

U.S. Tax Return Checklist



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

Personal Information	Spouse Information (If Applicable)
Name: _____	Name of Spouse: _____
SSN/ITIN: _____	SSN/ITIN _____
Date of Birth: ____ / ____ / ____ (MM/DD/YY)	Date of Birth: ____ / ____ / ____ (MM/DD/YY)
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
E-mail: _____	E-mail: _____
Address: _____	Address: _____
City: _____	City: _____
Province/State: _____ Zip Code: _____	Province/State: _____ Zip Code: _____
P.O. Box: _____	P.O. Box: _____
Country: <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Country: <input type="radio"/> <input type="radio"/> <input type="radio"/>

Marital Status: Single Married Common-Law Separated Divorced Widowed

Did your marital status change from last year's tax return? Yes *Date status changed:* No
 MM DD YY

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

Please list all dependents below:

Name	Relationship	Birthday (MM/DD/YY)	SSN/ITIN #	Net Income During Year
_____	_____	____ / ____ / ____	_____	\$ _____
_____	_____	____ / ____ / ____	_____	\$ _____
_____	_____	____ / ____ / ____	_____	\$ _____
_____	_____	____ / ____ / ____	_____	\$ _____
_____	_____	____ / ____ / ____	_____	\$ _____

Number of days spent in U.S. in 2023: _____ days

Number of days spent in U.S. in 2024: _____ days

Number of days spent in U.S. in 2025: _____ days

List all the dates you entered and left the United States during 2025 below:

Date entered United States (MM/DD/YY)	Date departed United States (MM/DD/YY)	Date entered United States (MM/DD/YY)	Date departed United States (MM/DD/YY)
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____

Did you receive a compensation of more than \$250,000 in 2025? Yes No N/A

Did you receive any other U.S. income in 2025?: Yes No N/A

Have you ever filed a U.S. Tax Return?: Yes No N/A

Did you file a U.S. income tax return for any prior year?: Yes No N/A

If "yes", give the latest year and form number you filed: _____

Please specify the type of income received in 2025: _____

Table 1	Employment & Other Income	Yes/No NA	Provide Details
	a. Regular earnings	<input type="checkbox"/>	W2 form. Enter name of each employer:
b. Commission and other earnings	<input type="checkbox"/>	W2 form. Enter name of each employer:	

Table 2	Pension, Retirement, Annuity Income	Yes/No NA	Provide Details
	a. Pension/IRA/Annuity income	<input type="checkbox"/>	1099 - R
b. Social security	<input type="checkbox"/>	1099 - SSA	

Did you and/or your spouse receive the two stimulus checks from the US government? If yes, please provide us with the amount for first and second check?		
	Taxpayer/Joint	Spouse
Economic Impact Payment(s) Received EPI:	EPI 1	
	EPI 2	

Investment Income	Yes/No NA	Provide Details
a. Interest income	<input type="checkbox"/>	<p><i>1099-INT. Taxable interest, interest penalties, interest on US saving bonds or Treasury notes, and tax withheld</i></p> <p>.....</p> <p>.....</p> <p>.....</p>
b. Bond income	<input type="checkbox"/>	<p><i>1099-DIV reports the ordinary dividends, total capital gains, qualified dividends, non-taxable distributions, federal income tax withheld, foreign tax paid and foreign source income</i></p> <p>.....</p> <p>.....</p> <p>.....</p>
c. Income from stock sale	<input type="checkbox"/>	<p><i>1099-B Summarizes transaction, will show gain or loss or brokerage statement</i></p> <p>.....</p> <p>.....</p> <p>.....</p>
d. Income from real estate sale	<input type="checkbox"/>	<p><i>1099-S provides details of sale of home</i></p> <p>.....</p> <p>.....</p> <p>.....</p>

Other Income		Yes/No NA	Provide Details
Table 4	a. Unemployment, state tax refund	<input type="checkbox"/>	1099 - B
	b. Gambling income	<input type="checkbox"/>	W-2G or records showing income, as well as receipts
	c. Alimony or child support received	<input type="checkbox"/>	Full details
	d. Health savings account	<input type="checkbox"/>	1099 - SA

Motor Vehicle Expenses for Business Purposes		Yes/No NA	Provide Details
Table 5	a. Fuel & Oil	<input type="checkbox"/>	\$.....
	b. Insurance	<input type="checkbox"/>	\$.....
	c. License and registration	<input type="checkbox"/>	\$.....
	d. Maintenance and repairs	<input type="checkbox"/>	\$.....
	e. Lease costs	<input type="checkbox"/>	\$.....
	f. Business parking fees	<input type="checkbox"/>	\$.....
	g. Total kilometres driven during year	<input type="checkbox"/>	KM.....
	h. Kilometres driven for business or employment	<input type="checkbox"/>	KM.....

Table 5 cont...

Motor Vehicle Expenses for Business Purposes	Yes/No NA	Provide Details
i. Did you purchase or lease a new automobile in the year?	<input type="checkbox"/>	<i>Provide a copy of the lease or purchase agreement.</i>
j. Did you sell your previous vehicle?	<input type="checkbox"/>	<i>Provide details</i>
k. Keep log book	<input type="checkbox"/>	<i>Showing total miles driven in the year, total business miles driven in the year, and purpose of the mileage</i>
l. Parking and toll fees	<input type="checkbox"/>	\$.....
m. Gas, oil, car wash, license, personal property tax, lease or interest expenses	<input type="checkbox"/>	\$.....

Table 6

Itemized Deduction	Yes/No NA	Provide Details
a. Real Estate Taxes Paid	<input type="checkbox"/>	<i>May show on mortgage statement</i>
b. Mortgage Interests paid	<input type="checkbox"/>	<i>Form 1098 or mortgage statement</i>
c. Donations cash & non-cash	<input type="checkbox"/>	\$.....
d. Medical expenses	<input type="checkbox"/>	\$.....
g. Other deductions	<input type="checkbox"/>	<i>Provide details of any other deductions you expect to claim</i>

Table 7

All Other Deductions	Yes/No NA	Provide Details
a. Student loan interest	<input type="checkbox"/>	For you, your spouse or dependent
b. Tuition fees paid	<input type="checkbox"/>	For you, your spouse or dependent
c. Educator expense	<input type="checkbox"/>	For teachers buying qualifying unreimbursed expense \$.....
d. Health savings account contribution	<input type="checkbox"/>	Form 5498 - SA

Table 8

Rental Income	Yes/No NA	Provide Details
a. Details of owners & partners	<input type="checkbox"/>	Provide first & last name, % of ownership
b. Address of property	<input type="checkbox"/>	Provide complete address
c. New properties acquired	<input type="checkbox"/>	Provide purchase agreement & details
d. Change of use of rental property	<input type="checkbox"/>	Provide date & details
e. Sale of rental property	<input type="checkbox"/>	Provide sale documents & details of sale
f. Gross revenue (excluding sales tax)	<input type="checkbox"/>	\$.....
• Advertising	<input type="checkbox"/>	\$.....
• Insurance	<input type="checkbox"/>	\$.....
• Interest	<input type="checkbox"/>	\$.....

Table 8 cont...

Rental Income	Yes/No NA	Provide Details
• Maintenance & repairs	<input type="checkbox"/>	\$.....
• Management & administration fees	<input type="checkbox"/>	\$.....
• Office expenses	<input type="checkbox"/>	\$.....
• Legal, accounting, professional fees	<input type="checkbox"/>	\$.....
• Property taxes	<input type="checkbox"/>	\$.....
• Salaries	<input type="checkbox"/>	\$.....
• Subcontractors expense	<input type="checkbox"/>	\$.....
• Travel	<input type="checkbox"/>	\$.....
• Utilities	<input type="checkbox"/>	\$.....
• Other expenses (explain)	<input type="checkbox"/>	\$.....

Table 9

Form TD F 90 - 22.1 FBAR	Yes/No NA	Provide Details
a. If the combined value of all your BANK, INVESTMENT & RRSP/ RRIF accounts was \$10,000 at any time during the year or more	<input type="checkbox"/>	<p><i>Speak to an accountant for worksheet to complete</i></p> <p>.....</p> <p>.....</p>
		<p><i>May be required to also file form 8938 by the tax return due date. If you own a significant amount of assets, speak to an accountant</i></p> <p>.....</p> <p>.....</p>

Table 10

Other Account Information	Yes/No NA	Provide Details
a. Did you own a TFSA?	<input type="checkbox"/>	<i>Speak to an accountant & provide annual statement of activity</i>
b. Did you contribute to an RESP (Resigtered Educations Savings Plan)	<input type="checkbox"/>	<i>Speak to an accountant & provide annual statement of activity</i>

Table 11

Form 3520 & 3520 - A Foreign Trust Activities	Yes/No NA	Provide Details
a. Are you a trustee or a beneficiary of a foreign trust?	<input type="checkbox"/>	<i>Name & address of beneficiaries & trustees</i>
		<i>T3 tax return & financial statements</i>
		<i>US tax number for beneficiary & trustee</i>

Table 12

Form 5471: Ownership of a Canadian Corporation	Yes/No NA	Provide Details
a. Do you own directly, indirectly, or constructively 10% or more of stock in a foreign corporation?	<input type="checkbox"/>	<i>Speak to an accountant & provide copy of financial statement</i>
b. If the answer to the above is yes, do you hold 50% of total combined voting power directly, indirectly, or constructively?	<input type="checkbox"/>	<i>Speak to an accountant & provide copy of financial statement</i>

General Information

Have you ever applied for a U.S. visa?: Yes No N/A

If **applicable**, please provide the following details below.

If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year: _____

Have you ever changed your visa type (non-immigrant status) or U.S. immigration status? Yes No

If "yes", indicate the date and nature of the change: _____

Have you ever applied for a U.S. passport?: Yes No N/A

Other Important Matters

Do you want your tax refund (if any) deposited directly to your bank account?: Yes No

If "yes", please provide the following details of a U.S. bank account.

1. Routing #: _____

2. Account #: _____

3. Account Type: Saving Chequing

Notes