

**PERSONAL INCOME TAX CHECKLIST**

Taxation year: \_\_\_\_\_

**PRIMARY CONTACT**

 NAME: \_\_\_\_\_ BIRTHDATE:    /   /    S.I.N.:    /   /     
DD / MM / YY

 ADDRESS: \_\_\_\_\_  
Street City Province Postal code

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

 PREFERRED METHOD OF CONTACT:      Email    Cell Phone    Home Phone    Work Phone    Fax  
(please circle)

 MARITAL STATUS:      Single    Married    Common-law    Widowed    Divorced    Separated  
(please circle)

 DIRECT DEPOSIT:         /   /     
BRANCH    FINANCIAL INST.    ACCOUNT NUMBER
**SPOUSE or COMMON-LAW PARTNER (if applicable)**
**2) you worked more than 50% of the time from home for a period or at least four consecutive weeks in 2020**

 NAME: \_\_\_\_\_ BIRTHDATE:    /   /    S.I.N.:    /   /     
DD / MM / YY

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

 DIRECT DEPOSIT:         /   /     
BRANCH    FINANCIAL INST.    ACCOUNT NUMBER
**DEPENDENTS (if applicable)**

<i>NAMES OF DEPENDENTS:</i>	<i>BIRTHDATE:</i>	<i>S.I.N.:</i>
_____	<u>   /   /   </u> <small>DD / MM / YY</small>	<u>   /   /   </u>
_____	<u>   /   /   </u> <small>DD / MM / YY</small>	<u>   /   /   </u>
_____	<u>   /   /   </u> <small>DD / MM / YY</small>	<u>   /   /   </u>
_____	<u>   /   /   </u> <small>DD / MM / YY</small>	<u>   /   /   </u>

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Did you or your spouse/common-law partner sell your principal residence at any time during the year?      YES / NO

Did you or any of your family members own foreign property at any time during the year with a total cost of more than CDN\$100,000?      YES / NO

\*This includes stocks in foreign companies (ie Apple, General Motors) held through your Canadian brokerage account and rental properties in the U.S. However, this does not include investments held in RRSP/RRIF accounts or personal use properties like vacation homes that are not rented out. If so, please provide information.

Would you and your family members like to authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors?      YES / NO

**NEW CLIENTS:** Please provide a copy of your last year's tax return and Notice of Assessment.

## INCOME, DEDUCTIONS, AND TAX CREDITS

Please review the following Income and Deductions and Tax Credits lists to help you determine what documentation to provide our firm. Please note this list is not all-inclusive.

### INCOME

#### Employment and Business

	Documentation Required
Salaries, Commissions, and etc.	T4, T4A Slips
E.I. Benefits	T4E Slips
Workers Compensation Benefits	T5007
Self-Employment/Business/Professional Income	See Page 3

#### Families

Spousal Support Received	Details including separation agreement
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#### Seniors

R.R.S.P. and R.R.I.F. Income	T4RSP Slips and T4RIF slips
Pension Income (Including OAS/ CPP)	T4P, T4OAS, and T4A Slips

#### Investment

Investment Income	T3, T5 Slips, brokers annual trading summary
* interest and dividend income	
Taxable Capital Gains and Losses	Details
* i.e. sales of stock or rental property	
Partnership Income	Details, T5013

#### 2) you worked more than 50% of the time from home for a period of at least four consecutive weeks in 2020

Rental Income *including rent from a basement suite	See Page 4
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### DEDUCTIONS AND TAX CREDITS

#### Individuals

	Documentation Required
Charitable and Political Donations	Official Receipts
Medical and Dental Expenses	Official Receipts *not covered by insurance provider
Disability Tax Credit (for permanent disabilities)	Letter from doctor in first year claimed
Moving Expenses	Details of Expenses (travel, meals, selling costs, etc.)
* must have moved 40 km closer to work/school	
Volunteer Firefighter/Search and Rescue	200 hours of eligible firefighting/search and rescue services during the year
Home Buyers' Amount	Advise of home purchase during the taxation year
*did not live in another home owned by you or your spouse/common-law partner in the preceding four years	
Home Accessibility Expenses (for seniors and persons eligible for the disability tax credit)	Receipts
Eligible Educator School Supply Tax Credit	Receipts for eligible supplies

#### Employment

Employment Expenses	See Page 4
Union or Professional Dues	T4 Slip and/or Official Receipts
Tradesperson tools	Receipts

#### Families

Child Care Expenses	See Page 4
Spousal Support Paid	Name and Address of Payee
Infirm Dependent and/or Caregiver Credit	Supporting dependents 18 or older with impairment in mental or physical functions, is dependent on you for support, and is a parent, brother, sister, grandparent, aunt, uncle, niece, or nephew
Adoption expenses	Details of expenses including legal fees, agency fees, reasonable travel

#### Students and Apprentices

Tuition fees	Form T2202 (usually downloaded from school website)
Interest on Official Student Loans	Official Receipts
Interest on Canada Apprentice Loan	Official Receipt
Training Tax Credit (BC residents only)	ITA Transcript

#### Investors

Interest/Carry Charges	Details
Pension Plan/RRSP Contributions	T4 Slip, Official Receipts

CLIENT NAME: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 TAXATION YEAR: \_\_\_\_\_



**SELF-EMPLOYMENT/BUSINESS/PROFESSIONAL INCOME AND EXPENSES**

\*If your company is GST registered please fill out the Net of GST column (excludes GST). If we are filing your GST return please fill out the GST column.

	Total	Net of GST*	GST*
REVENUE	_____	_____	_____
EXPENSES			
Accounting and legal fees	_____	_____	_____
Consulting	_____	_____	_____
Advertising and promotion	_____	_____	_____
Business taxes/licences/memberships	_____	_____	_____
Rent	_____	_____	_____
Insurance	_____	_____	_____
Interest and bank charges	_____	_____	_____
Repairs and maintenance	_____	_____	_____
Management/Administration	_____	_____	_____
Meals and entertainment	_____	_____	_____
Office supplies	_____	_____	_____
Salaries, wages, and benefits	_____	_____	_____
Travel (excluding automotive)	_____	_____	_____
Other: _____	_____	_____	_____
2) you worked more than 50% of the time from home for a period of at least four consecutive weeks in 2020			

**GOVERNMENT ASSISTANCE PROGRAMS**

\*examples include: Temporary Wage Subsidy (TWS), Canada Emergency Wage Subsidy (CEWS), Canada Emergency Rent Subsidy (CERS), Canada Emergency Business Account (CEBA), and etc.

Program name:	Amount Received:
_____	_____
_____	_____
_____	_____

**AUTOMOTIVE EXPENSES**

Make, model, year:	Total	Net of GST*	GST*
_____	_____	_____	_____
Fuel	_____	_____	_____
Maintenance/Repairs	_____	_____	_____
Insurance/License/Registration	_____	_____	_____
Interest on car loan	_____	_____	_____
Leasing Cost	_____	_____	_____
Kilometers driven for business/employment purposes _____ km			
Total Kilometers driven for the year _____ km } required			

➡ Please note the CRA considers driving between your home and work location as personal use.

**HOME OFFICE EXPENSES**

	Total	Net of GST*	GST*
Rent	_____	_____	_____
Mortgage interest	_____	_____	_____
Heat	_____	_____	_____
Hydro	_____	_____	_____
Water	_____	_____	_____
Repairs/Maintenance	_____	_____	_____
Insurance	_____	_____	_____
Property Taxes	_____	_____	_____
Strata fees	_____	_____	_____
Other: _____	_____	_____	_____
Square Footage of Home Office	_____	Square Footage of Home	_____

CLIENT NAME: \_\_\_\_\_  
TAXATION YEAR: \_\_\_\_\_



**EMPLOYMENT EXPENSES**

\*Please have your employer fill out and sign Form T2200 of Form T2200S as applicable

Accounting/legal fees \_\_\_\_\_  
Advertising/Promotion \_\_\_\_\_  
Meals/Entertainment \_\_\_\_\_  
Lodging \_\_\_\_\_  
Parking \_\_\_\_\_  
Supplies/Postage/Stationary \_\_\_\_\_  
Telephone \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

**Automotive expenses** Please fill out Automotive Expenses Schedule on page 3.  
(do not fill out the Net of GST and GST columns)

**Home office expenses**

Detailed Method: Please fill out Home Office Expenses Schedule on page 3.  
(do not fill out the Net of GST and GST columns)

Flat Rate Method: Provide number of days worked from home (maximum 200) \_\_\_\_\_

Please ensure the following:

- 1) you worked from home in 2020 due to COVID-19
- 2) you worked more than 50% of the time from home for a period of at least four consecutive weeks in 2020
- 3) you are only claiming home office expenses and are not claiming any other employment expenses
- 4) your employer did not reimburse you for all of your home office expenses

**RENTAL INCOME**

Address of rental property \_\_\_\_\_

Gross Rent \_\_\_\_\_  
Expenses \_\_\_\_\_  
Property Taxes \_\_\_\_\_  
Maintenance/Repairs \_\_\_\_\_  
Mortgage interest \_\_\_\_\_  
Insurance \_\_\_\_\_  
Light/Heat/Water \_\_\_\_\_  
Advertising \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

BASEMENT SUITES (if applicable)  
Square footage of suite \_\_\_\_\_  
Square footage of house \_\_\_\_\_

CO-OWNER (if applicable)  
Name \_\_\_\_\_  
S.I.N. \_\_\_\_\_  
% of ownership \_\_\_\_\_

**CHILD CARE EXPENSES**

PAID TO: Amount \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_

S.I.N. (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OTHER INFORMATION**

Please enclose any other information required to complete your personal tax return.