

2016 PERSONAL TAX INFORMATION CHECKLIST

1. PERSONAL INFORMATION

Did you move house during the year? Yes/No _____

Canadian Citizen? Yes/No _____ US Citizen? Yes/No _____

Do you authorize CRA to provide your name, address and date of birth to Elections Canada for the purpose of updating the National Register of Electors? [yes/no]: _____

Name _____
[First name, middle initial, last name]

Address _____

City/Prov _____ Postal Code _____

Telephone (home) _____ Telephone (work) _____

Fax (home) _____ Fax (work) _____

E-mail (home) _____ E-mail (work) _____

SIN _____ Birth date [dd/mm/yy] _____

Marital Status _____ Occupation _____

2. SPOUSE (including common-law)

If marital status changed during the year, enter date of change: _____

<u>Name</u>	<u>Birth date</u> [dd/mm/yy]	<u>SIN</u>	<u>Net Income (line 236)*</u>
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3. DEPENDANTS (children, parents and others dependant on you for financial support)

<u>Name</u>	<u>Relationship</u>	<u>Birth date</u> [dd/mm/yy]	<u>SIN</u>	<u>Net Income</u> (line 236)*	<u>Live with</u> you **
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For any dependant listed in 2 or 3 who is infirm, please identify dependant and describe nature of infirmity:

* Provide details of income and deductions only if we are not preparing the tax return.

** Indicate whether dependant lived with you during the year [yes/no]

4. INCOME TAX REFUND AND GST CREDIT

Complete banking information to have your income tax refund and GST/HST credit payments deposited into your bank account.

Branch Number (5-digits) Institution Number (3-digits) Account Number (maximum 12-digits)

5. T-SLIPS (INCOME)

These are the standard prescribed forms on which Canadian income is reported:

Attached

Employment income

Employment/commission income	T4, T4A	_____
Director's fees	T4, T4A	_____
Employee profit sharing	T4PS	_____

Pension/retirement income

Pension/annuity income	T4A, T4A(OAS), T4A(P)	_____
Income from RRSP or RRIF	T4RSP, T4RIF	_____

Investment income (provide investment income summaries in addition to slips)

Interest & dividends	T5	_____
Mutual funds and other trusts	T3	_____

Other sources

Income from RESP	T4A	_____
Partnership income	T5013	_____
Employment insurance benefit	T4E	_____
Universal Child Care Benefit	RC62	_____
Working Income Tax Benefit advance	RC210	_____
Purchase and sale of securities	T5008	_____
Tax shelters	T101, T5013	_____

6. OTHER INCOME

Details of all other income including pensions received, directors fees, scholarships, any income from foreign sources, etc. _____

7. INVESTMENTS (Income / Expenses)

Interest and other carrying charges paid to earn income from investments (including accounting and investment counsel fees). _____

Gains or losses from selling securities or other capital property—e.g. stocks, bonds, mutual funds, real estate (including broker's trading summaries or a transactions list showing date of each purchase and sale, currency, original cost and transaction fees). Also include Dec 31 Portfolio details for all non RRSP account holdings. _____

Detailed listing of income and expenses from **rental properties** (request worksheet, if necessary), on a property by property basis (indicate ownership split). _____

Details regarding your interest in property held outside Canada (i.e. **foreign property**)—including bank accounts, investments, U.S. securities, trusts and real estate. (*Please note new form with expanded reporting requirements*) _____

ALSO INCLUDE:

- 2015 Notice of Assessment/ Reassessment.
- Copy of 2015 personal tax return (if you are a first year client).

8. DEDUCTIONS/TAX CREDITS

Please provide the receipts/forms received for these deductions/credits:

For self only:

RRSP contributions	_____
Home Buyers Plan withdrawals or repayments	_____
Lifelong Learning Plan withdrawals or repayments	_____
Charitable donations (provide details for in-kind donations, such as shares of stock)	_____
Political donations	_____
Professional/union dues	_____
Disability supports expenses	_____
Attendant care (if you claim the disability tax credit)	_____
Interest paid on student loans	_____
Property taxes or rent paid (<i>see Note 7</i>)	_____
Legal fees (<i>see Note 1</i>)	_____
Moving expenses (<i>see Note 2</i>)	_____
Alimony, maintenance or child support paid or received (<i>see Note 3</i>)	_____
Income tax installments (<i>see Note 4</i>)	_____

For self and dependants:

Disability tax credit	T2201	_____
Medical expenses (<i>see Note 5</i>)		_____
Tuition fees and Education deduction (<i>see Note 6</i>)	T2202/2202A	_____
Public transit pass expenses		_____
Childcare or adoption expenses (<i>see Note 8</i>)		_____
Children's activity amount (<i>see Note 9</i>)		_____

Note 1 If you incurred **legal expenses** in connection with employment termination, or claiming spousal or child support, please provide details.

Note 2 If you moved at least 40 kilometers closer to a new place of work or school, please contact me to request form T1-M.

Note 3 The amount of **alimony, maintenance or child support** paid or received in the year and the name, SIN, and address of the recipient, if applicable.

Note 4 Details regarding **income tax instalment** payments made during the year (include recent CRA Statement of Account or cancelled cheques).

Note 5 Include receipts for all **medical and health related expenses** including nursing, nursing home, prescription eyewear and drugs, supplemental health insurance premiums, medical devices and orthotics, ambulance, travel expenses, dental, chiropractic, naturopath, homeopath and other medical treatments, or cost of specialized services required because of a medical or physical impairment. If any of these expenses were covered by insurance, please provide copies of all claims reports issued by the insurer.

Note 6 Dependant must complete and sign form T2202 if the credit is being transferred to a supporting person.

Note 7 In some circumstances, **property tax and/or rent paid** results in a claim for Ontario tax credits.

Note 8 Details regarding **child care expenses** for children 16 & under, including the name of the provider; social insurance number, if an individual; fees for camps, programs and lessons.

Note 9 Fees paid for registering a child in a program of physical, artistic or developmental activity.

**9. SELF-EMPLOYMENT OR UNINCORPORATED BUSINESS (Complete Parts A & B)
EMPLOYMENT EXPENSES (Complete Part B Only—Attach T2200 from Employer)**

PART A

Registered business name: _____ Partnership [yes/no]: _____

Date business commenced [mm/yy]: _____ Fiscal year-end [dd/mm/yy]: _____

GST registered [yes/no]: _____ Business #: _____

Summary of income and expenses by category [*Complete page 5*] **Attached** _____

Detailed listing of capital assets purchased or disposed of during the year (including furniture, equipment, computers). _____

Detailed listing of GST collected on revenue and GST paid on expenses, including copies of any GST returns filed (or not filed) and installments paid. _____

List of revenue billed at year-end, but not collected (“accounts receivable”). _____

List of expenses owing at year-end, but not paid (“accounts payable”). _____

PART B

Automobile expenses (total operating costs by category; parking, gas, maintenance and repairs, insurance, etc.; lease payments if leased *or* purchase date, finance agreement and all in cost, interest on car loan). _____

[*Complete page 6*]

Work space in the home expenses: (provide total expense where applicable) _____

[*Complete page 6*]

[Employees Only]

Detailed listing of **other employment expenses** *not* reimbursed by your employer (including meals, lodging, travel, parking, promotion, supplies, cell phone/telephone charges—*NOTE: restrictions apply and vary depending on whether you are a commissioned salesperson*). _____

SELF EMPLOYED or UNINCORPORATED BUSINESS**Statement of income and expenses****Income**

Sales, commissions, or fees
(excluding GST, HST & PST)

GST/HST collected on sales

Other income

Are you using the HST Quick Method (Y/N)? _____

ExpensesTOTAL *GST/HST*GST incl excl

Cost of goods sold

Advertising

Bad debts

Business tax

Licenses, dues, memberships

Delivery, freight, courier

Business insurance

Interest

Maintenance and repairs

Management and admin. fees

Meals and entertainment (total)

Office expenses

Supplies

Legal, accounting and other professional fees

Rent

Salaries, wages, and benefits

Travel

Telephone **

Internet and network services

Supplemental health insurance premiums

Other (provide details)

* If you are using the HST Quick Method, *or* you have not tracked GST/HST separately, show expenses *including* the GST/HST. If you are claiming input tax credits (ITCs) *and* you have tracked GST/HST separately, then show expenses *excluding* GST/HST, and record related GST/HST paid in the column to the right.

** Include telephone charges for a separate business or fax line, and business related long distance charges.

AUTOMOBILE EXPENSES: (provide total expense (do not prorate) for each vehicle used for business purposes during the year)

	Vehicle 1	Vehicle 2
Make of vehicle	_____	_____
Date of acquisition	_____	_____
Date of disposition (if in the year)	_____	_____
Cost before GST and PST *	_____	_____
GST and PST	_____	_____
Km driven for business	_____	_____
Km driven in year (total)	_____	_____
Total expenses incurred		
Fuel and oil	_____	_____
Maintenance and repairs	_____	_____
Insurance	_____	_____
License and registration	_____	_____
Interest	_____	_____
Monthly lease cost	_____	_____
Auto club (CAA)	_____	_____
Car washes	_____	_____
Parking	_____	_____
Other (provide details)	_____	_____

* Please provide purchase agreement (showing purchase price, trade-in value and down payment), or lease term sheet (showing Manufacturers List Price and down payment), as applicable.

WORK SPACE IN THE HOME: (provide total expense – do not prorate)

NOTE: restrictions apply and vary depending on whether you are self-employed or a commissioned salesperson.

Office area (s.f.)	_____
Total area (s.f.)	_____
Electricity	_____
Water	_____
Heat	_____
Repairs and maintenance	_____
Insurance	_____
Property taxes	_____
Mortgage interest	_____
Rent	_____
Security	_____
Landscaping/snow removal	_____
Other (provide details)	_____