

## T1 Personal Tax Return Checklist

Client Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact (Tel): \_\_\_\_\_ Email: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_ Spouse SIN: \_\_\_\_\_

No.	Please indicate all of the following applicable to you and provide all related supporting documentation:	YES	NO	
1	<b>First time clients please provide copies of the following:</b>			
	<ul style="list-style-type: none"> <li>T1 personal tax return for previous year filed</li> <li>CRA Notice of Assessment for previous year filed</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<b>Employment income:</b>			
	<ul style="list-style-type: none"> <li>T4 slip for regular employment income</li> <li>Tips or other employment income (please provide details)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<b>Pension, retirement, annuity income:</b>			
	<ul style="list-style-type: none"> <li>Old Age Security – T4A(OAS) slip</li> <li>Canada Pension Plan – T4A(P) slip</li> <li>Employment pensions (including retirement allowance) – T4A</li> <li>Registered Retirement Income Fund – T4RIF</li> <li>Withdrawal from RRSP – T4RSP</li> <li>Other pension or annuity payments (please provide details)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	4	<b>Investment income:</b>		
	<ul style="list-style-type: none"> <li>Income from investment savings or marketable securities – T5 slips</li> <li>Income from mutual fund or trust investments – T3 slips</li> <li>Income from a partnership interest – T5013 slips</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	5	<b>Capital gains:</b>		
	<ul style="list-style-type: none"> <li>Disposal of marketable securities or other investments (please provide T5008 slips or realized gain/loss summary if available)</li> <li>Sale of real estate, <b>Including your principal residence*</b> (please provide sale documents and support for original cost and improvements)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<b>Self-employment income:</b>			
	<ul style="list-style-type: none"> <li>Details of income and expenses (see self-employment checklist if applicable**)</li> <li>T4A slips for commission income</li> <li>Details of any capital asset purchases or dispositions and related invoices</li> <li>GST number if applicable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

7	<b>Rental income:</b>																		
	• Property description and address (if new for this year)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Details of gross rental revenue and eligible expenses (see rental income checklist if applicable***)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Details of any capital asset purchases or dispositions and related invoices			<input type="checkbox"/>	<input type="checkbox"/>														
8	<b>Deductions from income:</b>																		
	• RRSP contributions slips			<input type="checkbox"/>	<input type="checkbox"/>														
	• Union or professional dues			<input type="checkbox"/>	<input type="checkbox"/>														
	• Childcare expenses (if individual please ensure SIN number is on receipts)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Moving expenses (if move was required to be at least 40 kilometers closer to a new work location)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Support payments (please provide a copy of support agreement if this is the first year that payments were require)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Employment expenses (please provide a copy of form T2200 completed and signed by your employer if applicable)			<input type="checkbox"/>	<input type="checkbox"/>														
9	<b>Tax credits:</b>																		
	• Have you spent more than 200 hours acting as a volunteer firefighter or search and rescue volunteer during the year?			<input type="checkbox"/>	<input type="checkbox"/>														
	• Were you a first-time home buyer in during the year?			<input type="checkbox"/>	<input type="checkbox"/>														
	• Did you incur expenditures relating to a renovation to your home in order to improve accessibility for an individual who is either over 65 years old or eligible for the Disability Tax Credit? (if so please provide details)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Disability tax credit (you or your eligible dependent must have filed form T2201 and be eligible for the current tax year)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Interest on student loans (please provide statement or details of interest paid)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Tuition/education – T2202A or T11A slip (must be signed by dependent if transferred)			<input type="checkbox"/>	<input type="checkbox"/>														
	• Medical expenses (please provide all applicable receipts)			<input type="checkbox"/>	<input type="checkbox"/>														
10	• Donations and gifts (please provide all applicable donation slips or tax receipts)			<input type="checkbox"/>	<input type="checkbox"/>														
	<b>Other important information:</b>																		
	• Did you hold foreign property (including foreign bank accounts, investments, real-estate, or other property other than personal use property) with a total cost of over \$100,000 at any point during the year? (if so please provide details of the maximum cost and FMV of investments during the year. <b>Why are we asking? Click here for a video:</b>			<input type="checkbox"/>	<input type="checkbox"/>														
	• Are you a Canadian Citizen?			<input type="checkbox"/>	<input type="checkbox"/>														
	• Do you have dependents? If yes, please provide:			<input type="checkbox"/>	<input type="checkbox"/>														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Name</th> <th style="width:33%;">SIN</th> <th style="width:33%;">DOB</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name	SIN	DOB														
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