☐ - If yes please attach T2202A

Full Name – Child 3	S.I.N.	Birthdate	Email

Attending Post-Secondary Institution? YES ☐ NO ☐ - If yes please attach T2202A

SALE OF PRINCIPAL RESIDENCE

Did you sell your principal residence during the year? YES ☐ NO ☐

If YES: Year of Acquisition: ________________ Proceeds of Disposition: ________________

Did you own any other properties that could qualify as a principal residence? YES ☐ NO ☐

FOREIGN REPORTING

Do you own foreign assets with a cost greater than $100,000 CAD? YES ☐ NO ☐

INCOME SOURCES CHECKLIST

Employment (T4 or T4A)	☐	RRSP, RRIF, RESP (T4RSP/T4RIF/T4A)	☐
Government pensions (T4A[OAS]/T4A[P])	☐	Estates/Trusts/Mutual Fund (T3)	☐
Employment Insurance (T4E)	☐	Interest/Dividends/Capital Gains (T3/T5/T5013)	☐

TAX DEDUCTIONS / CREDITS CHECKLIST (with official receipts)

RRSP Contributions	☐	National Student Loan Interest	☐
Open FHSA Account / Made FHSA Contributions	☐	Medical Expenses (net of any reimbursements)	☐
Union/Professional Dues	☐	Charitable or Political Donations (official receipts)	☐
Child Care Expenses (Incl. Name & SIN of Recipient)	☐	First-time Home Buyer?	☐
Moving Expenses (if at least 40km's closer to work)	☐	Eligible educator who pays for their own supplies?	☐
Accounting Fees (other than Lohn Caulder's fees)	☐	Tuition Fees (T2202A – Signed by Student)	☐
Interest/Fees Paid on Investments (Non-Registered)	☐	Government Subsidy benefits (ie. CERB / CRB) repaid	☐

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OTHER IMPORTANT DOCUMENTS CHECKLIST			
Mutual Fund Investment Summary Statement	☐	Tax Shelters (T101/T5013/Annual Reports)	☐
Sale of Property: Address, Cost of property	☐	T2200 Employer Authorization for Expenses (Please see **Appendix C** below)	☐
Sale of Property: Seller's Statement of Adjustments	☐	Court-Ordered Spousal Support Payments *Paid*	☐
Sale of Shares: Gain/Loss Summary from Broker	☐	Court-Ordered Spousal Support Payments *Received*	☐
New Clients: Notice of Assessment for Prior Year	☐	**New Clients**: T1 Tax Return Filed for Prior Year	☐
New Clients: Signed CRA Authorization Form (Included after Appendix C below)	☐	Other: ______________________________	☐

OTHER INFORMATION CHECKLIST (please provide if necessary)			
Rental Income and Expenses (Please provide detail listing of rental income and expenses per property below in **Appendix A**)	☐	List of foreign property owned, including: Country of Origin ☐ Fair Market Value at Year-End ☐ Highest Fair Market Value for The Year ☐ Total Income and Total Capital Gains ☐	
Self-Employment Income and Expenses *(*Please provide detail listing of the income and expenses below in **Appendix B***)*	☐		
Employment/Commission Expenses *(*Please provide detail listing of employment expenses **in Appendix C***)*	☐	Signed T1 Engagement Letter (available online)	☐
Other: ______________________________	☐	Other: ______________________________	☐
Other: ______________________________	☐	Other: ______________________________	☐

DECEASED TAXPAYER CHECKLIST	
If the taxpayer passed away last year, please fill out Appendix D ______________________________	☐

INSTALLMENT PAYMENTS	
Have you made installment payments for the tax year?	YES ☐ NO ☐
If YES: how much for yourself?	$__________________
If YES: how much for your spouse?	$__________________
If YES: how much for each child?	$__________________

DIRECT DEPOSIT/ TAX REFUND	
Has Your Direct Deposit Information Already Been Provided to CRA?	YES ☐ NO ☐
If NO: If You Would Like to Have Tax Refunds Directly Deposited, provide us with either:	
A Void Cheque	☐
OR	
Branch Number (5 digits)	______________________
Institution Number (3 digits)	______________________
Account Number (Maximum 12 digits)	______________________

APPENDIX A: 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 (%) ____________
Full Name and SIN of Co-Owners ______________________
____

RENTAL INCOME:		Did you pay for any major renovations or large purchases (i.e. appliances) during the tax year?
Gross Rental Income	$ ________	
RENTAL EXPENSES:		YES ☐ NO ☐
Advertising	$ ________	If "YES", please provide the details of the renovations/purchase and provide the cost amount below:
Insurance	$ ________	
Mortgage Interest	$ ________	
Office Expense	$ ________	
Legal & Accounting	$ ________	**Renovation/Purchase**
Management & Admin	$ ________	**Amount** **Description**
Repairs & Maintenance	$ ________	$ ________ ________________
Property Taxes	$ ________	$ ________ ________________
Travel	$ ________	$ ________ ________________
Utilities	$ ________	$ ________ ________________
Other (please specify)	$	$ ________ ________________
________________	________	
________________	________	
________________	________	
________________	________	
Net Rental Income	$ ________	

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed. Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid. CRA also requires that automobile expense claims be supported by a mileage log.

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APPENDIX B: 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	$ __________
Office Expense	$ __________
Supplies	$ __________
Professional Dues	$ __________
Rent	$ __________
Repairs and Maintenance	$ __________
Salaries	$ __________
Travel	$ __________
Telephone and Utilities	$ __________
Vehicle Expenses:	
Year, Make and Model	______________________________
Kilometers Driven for Business	__________ KMs
Total Kilometers Driven	__________ KMs
If Leased, Date Lease began?	______________________________
Purchase/Sale Price	$ __________
Gas	$ __________
Insurance	$ __________
Repairs & Maintenance	$ __________
Interest on Auto Loans	$ __________
Leasing	$ __________
Is your business registered for GST?	YES ☐ NO ☐ If yes, what is your GST number? __________
Is GST included in the above amounts?	YES ☐ NO ☐

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed. Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid. CRA also requires that automobile expense claims be supported by a mileage log.

APPENDIX C: EMPLOYMENT EXPENSES* (Please attach a signed T2200-*Declaration of Employment conditions* from your employer)	
Travel	$ ____________
Parking	$ ____________
Office Supplies	$ ____________
Telephone	$ ____________
Office Rent	$ ____________
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*	____________ Km's
Total KMs driving in the year*	____________ Km's
Fuel	$ ____________
Repairs & Maintenance	$ ____________
Insurance	$ ____________
Licensing & Registration Fees	$ ____________
Loan Interest	$ ____________
Lease payments	$ ____________
Car Washes	$ ____________
Parking	$ ____________
Other:	$ ____________
For Commission Employees only:	
Accounting & Legal Fees	$ ____________
Advertising & Promotion	$ ____________
Meals and Entertainment	$ ____________
Rental of Office Equipment	$ ____________
Training	$ ____________

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed. Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid. CRA also requires that automobile expense claims be supported by a mileage log.

Terminal Return Checklist

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APPENDIX D: TERMINAL TAX RETURNS			
PERSONAL INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status
Please provide copy of the will ☐		Copy of death certificate ☐	
Copy of probate / grant of administration ☐		Statement of assets, liabilities, and distribution ☐	
EXECUTOR'S INFORMATION			
Full Name	Email	Phone number	
DEEMED DISPOSITION OF PRINCIPAL RESIDENCE			
Was the taxpayer the **sole** owner of a principal residence during the year (if surviving spouse check off no)?			YES ☐ NO ☐
If YES: Year of Acquisition**:** ______		Fair Market Value at Death**:** ______	
Did taxpayer own any other properties that could qualify as a principal residence?			YES ☐ NO ☐
CONSIDERATIONS WHEN TAXPAYER IS OVER 65			
CPP (T4A[P]) ☐		CPP **Death** Benefit (T4A[P]) ☐	
Old Age Security (T4A[OAS]) ☐		RRSP **deemed** receipt (T4RSP *amount in box 34*) ☐	
RRSP (T4RSP *only if there was a withdrawal*) ☐		RRIF **deemed** receipt (T4RIF *amount in box 18)* ☐	
RRIF (T4RIF) ☐		RC249 Form (when the RRIF has been paid out to beneficiaries at a value less than at death) ☐	
Pensions (T4A) ☐			
CONSIDERATIONS WHEN TAXPAYER HAS NON-REGISTERED INVESTMENTS			
Interest /Dividends/Capitals Gains (T3/T5/T5013) ☐		Estates/Trusts/Mutual Funds (T3) ☐	
Sale of Shares: Gain/Loss Summary from Broker ☐		Deemed Disposition of Shares: Investment holding summary at the date of death, from Broker ☐	
TAX DEDUCTIONS/CREDITS CHECKLIST			
Interest/Fees Paid on Investments (non-registered) ☐		Medical Expenses (net of any reimbursements) ☐	
Charitable or Political Donations (official receipts) ☐			