

T1 Personal Tax Return

madan

CHARTERED ACCOUNTANT

Professional Corporation

To help you assemble your financial information for the preparation of your personal income tax return, please keep this checklist handy. The checklist should be completed and returned to us together with the financial information assembled.

Personal Contact

Your Name: _____

SIN Number: _____

Date of Birth _____ / _____ / _____ MM / DD / YY

Your Phone: _____

Work Phone: _____

E-Mail _____

Address _____

City _____

Province/State _____ Postal Code _____

Country _____

Spouse Name: _____

SIN Number: _____

Date of Birth _____ / _____ / _____ MM / DD / YY

Spouse Phone: _____

Work Phone: _____

E-Mail _____

Address _____

City _____

Province/State _____ Postal Code _____

Country _____

Did you move in Yes No

Did you move in Yes No

Marital Status: Married Common-Law Widowed Separated Divorced Single

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Did your Marital Status change during the year Yes No

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If Yes, Provide Date: _____ / _____ / _____ MM / DD / YY

Are we preparing a tax return for your spouse? Yes No

If we are NOT preparing a tax return for your spouse, please provide the following.

Universal Child Care Benefit from Line 117 on page 2 \$ _____

Income figure from Line 236 on page 3 \$ _____

List All dependants

Name	Relationship	Birthday MM/DD/Y Y	SIN #	Net Income During
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____

Do you or your spouse or any of your dependants qualify for the disability Tax Credit? _____ If Yes, Indicate whom _____

Other important matters (otherwise indicate we will assume the default response)

- Do you own/hold foreign property with a total cost of more than CAN \$100,000? Yes No
- Are you a Canadian Citizen? Yes No
- Do you authorize CRA to provide information about you to Elections Canada? Yes No

(+) Have you made installment payments for the Tax year? Yes, No - If Yes, how much? \$ _____

Do you want your tax refund deposited directly to your bank account?

- Yes (Attach a void cheque) Direct deposit requested last year No

How do you want your tax return delivered once it has been completed by our staff? Check all that apply.

- Electronic copy sent to my email above Mail to my home address Courier to my home address
- Hold for pick-up Other (please specify) _____

PLEASE PROVIDE A COPY OF YOUR FROM LAST YEAR.

NOTICE OF ASSESSMENT WITH THIS CHECKLIST & YOUER TAX RETURN

Source of Income

(Check if you have any of the following sources of income and INCLUDE RECEIPTS in all cases.)

Source	Slips to attach
<input type="checkbox"/> Employment income	T4
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Profit sharing income	T4PS
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Old Age Security	T4(OAS)
<input type="checkbox"/> Canada Pension Plan	T4AP
<input type="checkbox"/> Other pensions/annuities	T4A
<input type="checkbox"/> Universal Child Care Benefit	RC62
<input type="checkbox"/> Employment Insurance benefits	T4E
<input type="checkbox"/> Dividend income	T3 or T5
<input type="checkbox"/> Interest income	T3 or T5
<input type="checkbox"/> Limited partnership income	T5013
<input type="checkbox"/> RRSP income	T4RSP
<input type="checkbox"/> RRSP withdrawals	T4RSP
<input type="checkbox"/> RRIF income	T4RIF
<input type="checkbox"/> Scholarships & bursaries	T4A
<input type="checkbox"/> Workers' Compansation benefits	T5007
<input type="checkbox"/> Social assistance payments	T5007
<input type="checkbox"/> Self-employed income	Summarize on page 3
<input type="checkbox"/> Rental income	Summarize on page 4
<input type="checkbox"/> Sale of investments	Summarize on page 4
<input type="checkbox"/> Sale of real estate	Summarize on page 4
<input type="checkbox"/> Spousal support received	\$ _____
<input type="checkbox"/> Child support (taxable)	\$ _____
<input type="checkbox"/> Tips & gratuities	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

Deductions and Tax Credits Available

(Check if you have any of the following deductions and INCLUDE RECEIPTS in all cases.)

Source	Amount
<input type="checkbox"/> RRSP contributions	
<input type="checkbox"/> Union dues & professional fees	
<input type="checkbox"/> Child care expenses	
<input type="checkbox"/> Moving expenses	
<input type="checkbox"/> Interest paid on investment loans	
<input type="checkbox"/> Investment counseling fees	
<input type="checkbox"/> Safety deposit box charges	
<input type="checkbox"/> Public transit passes	
<input type="checkbox"/> Children's Fitness amount	
<input type="checkbox"/> Children's Arts amount	
<input type="checkbox"/> Interest paid on student loans	
<input type="checkbox"/> RRSP contributions	
<input type="checkbox"/> Tuition fees - Self T2202	
<input type="checkbox"/> Tuition fees - Spouse/Children	
<input type="checkbox"/> Charitable donations	
<input type="checkbox"/> Political party contributions - Federal	
<input type="checkbox"/> Political party contributions - Provincial	
<input type="checkbox"/> First-time Home Buyer's amount	
<input type="checkbox"/> Home Buyers Plan withdrawals/payments	
<input type="checkbox"/> Lifelong Learning Plan withdrawals/payments	
<input type="checkbox"/> Tax instalments paid to CRA	
<input type="checkbox"/> Other _____	\$ _____

(Check if you have any of the following deductions and ensure that you have the receipts to support the following items. If unsure, attach receipts.)

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

Other Income and/or Deductions

If you have other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.

Employment Expenses

Please include a signed T2200- Declaration of Employment Conditions from your employer.

Travel	\$	_____
Parking	\$	_____
Supplies (stationary, Other)	\$	_____
Telephone	\$	_____
Salaries paid to an assistant	\$	_____
Office Rent	\$	_____
Accounting & Legal (See * Below)	\$	_____
Advertising & Promotion (See * Below)	\$	_____
Meals & Entertainment (See * Below)	\$	_____
Rental of Office Equipment (See * Below)	\$	_____
Training (See * Below)	\$	_____
Vehicle Expenses		Summarized below
Home Office Expense		Summarized below

* Applies to commission employees only

Vehicle Expenses

Year, Make, & Model _____
 Purchase/Sale Price \$ _____
 Date of Purchase/Sale (See**Below) \$ _____
 Date lease Began/Ended (See**Below) \$ _____

**If purchased, leased or sold in _____, include relevant agreements.

KMs driven for business purposes _____
 Total KMs Driven _____

Expense

Fuel	\$	_____
Repairs & Maintenance	\$	_____
Insurance	\$	_____
Licensing & Registration Fees	\$	_____
Loan Intrest	\$	_____
Lease Payments	\$	_____
Car Washes	\$	_____
Parking	\$	_____
Other	\$	_____

Self-Employed Income & Expenses

Name of Business: _____
 Types of Business: _____
 Names of partners and % owned: _____ %
 SIN# of Partners: # _____

Revenue	\$	_____
Expense	\$	_____
Meals & Expense	\$	_____
Bad Debts	\$	_____
Insurance	\$	_____
Interest & Bank Charges	\$	_____
Licenses, dues, memberships & Subscriptions	\$	_____
Office Expense	\$	_____
Supplies	\$	_____
Legal, Accounting & Other Professional Fees	\$	_____
Rent	\$	_____
Repairs & Maintenance	\$	_____
Salaries	\$	_____
Travel	\$	_____
Telephone	\$	_____
Vehicle Expenses		Summarize Below
Equipment & Furniture Purchases		_____
	\$	_____
	\$	_____

GST Business Number _____
 Do the above amounts including GST/HST? _____
 Are we preparing your GST Return? _____ If Yes, attach return

Home Office (For Business & Employment)

% of home used for Business/Employment	_____	
Heat	\$	_____
Hydro	\$	_____
Water	\$	_____
Repairs & Maintenance	\$	_____
Insurance (See***Below)	\$	_____
Property Taxes (See***Below)	\$	_____
Rent	\$	_____
Mortgage Intrest (Self-Employed Only)	\$	_____

Applies to commission employees and self employed ONLY

Rental Property

Includes the Statement of Adjustmetns if purchased in

Address _____

City _____

Province/State _____ Postal Code _____

Country _____

Names of partners and % owned: _____%

SIN# of Partners: # _____

Rental Income \$ _____

Expense

Advertising \$ _____

Insurance \$ _____

Mortgage Intrest \$ _____

Office Expense \$ _____

Legal, Accoutning & Other professional Fees \$ _____

Management \$ Administration Fees \$ _____

Repairs & Maintenance \$ _____

Salaries, Wages & Benefits \$ _____

Property Taxes \$ _____

Travel \$ _____

Utilities \$ _____

Other: _____ \$ _____

Major Renovations & Purchases (i.e: Appliances)
 _____ \$ _____
 _____ \$ _____

Sale of Real Estate

Includes the Statement of Adjustmetns for BOTH the sale and purchase.

Address _____

City _____

Province/State _____

Country _____

Names of partners and % owned: _____%

SIN# of Partners: # _____

Date Purchased: _____

Purchase Price : _____

Property Transfer Tax \$ _____

Legal costs paid on purchase \$ _____

Additions and/or major improvements
 _____ \$ _____
 _____ \$ _____

Date Sold _____

Sale Price \$ _____

Legal costs paid on sale \$ _____

Commission paid on sale \$ _____

Other \$ _____

Other \$ _____

Sale Of Investments (Not including investments held in your RRSP or other registered plans)

Include the following documents for ALL NON-RRSP or NON-Registered plans:

Dec 31st year end statements

Realized gain/loss report from broker

Brokers statement for both purchase and sale (only if realized gain/loss report is not available)

Name of Stock	Date of purchase MM / DD / YY	Date of Sale MM / DD / YY	US\$	# Shares Sold	Sale Proceeds \$	Commissions \$	Cost of Shares \$
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____