

## PERSONAL INCOME TAX RETURN CHECKLIST

Administrative					
How would you like your tax return package We will be returning all original document		oaration		Electronic (PDF) Paper Pax return(s).	
Basic Information - complete ONLY if there	were changes				
			Spouse's Inform	nation	
Name:		_	Name:		
SIN:		_	SIN:		
Date of Birth:		_	Date of Birth:		
Address:		_	Address :		
			(If different)		
Phone: ( )			Phone:	( )	
Email:		_	Email:		
Marital Status as at December 31			Spouse's net inco	ome:	
Single  Married  Divorced	Separated Common Law Widow			(Provide only if spouse T1 not prepage 3 of his/her tax return)	pared by Smythe - line 236 on
Marital status changed during the year?  If yes - date of change:	Yes No	_			
Do you, your spouse or any of your do lf yes, provide the legal name of the person:	ependents qualify for the D	Disability	Tax Credit?	Yes No	
<b>Dependent information</b> Name	SIN	Date o	of Birth -DD)	Relationship	Email/Phone
Residency You are a Canadian citizen You are a U.S. citizen or green card holder	Yes Yes		No No		
Did you become (or cease to be) a resident of If yes, date of entry/departure:	of Canada for tax purpose	s during —	the year?		Yes  No
As a Canadian citizen, can the CRA provide	your name, address, date	of birth	and citizenship to	Elections Canada?	Yes 🗌 No 🔲
Do you want your tax refund deposited direct	tly to your bank account				Yes 🗌 No 🔲

Information to provid	de									
Canadian and Foreign Sources of Income				Deductions and Credits						
Employment (T4)				Interest paid on student loans	\$					
Employment insurance	e (T4E)			Union/professional membership dues	\$					
Pension, retirement, a	annuity and other incor	ne (T4A)		Child care expenses	\$					
Old Age Security (T4A	A(OAS))			Adoption expenses	\$					
CPP/QPP (T4A(P)				Moving expenses	\$					
RRSP, PRPP, DPSP,	RPP, RRIF (T4RSP/T	4RIF)		Accounting/legal/investment counsel fees	\$					
Investment income (T	5)			Interest paid to earn investment income	\$					
Mutual funds/estates/	trusts (T3)			Spousal support payments	\$					
Partnership income (T	<sup>-</sup> 5013)			Child support payments	\$					
Support payments rec	eived	\$		Charitable donations	\$					
Interest on loans rece	ivable	\$		Political/municipal contributions	\$					
Stock Options		Please provide agreements		RRSP contributions	\$					
				Home Buyers Plan withdrawals or repayments	\$					
				Lifelong Learning Plan withdrawals or repayments	\$					
				First time homebuyer						
				Tuition fees (T2202A)						
				Flow through shares(T101)						
				Nursing home/attendant care costs	\$					
				Medical/other paid disability expense (net of reimbursements from extended benefit plan)	\$					
Other sources of incom	me (please provide de	tails):		Other expenses/deductions/credits (please prov	ride details):					
		\$			\$					
		\$			\$					
		\$			\$					
		\$			\$					
The following sched	ules are provided in t	the following pages. Co	mplete tl	ne applicable schedules or provide the necess	ary documents					
Schedule 1:	Employment expense									
Schedule 2:	Business/professiona	•								
Schedule 3:	• •	r Business & Employmen	•							
Schedule 4:	Home office expenses (for Business & Employment)									

 $Sale\ of\ Investments/Assets\ (other\ than\ real\ esate)\ -\ not\ including\ RRSP,\ TFSA\ or\ other\ registered\ plans$ 

Foreign Investments (foreign property/assets with a total cost greater than Canadian \$100,000?)

Schedule 5:

Schedule 6:

Schedule 7: Schedule 8: Rental Property

Sale of Real Estate



<b>EMPLOYMENT EXPENSES</b> Expenses you are required by your employer to pay to not been reimbursed.	earn employment income which have
Your employer should provide you with T2200-Declara Please include a signed copy and keep one on file.	tion of Employment Conditions.
Did you earn commissions, salary or both?	
Commission	
Salary Both	님
DOIN	ш
Travel	\$
Parking	\$
Supplies (stationery, other)	\$
Telephone	\$
Salaries paid to an assistant	\$
Office rent	\$
Accounting & legal*	\$
Advertising & promotion*	\$
Meals & entertainment*	\$
Rental of office equipment*	\$
Training*	\$
Vehicle expenses	Complete Schedule 3
Home office expense	Complete Schedule 4
Other (please provide details):	\$
* Applies to commission employees only.	

Schedule 3 VEHICLE EXPENSES (used for Business/Employment)									
If purchased, leased or sold in the year, include relevant agreements.									
Year & make of vehicle									
Purchase/sale price									
Date of purchase/sale Date lease began/ended									
Kms driven for business purposes									
Total Kms driven									
Expense									
Fuel	\$								
Repairs & maintenance	\$								
Insurance	\$								
Licensing & registration fees	\$								
Loan interest	\$								
Lease payments	\$								
Parking	\$								
Other	\$								
Other	\$								

Schedule 2 - complete for each senarate husiness		
Schedule 2 - complete for each separate business BUSINESS (Self-employed) INCOME & EXPENSES		
Name of business (other than personal name)		
T () stance		
Type of business		
Did you generate income from a website?		Yes No
If yes, please provide:		_
Website address:		
Website address:		0/
% of Gross income earned from websites		%
Did you have partners in your business?		
If yes, please provide:		
Partner Name SIN	% Owned	
		=
	-	_ _
GST business number		
Are we preparing your GST return?	Yes 🗆	I No □
,	Pro CCT	CCT Total
Revenue	Pre-GST \$	GST Total \$
Expenses	\$	\$
Advertising	\$	\$
Meals & entertainment	\$	\$
Bad debts	\$	\$
Insurance	\$	\$
Interest & bank charges	\$	\$
Licenses, dues, memberships & subscriptions	\$	\$
Office expenses	\$	\$
Accounting, legal & other professional fees	\$	\$
Rent	\$	\$
Repairs & maintenance	\$	\$
Salaries	•	\$
Salaries	\$	\$
Travel	\$	\$
Talanhana	•	e e
Telephone	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
Vehicle expenses		Complete Schedule 3
Home office expenses  Capital equipment purchases (computer, desk, etc)		Complete Schedule 4
Item	Pre-GST	GST Total
	\$ \$	\$\$ \$\$
	\$	\$\$ \$\$
Schedule 4 HOME OFFICE (for Business & Employment)		
Total square footage of area used for business?		
Total square footage of home?		
Utilities (Heat/Hydro/Water)		\$
Repairs & maintenance		\$
Insurance Property tax		\$ \$
Internet (cable excluded)		Ψ
Rent Mantages interest		\$
Mortgage interest		\$



Real Estate - Please complete the following schedules for each property
Did you change the use of a property during the year (rental to personal use or vice versa)?

If yes, we will contact you. We will need the address, date of change, and possibly the fair market value on the date of change.

ENTAL PROPERTY						SALE OF REAL EST	ATE					
d you own the proper	for short-term rentals rty with partners? If y	es, please prov		No 🗆		Did you own the pro	r your principle residence? perty with partners? If yes, please	provide:	es 🔲			If yes, we will contact you.
Partner Name			SIN	% Owned	}	Partner Name		S	IN	% Owr	ned	
ude the Statement	of Adjustments if p	urchased in th	e year				nt of Adjustments for <u>BOTH</u> the	-				
ress				_		ddress	e not available, complete the ren	maining sched	uie as folio	ws:		
ntal income			\$		D	ate Purchased						
penses					P	urchase price				\$		
vertising			\$		Р	roperty transfer tax				\$		
urance			\$		L	egal costs paid on p	urchase			\$		
rtgage interest			\$		А	dditions and/or majo	or improvements			¢		
ice expenses			\$							\$		
counting, legal & othe	er professional fees		\$			Pate Sold				φ		
nagement & administ	tration/strata fees		\$			sale price				•		
pair & maintenance			\$			egal costs paid on s	ale.			φ e		
aries, wages & benef	fits		\$			egai costs paid on s Commission paid on				\$ \$		
perty taxes			\$			·				\$		
nool Taxes			\$			Other				\$		
vel			\$									
lities			\$			other				\$		
ner		_	\$		L							
jor renovations & p	urchases (ie: applia	inces)										
			\$									
			\$									
hedule 7												
le of investments inclivestment advisor cont	udes: shares, conver						SP, TFSA or other registered pla ss, etc.	ans)				
	Email:				_							
ption 1: Please provion December 31st invest Realized gain/loss rep Brokers' statement for	tment statements port covering the peri	iod from Jan to	Dec, <b>OR</b>									
ption 2: For self-man ame of Stock	Purchase	Date	Sale Date	<del></del>	US\$	Shares Sold	nation in the format below: Sale Proceeds	Com	missions			Cost of Shares
	MM / DD /		MM/DD/YY		(Y/N)	#	\$		\$			\$
	/		_//								_	
	/		_//				<del></del>				-	
	/	_/	_//									
hedule 8 FOREIGN I			with a total ac	at areater than Can	adian (°10	10,0002						
	clude shares held wit	h your investme	ent advisor, yo	u will receive appro	priate rep	orting information fro	om your advisor. Provide this infor r to the attached excerpt of Form 1					
I you own shares of a			(outside of you	ur investment accou	unt(s))? If	yes, please provide	the following:					
	Name of corporation Country of residence				_							
	% of Shares owned			<u></u>	_							

□ No □

Yes