



PERSONAL INFORMATION

Full Name S.I.N. Birthdate Citizenship
 Apt./Suite - Building Number Street Name, City, Postal Code Marital Status
 Phone Email

SPOUSE INFORMATION Same as above

Are we filing the spouses return? Yes No
 _____ If no, please provide the spouses net income for the year or **line 236** of spouse's current year return

Full Name S.I.N. Birthdate Citizenship
 Apt./Suite - Building Number Street Name, City, Postal Code Marital Status
 Phone Email

CHILDREN INFORMATION

Are we filing their return as well? Yes No
 Full Name S.I.N. Birthdate
 Full Name S.I.N. Birthdate
 Full Name S.I.N. Birthdate

FOREIGN REPORTING

Do you own foreign assets greater than \$100,000? Yes No
 Spouse Yes No
 If yes, please provide the ownerships of the assets and transactions with foreign entities

SALE OF PRINCIPLE RESIDENCE

Did you sell you primary residence during the year? Yes No
 If yes, please provide the year of acquisition of the proceeds of the disposition

DIRECT DEPOSIT / TAX REFUND

Do you want your tax refund deposited directly to your bank account? Yes No If yes, please attach a void cheque
 Same account for spouse? Yes No If not, please provide their void cheque



Please check the items below that are applicable to your current year personal tax return. Please return the checklist to our office with the necessary relevant documents

INCOME CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> T4 employment slips or any other taxable benefits not reported on the T4 | T5013: Partnership income/loss (check that apply) |
| <input type="checkbox"/> T5 investment slips | <input type="checkbox"/> Income <input type="checkbox"/> Loss <input type="checkbox"/> or Both |
| <input type="checkbox"/> T4A (OAS): Old age security | |
| <input type="checkbox"/> T4AP: CPP Benefits | Commission or professional income/expenses (check that apply) |
| <input type="checkbox"/> T4RSP (RRSP withdrawals) | <input type="checkbox"/> Income <input type="checkbox"/> Expenses <input type="checkbox"/> or Both |
| <input type="checkbox"/> Other information slips (T3, T4A and T4E) | |
| <input type="checkbox"/> Summary of capital gains/losses for investments | Self-employment income/expenses (check that apply) |
| <input type="checkbox"/> Sale of real estate (proceeds and adjusted cost base) | <input type="checkbox"/> Income <input type="checkbox"/> Expenses <input type="checkbox"/> or Both |
| <input type="checkbox"/> Rental income/expenses | |
| <input type="checkbox"/> Spousal or child support payments received | Farming or fishing income/expenses (check that apply) |
| <input type="checkbox"/> GST rebates received | <input type="checkbox"/> Income <input type="checkbox"/> Expenses <input type="checkbox"/> or Both |
| <input type="checkbox"/> Foreign income | |

DEDUCTIONS CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> RRSP contributions | <input type="checkbox"/> Investment carrying charges – such as interest or account fees not on RRSP accounts |
| <input type="checkbox"/> Child care expenses | <input type="checkbox"/> Employment expenses (if checked yes, please provide a completed and signed T2200) |
| <input type="checkbox"/> Moving expenses | <input type="checkbox"/> Northern residence deduction information (rent or utilities with address in north) |
| <input type="checkbox"/> Union or professional dues | |
| Child or spousal support payments made (circle that apply) | |
| <input type="checkbox"/> Child <input type="checkbox"/> Spousal <input type="checkbox"/> or Both | |

TAX CREDIT CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Charitable donation receipts | <input type="checkbox"/> First time home buyer – House purchase documents and statement of adjustments |
| <input type="checkbox"/> Political donation receipts | <input type="checkbox"/> Interest paid on student loans |
| <input type="checkbox"/> Tuition receipts (T2202A, TL11A, TL11B and or TL11C) – or signed forms by child to transfer credit to parent | <input type="checkbox"/> Foreign taxes paid |
| <input type="checkbox"/> Medical expense receipts | <input type="checkbox"/> Do you or any member of your family have any type of disability? |