

# T1 Personal Tax Return Year



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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 SIN Number: \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ MM / DD / YY  
 Your Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Did you move in the year \_\_\_\_\_ ?

Spouse First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 SIN Number: \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ MM / DD / YY  
 Spouse Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_

Marital Status:      Married              Common-Law              Widowed              Separated              Divorced              Single

Did your Marital Status change during the year?      Yes              No      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 Year
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____

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



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

Did you receive CERB funds from the Government of Canada during COVID-19? Yes No  
 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

**If you have paid any rental expense and/or paid property taxes on your principal residence, please share with us details and we will claim ONBEN for you.**

How do you want your tax return delievered 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 NOTICE OF ASSESSMENT WITH THIS CHECKLIST & YOUR TAX RETURN FROM LAST YEAR.

**Source of Income**

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

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

**Deductions and Tax Credits Available**

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

Source	Amount
RRSP contributions	
Union dues & professional fees	
Child care expenses	
Moving expenses	
Interest paid on investment loans	
Investment counseling fees	
Safety deposit box charges	
Children's Fitness amount	
Children's Arts amount	
Interest paid on student loans	
Tuition fees - Self T2202	
Tuition fees - Spouse/Children	
Charitable donations	
Political party contributions - Federal	
Political party contributions - Provincial	
First-time Home Buyer's amount	
Home Buyers Plan withdrawals/payments	
Lifelong Learning Plan withdrawals/payments	
Tax instalments paid to CRA	
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.)

Employment expenses	Summarize on page 3
Spousal support payments	\$ _____
Child support payments (ONLY if deductible)	\$ _____
Medical expenses	\$ _____
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.

**Please tell us how many days you worked from home for COVID reasons?** If you have high employment expenses to deduct, please send us a signed T2200 form along with supporting documents of your employment-related expenses.

### 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 Year , include relevant agreements.

KMs driven for business purposes Year \_\_\_\_\_  
 Total KMs Driven Year \_\_\_\_\_

#### 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 Year

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 \$
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____



1. Have you contributed more than your TFSA Limit?      Yes      No

**Note:**

- 1. Please make sure that you don't over-contribute in your TFSA account.*
- 2. Please don't contribute to your TFSA account if you are a non-resident or you have declared your residency status as a non-resident. If you continue contributing to your TFSA account being a non-resident of Canada, you will be charged heavy penalties from the CRA. It is recommended that all non-residents must withdraw all amount from TFSA account and close the TFSA account before filing personal taxes.*