



# TAX CHECKLIST

**FOR ACCURATE PREPARATION OF YOUR TAX RETURN, PLEASE FOLLOW THESE INSTRUCTIONS.**

1. Use a separate form for each tax return we are to prepare.
2. Please complete the Tax Checklist section on the second page. If you require more space for dependent information, please enclose it on a separate sheet or use the back of this form.
3. For family members submitting tax returns at the same time, duplicate information only needs to be entered on one of the forms.
4. Complete all the sections.
5. When you have received ALL your tax information slips and receipts, place all copies in an envelope and attach it to this form. **Please include a copy of last year's income tax return and your Notice of Assessment. If you have stocks or mutual funds, include your transaction summary for the calendar year.**
6. Initial all pages and sign in the appropriate spaces. All information given in this form will be considered true, complete and accurate.

## FOR OFFICE USE ONLY

Client _____
Representative _____
Incoming Date ____/____/____ [dd/mm/yyyy]
Due Date ____/____/____ New __ Existing__
Authorizations T1013 Yes__ No__ T183 Yes__ No__
Copy of Last Year's return enclosed? Yes__ No__
Previous year's Notice of Assessment enclosed? Yes__ No__

Client \_\_\_\_\_  
 Social Insurance Number \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ [dd/mm/yyyy]  
 Telephone Number \_\_\_\_\_  
 Business \_\_\_\_\_ Cell \_\_\_\_\_  
 Best Time to Call \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Province of Residence as of Dec. 31 \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Marital Status on Dec. 31: Married \_\_\_ Single \_\_\_  
 Common-law partner (C-L P) \_\_\_ Separated \_\_\_  
 Widowed \_\_\_ Divorced \_\_\_  
 Did Marital Status change in tax year? Yes \_\_\_ No \_\_\_  
 Date \_\_\_\_\_  
 Spouse/C-L P's Name \_\_\_\_\_  
 Spouse/C-L P's Social Insurance Number \_\_\_\_\_  
 Spouse/C-L P's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is Spouse/C-L P also filing a return? Yes \_\_\_ No \_\_\_  
 Is Spouse/C-L P self-employed? Yes \_\_\_ No \_\_\_  
 Spouse/C-L P's Net Income \$ \_\_\_\_\_  
 Spouse/ C-LP's Universal Child Care Benefit (UCCB)\$ \_\_\_\_\_  
 Spouse/ C-LP's UCCB – repayment \$ \_\_\_\_\_  
 Names of Dependants Birth [dd/mm/yy]/SIN  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
**National Register of Electors: Citizenship**  
 Do you want your name, address and date of birth sent to  
 Elections Canada? (required annually) Yes \_\_\_ No \_\_\_  
 U.S. Citizen / U.S. Green Card Holder Yes \_\_\_ No \_\_\_

**RENTAL INCOME** Not applicable \_\_\_  
 (Enclose itemized income and expense statement and/or receipts,  
 if available) Auto logbook? Yes \_\_\_ No \_\_\_  
 Address of Property \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SELF-EMPLOYMENT INCOME** Not applicable \_\_\_  
 (Enclose itemized income and expense statement and/or receipts,  
 if available) Auto logbook? Yes \_\_\_ No \_\_\_  
 Address of Business \_\_\_\_\_  
 \_\_\_\_\_  
 Fiscal Year End \_\_\_\_/\_\_\_\_/\_\_\_\_ [dd/mm/yyyy]  
 Briefly describe the activities of the business:  
 \_\_\_\_\_  
 \_\_\_\_\_

Feb 16

**INCOME FROM INFORMATION SLIPS**

Employment Income: T4 \_\_\_ T4F \_\_\_ T4E \_\_\_  
 Relevé 1 \_\_\_ Relevé 5 \_\_\_  
 Pension Income: T4A \_\_\_ T4A (OAS) \_\_\_ T4A (P) \_\_\_  
 T4RSP \_\_\_ T4RIF \_\_\_ T5007 \_\_\_  
 Relevé 2 \_\_\_ Relevé 16 \_\_\_ T4-RCA \_\_\_  
 Investment Income: T3 \_\_\_ T5 \_\_\_ T600 \_\_\_  
 T5013 \_\_\_ T5013A \_\_\_ T5008 \_\_\_ T4PS \_\_\_  
 Relevé 3 \_\_\_ Relevé 15 \_\_\_ Relevé 18 \_\_\_ Relevé 7-10 \_\_\_  
 Misc: T5007\_RC62\_ RC210\_RC310\_ T2202 / T2202A \_\_\_

<i>Do you have any of the following?</i>	Yes	No
Income from a government or a municipality as an emergency services volunteer.		

**EMPLOYMENT EXPENSES** Not applicable \_\_\_  
 (Enclose itemized expense statement and/or receipts, if available)  
 T2200 \_\_\_ TL2 \_\_\_ TP-64 \_\_\_ TP-64.3 \_\_\_ TP-66 \_\_\_  
 Automobile expenses \_\_\_ Logbook \_\_\_ Travel expenses \_\_\_  
 Commission Sales \_\_\_ Business use of home expenses \_\_\_  
 Tools for Employed Tradespersons \_\_\_  
 Briefly describe any other type of employment expenses:  
 \_\_\_\_\_  
 \_\_\_\_\_

**CAPITAL GAINS / LOSSES** Not applicable \_\_\_  
 Disposition & date of: Shares / Mutual Funds \_\_\_ T1212 \_\_\_  
 Capital Gain Accounting Advice: \_\_\_ Real Estate \_\_\_  
 Any 1994 exempt capital gains balance? Yes \_\_\_ No \_\_\_  
 Briefly describe any other type of disposition(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER INCOME (provide details)** Not applicable \_\_\_  
 Foreign pension, U.S. Social Security Yes \_\_\_ No \_\_\_  
 Foreign income, dividend, interest, trust income Yes \_\_\_ No \_\_\_  
 Tips Yes \_\_\_ No \_\_\_ Grants received re child issues Yes \_\_\_ No \_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INCOME TAX DEDUCTIONS** Not applicable \_\_\_  
 (Attach receipts, if available)  
 RRSP/PRPP contributions \_\_\_ Lifelong Learning Plan \_\_\_  
 Home Buyers Plan \_\_\_ Union or professional dues \_\_\_  
 Interest paid on money borrowed to earn investment income \_\_\_  
 Transit passes after July 1, 2006 \_\_\_ Child Care expenses \_\_\_  
 Universal Child Care Benefit repayment RC62 \_\_\_

**Please write any special instructions, additional information, or questions on the back of the form.**

**OTHER INCOME TAX DEDUCTIONS & CREDITS - (Attach receipts and provide details on reverse)**

<i>Did you have any of the following?</i>	Yes	No		Yes	No
Moving expenses			Children's fitness and or art's amount		
Retroactive lump sum payments received			Quebec labour sponsored fund share exchange		
CPP or QPP benefit lump sum payments?			Educational bursaries or scholarships received		
Pay interest on student loans or on Canada Apprentice Loan-registered Red Seal apprentice			Tuition fees and/or education amount transferred from a child or grandchild or spouse		
Federal / provincial political contributions			Tools for apprentice vehicle mechanic		
Stock-option benefits from employment			Apprenticeship incentive grant		
Venture capital corporation investments			Adult basic education tuition assistance		
Flow-through shares			Non-capital/net capital losses of other years		
Charity donations; cash, shares, mutual funds or capital property or 1 <sup>st</sup> time making donation			If single parent, any Universal Child Care Benefits		
Clergy residence deduction			Canadian Forces or police, T4 Box 43 income		
Adoption expenses after 2004			Registered Disability Savings Plan		
Tuition fees as a full-time or part-time student			Live / work in prescribed northern zone.		
Repayment of salary/wages, EI benefit amounts			Live / work in prescribed intermediate zone		
Death in the family during the year			First time home buyer		
Childcare expenses to attend school			Home renovation expenses (2009 only)		
Saskatchewan Pension Plan income			Any RRIF repayment (for 2008 or 2015 only)		
Sale of security option benefit election shares			Unused investment tax credits		
Separated parents – shared custody agreement			CPP 30 Election		

**SPECIAL INFORMATION (complete only those areas applicable to you & attach receipts) Not applicable \_\_\_**

Social Benefits Repayment \$ \_\_\_\_\_  
 Savings Bond Payroll Interest Paid By You \$ \_\_\_\_\_ Accounting Fees Paid re. Investment \$ \_\_\_\_\_  
 Investment counsel or management fees (non RRSP investments) \$ \_\_\_\_\_  
 Other Investment Expenses Paid – please specify type and amount: \_\_\_\_\_

Any gift of ecologically sensitive land or certified cultural property? Yes\_\_ No\_\_ After February 10, 2014? Yes\_\_ No\_\_  
 Jointly Held Investments – please specify percentage to be reported by each joint owner ONLY IF it is other than 50/50:

<b>SPECIAL INFORMATION (complete only those areas applicable to you &amp; provide details on back )</b>	Yes	No
Any legal fees to sue for maintenance payments; collect payments; collect a retiring allowance or pension benefit; for advice or assistance to object to an appeal, an assessment, or decision for taxes, EI, CPP or QPP?		
Any pension income eligible for the pension amount to be split with your spouse or common-law partner?		
Own or have an interest in any foreign income property (foreign bank accounts, foreign corporations shares, foreign mutual funds, real estate, trusts, partnerships, brokerage accounts, etc.,) & the total cost of all specified foreign property at <b>any time</b> exceeds CAN \$100,000? If yes, <b>MUST</b> file the T1135 by your filing deadline!		
Does your child (under 18) have income from a trust (other than a mutual fund trust) or partnership that is: (1) dividends from shares and (2) shareholder benefits that relate to shares that are not listed on a prescribed stock exchange, for example family owned corporation shares? (3) any sale of shares to a non-arm's length person?		
Did you move to or from Canada during the year? _____ Date: _____		
Have you set up your "My Account" at CRA?		

**SUPPORT PAYMENTS** (please circle) **or Not applicable**  
 Support Payments - PAID / RECEIVED AMOUNT \$ \_\_\_\_\_ Name \_\_\_\_\_ SIN \_\_\_\_\_

Alimony Payments- PAID / RECEIVED AMOUNT \$ \_\_\_\_\_ Name \_\_\_\_\_ SIN \_\_\_\_\_  
 Was the Child Support Payment agreement made before April 30, 1997? ..... Yes \_\_\_ No \_\_\_  
 Divorce/Separation Agreement or Court Order/Judgement included? Yes \_\_\_ No \_\_\_

**RENT / PROPERTY TAX CREDIT INFORMATION**

Not applicable \_\_\_

Complete ONLY if you reside in Ontario or Quebec or Manitoba as of the last day of December 31<sup>st</sup> AND no other person will be making a claim for the same residence.

Property taxes or rent paid (residents of Ontario, or Manitoba) Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_ per year

Address	Total Rent Paid	Months	Landlord's Name
	\$		
	\$		

**ELIGIBLE MEDICAL & DENTAL EXPENSES FOR (attach receipts & please circle):** Not applicable \_\_\_

Self \_\_\_ Spouse/C-L P \_\_\_ Dependant \_\_\_ Deceased Spouse /C-LP: (name) \_\_\_\_\_ Net Income \$ \_\_\_\_\_

Disability Tax Credit -Form T2201 available for: Self \_\_\_ Spouse/C-L P \_\_\_ Dependant \_\_\_ name \_\_\_\_\_ Net Income \$ \_\_\_\_\_

<i>Do you have any amounts for medical expenses for self, spouse, and dependants ?</i>	Yes	No
Eye glasses (prescribed), hearing aid (and batteries), wheelchair, crutches, brace for a limb, artificial limb		
Amounts from Disability Support Deductions - Form T929 (Form T929 has more details)?		
Attendant care expenses		
Care and supervision in a group home for individuals eligible for the disability tax credit		
Care for your or your spouse's parent or grandparent or an infirm dependant who lives with you		
For you or a relative to learn to care for a relative who has a mental or physical infirmity and who is in your household or is dependant on you for support		
Therapy provided to persons eligible for disability tax credit other than qualified therapist/ medical practitioner		
Tutoring individuals with hearing or mental disabilities or ADD or ADHD written identification		
Home construction costs for a person, who has severe and prolonged mobility impairment, or who lacks normal physical development, to gain access to or to be more mobile or functional in the home		
50% of the cost of an air conditioner, prescribed by a medical practitioner for an individual with a severe chronic ailment, disease, or disorder to a limit of \$1,000		
Travel expenses if medical treatment is not available locally (travel in excess of 40 kilometres)		
Amounts paid to purchase, care for and maintain a service animal specially trained to assist an individual who is severely affected by autism or epilepsy. Reasonable travel expenses incurred for the individual to attend a school, institution or other place that trains the individual in the handling of the service animal are also eligible		
Amounts paid to purchase, operate, and maintain medical devices if prescribed by a medical practitioner		
Any medical or reconstructive procedures and related expenses after March 4, 2010?		
Any out of country or out of province health insurance premiums?		
Any medical expenses for other dependants?		
Any infirm dependant relatives, spouse, common-law partners, minor children?		
Any costs for a personalized therapy design or for a service animal for a severe diabetic? (Specify)		

**SELF-EMPLOYED INDIVIDUALS (attach receipts and provide details on back of page):** Not applicable \_\_\_

<i>Do you have any of the following?</i>	Yes	No
Private health plan premiums		
Meals for all the employees of the business (limited to 6 fully (100%) deductible events in one year)		
Meals for employees at remote work site		
Construction contract payments made in excess of \$500 – T5018 issued?		
Hire any eligible apprentices for employment after May 1, 2006? Salary or wages paid \$		
(BC, Manitoba, Ontario only) Hire any apprentices after May 19, 2004? Salary or wages paid in year \$		

Did you sell your business, farm business or fishers business? Please provide details (over)		
Did you pay any Installments? Last Year \$_____ This Year \$_____		
Did you create any new child care spaces for the children of your employees or for other children?		
Pay any EI on self-employment and other eligible earnings?		
Do you have a business partner?		

**Privacy Policy and Your Consent**

The Padgett Business Services Privacy Policy is available at [www.smallbizpros.ca](http://www.smallbizpros.ca).

**Please use the space below (or the back of the sheet) to note any special information or instructions concerning your tax situation that we should be aware of:**

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I confirm that all above information in this form is true, complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

***If Direct Deposit is required,  
please attach a void cheque for the bank account  
to which you wish  
Canada Revenue Agency  
to deposit your fund.***

Date Received	/	/
Date Returned	/	/
Method of Return		
Pick-up Location		
Mail out Address (if different than filing address)		
Net Fee	\$	
GST/HST	\$	
Amount Payable	\$	
Amount Paid	\$	
Balance	\$	
Paid by		