

Personal Income Tax Checklist

Name: _____	New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	If New Address, Sale of Principal Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	If Yes, Date of Sale: _____
Home Phone: () _____ - _____	Direct Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone: () _____ - _____	(If yes, void cheque required)
Cell Phone: () _____ - _____	Spousal Return <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Own

Self	Spouse (If applicable)
Reassessment for prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Net Income \$ _____
Date of Birth _____	Reassessment for prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No
SIN _____	Date of Birth _____ SIN _____
Email _____	Email _____
Status: <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed (Date of change if applicable _____)	

Dependents No Change or Changes as below

Name	Birthdate	SIN	Income	Post-Secondary School Info.
_____	_____	_____	_____	_____

Income	Individual	Spouse	Individual	50/50 with Spouse	Spouse
T4/T4A/T4E	<input type="checkbox"/>	<input type="checkbox"/>	T3/T5	<input type="checkbox"/>	<input type="checkbox"/>
Stock Options	<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains/Losses	<input type="checkbox"/>	<input type="checkbox"/>
CPP/OAS/GIS	<input type="checkbox"/>	<input type="checkbox"/>	-real estate	<input type="checkbox"/>	<input type="checkbox"/>
Pension Slips	<input type="checkbox"/>	<input type="checkbox"/>	-stocks/mutual funds	<input type="checkbox"/>	<input type="checkbox"/>
T4RSP (RIF)	<input type="checkbox"/>	<input type="checkbox"/>	-other	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/>
Support	<input type="checkbox"/>	<input type="checkbox"/>	Farm	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Pension (Country) _____	<input type="checkbox"/>	<input type="checkbox"/>	Rentals	<input type="checkbox"/>	<input type="checkbox"/>
Other Income (T5013, T5008, AGR-1)	<input type="checkbox"/>	<input type="checkbox"/>	Income for which no slips received	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Deductions & Credits

	Ind.	Sp.		Ind.	Sp.		Ind.	Sp.
RRSP (Official Receipt)	<input type="checkbox"/>	<input type="checkbox"/>	Interest Expense	<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest	<input type="checkbox"/>	<input type="checkbox"/>
Union/Professional Fee	<input type="checkbox"/>	<input type="checkbox"/>	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	Medical Receipts	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Expenses (provide name, address, and SIN of recipient)	<input type="checkbox"/>	<input type="checkbox"/>	Moving Expense	<input type="checkbox"/>	<input type="checkbox"/>	Donations	<input type="checkbox"/>	<input type="checkbox"/>
_____			Support Payments	<input type="checkbox"/>	<input type="checkbox"/>	Tuition/Education	<input type="checkbox"/>	<input type="checkbox"/>
_____			Installments	<input type="checkbox"/>	<input type="checkbox"/>	Disability	<input type="checkbox"/>	<input type="checkbox"/>
			HBP Participant	<input type="checkbox"/>	<input type="checkbox"/>	(first year requires signed T220)		

Please initial your answer for each of the following:

~CRA can provide our name, addresses and dates of birth to Elections Canada Yes No

~Did you own or hold foreign property or investments at anytime during the year with a total cost of more than \$100,000 Cdn. Yes No