



Chartered Professional Accountants
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PERSONAL INCOME TAX RETURN CHECKLIST

PERSONAL INFORMATION

Your name _____ / _____ SIN # _____ / _____ / _____ Birth Date _____ / _____ / _____
 Your spouse _____ / _____ SIN # _____ / _____ / _____ Birth Date _____ / _____ / _____
First Last DD MM YY

Address _____
City Postal code

Did you land in or move out in the year Yes No
 Date of landing _____ / _____ Date of departure _____ / _____
DD MM DD MM

Home Tel: () _____ - _____
 Work / Cell: () _____ - _____
 Spouse Tel: () _____ - _____

Email: _____

Marital Status Married Widowed Divorced Common-law Separated Single

Did your marital status changed during the year? Yes No If yes; please provide date _____ / _____
DD MM

Did you or your spouse receive or pay support payment? No Yes If yes, please state \$ _____

Are we preparing tax return for your spouse? Yes No

If we are **not** preparing a tax return for your spouse, please provide the following:
 Net income from line 236 of his/her same year's tax return \$ _____

List any dependents who were 18 years of age or under as of December 31st of the taxation year:

	<u>Name</u>	<u>Relationship</u>	<u>Net income</u>	<u>Birth Date</u>	<u>SIN #</u>
1)	_____ / _____	_____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
2)	_____ / _____	_____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
3)	_____ / _____	_____	\$ _____	_____ / _____ / _____	_____ / _____ / _____
4)	_____ / _____	_____	\$ _____	_____ / _____ / _____	_____ / _____ / _____

First Last DD MM YY

Do you, your spouse or any of your dependant qualify for the disability amount credit? _____ (if yes; indicate whom)

Delivery of return and other important questions (Unless otherwise indicated we will assume the default response)

	Yes	No	Default
Do you want your return be filed Electronically?	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Do you own foreign property any time in taxation year with a cost of more than C\$100,000?	<input type="checkbox"/>	<input type="checkbox"/>	No
Are you a Canadian citizen?	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Do you authorize CRA to provide information about you to Election Canada?	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Who is applying for GST/HST credit? (entitlement is determined based on family income)	<input type="checkbox"/> You	<input type="checkbox"/> Spo.	You
Did you or your spouse filed a bank ruptcy in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	No
Do you or your spouse have any arrears or unpaid taxes to CRA?	<input type="checkbox"/>	<input type="checkbox"/>	No
How would you like to pay our fee?	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	
Do you want your tax refund be deposited directly to your bank account?			
If yes <input type="checkbox"/> (attach void cheque) <input type="checkbox"/> Already set up for Direct deposit (no void cheque required) <input type="checkbox"/> No			Mail

SOURCES OF INCOME

Check if you have any of the following sources of income:

<u>Source</u>	<u>Slip to bring</u>
<input type="checkbox"/> Employment income	T4
<input type="checkbox"/> Pension, annuity, other income	T4A
<input type="checkbox"/> Employment Insurance benefits	T4E
<input type="checkbox"/> Profit sharing income	T4PS
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Old Age Security	T4(OAS)
<input type="checkbox"/> Canada Pension Plan	T4AP
<input type="checkbox"/> RRSP Income	T4RSP
<input type="checkbox"/> RRIF Income	T4RIF
<input type="checkbox"/> Withdrawal from RRSP	T4RSP
<input type="checkbox"/> Workers Safety Insurance	T5007
<input type="checkbox"/> Social Assistance payments	T5007
<input type="checkbox"/> Scholarships and bursaries	T4A
<input type="checkbox"/> Dividends/Investment income	T3 or T5
<input type="checkbox"/> Interest	T5
<input type="checkbox"/> Share from Limited Partnership	T5007
<input type="checkbox"/> Universal Child Care benefit	RC62
<input type="checkbox"/> Foreign income	Slip/info
<input type="checkbox"/> Other _____	Proof
<input type="checkbox"/> Other _____	Proof
<input type="checkbox"/>	
<input type="checkbox"/> Rental Income	Summarize on page 4
<input type="checkbox"/> Sales of Real Estate	Summarize on page 4
<input type="checkbox"/> Sales of Securities	Summarize on page 4
<input type="checkbox"/> Self-employed income	Summarize on page 3
<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> Child support (taxable)	\$ _____
<input type="checkbox"/> Tips and gratuities	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/>	

If you have other income and/or deductions that are not listed above please specify in the other line provided.

DEDUCTIONS AND TAX CREDITS AVAILABLE

Check if you have any of the following deductions and include **ORIGINAL RECEIPTS** in all cases:

<u>Source</u>	<u>Amount</u>
<input type="checkbox"/> RRSP Contributions	\$ _____
<input type="checkbox"/> Investment loan interest	\$ _____
<input type="checkbox"/> Safety deposit box charges	\$ _____
<input type="checkbox"/> Investment counselling fee	\$ _____
<input type="checkbox"/> Homebuyers Plan withdrawals/Pymts	\$ _____
<input type="checkbox"/> Life Learning Plan withdrawals/Pymts	\$ _____
<input type="checkbox"/> Moving exp. (Min.40km closer to work)	\$ _____
<input type="checkbox"/> Union dues and profession fees	\$ _____
<input type="checkbox"/> Childcare expenses	\$ _____
<input type="checkbox"/> Charitable donations	\$ _____
<input type="checkbox"/> Political party contributions - Federal	\$ _____
<input type="checkbox"/> Political party contributions - Ontario	\$ _____
<input type="checkbox"/> Labour sponsored funds contributions	\$ _____
<input type="checkbox"/> Tuition fees - Self	\$ _____
<input type="checkbox"/> Tuition fees - Spouse/Children	\$ _____
<input type="checkbox"/> Rent paid	\$ _____
<input type="checkbox"/> Property taxes paid	\$ _____
<input type="checkbox"/> Interest paid on student loans	\$ _____
<input type="checkbox"/> Tax instalments paid to government	\$ _____
<input type="checkbox"/> Transit passes (only monthly passes)	\$ _____
<input type="checkbox"/> Children's fitness / summer camp	\$ _____
<input type="checkbox"/> Home Renovation Tax credit	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

Check if you are eligible for the following deductions and ensure that you have receipts to support them. If you are not sure attach receipts and we will determine eligibility.

<input type="checkbox"/> Employment expenses	Summarize on page 3
<input type="checkbox"/> Alimony payments made	\$ _____
<input type="checkbox"/> Child support (only if deductible)	\$ _____
<input type="checkbox"/> Medical expenses	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

AUTOMOBILE EXPENSES (business & employment)

Year and make of automobile _____
 Year of purchase _____
 Purchase price \$ _____
 Total KM driven in the year _____
 Total KM driven for business _____

<u>Expenses</u> (Report total for the year)	<u>Amount</u>
Fuel	\$ _____
Repair & maintenance	\$ _____
Insurance	\$ _____
Licence / sticker renewal	\$ _____
Loan interest (for financed auto)	\$ _____
Lease payments	\$ _____
407 ETR	\$ _____
Car washes	\$ _____
Parking (business only)	\$ _____
Other	\$ _____
Other	\$ _____

Specify if any automobile acquired/disposed off during the year. _____

EMPLOYMENT EXPENSE

Please include signed T2200 Conditions of employment From from employer.

<u>Expenses</u>	<u>Amount</u>
Accounting fee	\$ _____
Advertising & promotion	\$ _____
Food, beverage & entertainment	\$ _____
Lodging	\$ _____
Parking	\$ _____
Supplies (i.e. postage, stationery)	\$ _____
Telephone	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Office in home Summarize in above table
 Automobile expenses Summarize in above table

* Please mention the \$____ received for mileage travelled

HOME OFFICE EXPENSES (business & employment)

Percentage of home used for business _____

<u>Expenses</u>	<u>Amount</u>
Heat	\$ _____
Hydro	\$ _____
Water	\$ _____
Insurance (*see below)	\$ _____
Maintenance & repairs	\$ _____
Mortgage interest (self-employed only)	\$ _____
Property taxes (*see below)	\$ _____
Rent	\$ _____
Other	\$ _____
Other	\$ _____

* applicable for self-employed and commission employees

SELF-EMPLOYED INCOME AND EXPENSES

Name of business _____
 Type of business _____
 Main product or services _____
 Name of partner and % owned _____
 SIN # of partner _____

Income (excl. GST/HST): \$ _____

Expenses:

Advertising	\$ _____
Licences, dues, memberships & subs..	\$ _____
Insurance	\$ _____
Interest and bank charges	\$ _____
Meals and entertainment	\$ _____
Office supplies	\$ _____
Legal and accounting	\$ _____
Rent	\$ _____
Salaries	\$ _____
Telephone	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Equipment and furniture purchased	\$ _____
GST/Business Number	_____
Do above amounts include GST/HST?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RENTAL PROPERTY

(If property was purchased during the year, please provide the Agreement of Purchase and the Lawyer's reporting letter).

Address of the property _____

Name of partner & % owned _____

SIN # of partner _____

Income \$ _____

Expenses:

Insurance \$ _____

Mortgage Interest \$ _____

Repairs and maintenance \$ _____

Property taxes \$ _____

Utilities (owner paid portion) \$ _____

Advertising \$ _____

Management & administration \$ _____

Professional fee \$ _____

Other _____ \$ _____

Major renovations & purchases (i.e. appliances):

Specify _____ \$ _____

SALES OF REAL ESTATE (other than self-occupied house)

(Please provide the Agreement of Purchase and Sale and the Lawyer's reporting letter for BOTH your sale and purchase)

Address of property _____

Name of partner % % owned _____

SIN # of partner _____

Date purchased _____

Purchase price \$ _____

Legal and other costs of purchase \$ _____

Additions and/or major improvements \$ _____

1) _____ \$ _____

2) _____ \$ _____

Sales price \$ _____

Legal and other costs on sale \$ _____

Commission paid to Realtor \$ _____

Other _____ \$ _____

Other _____ \$ _____

SALES OF SECURITIES (in non-RRSP or other registered plan) Please provide broker's statement of activity.

Name of stock	US\$ (Y/N)	Date sold	Number of shares	Sales price	Purchase price (Must bring)	Commission
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____

Notes:

- 1) Please ensure that the sale price and the purchase price is total number of shares sold.
- 2) The above summary should also include transfers (including systematic withdrawals) or sales of mutual funds during the year.
- 3) Please provide the Dec.31st year-end statements of all non-RRSP or other registered mutual funds. These statements should have been sent to you by the mutual fund companies or brokers in the following January.

Any questions please call:

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