

**NEW CLIENT
PERSONAL INCOME TAX RETURN INFORMATION**

CHECKLIST: for the year ending _____

1. General Information:

	Name	SIN	DOB (dd/mm/yy)		
Taxpayer					
Spouse					
Address			Phone #		
			Office		
			Res.		
			Cell		
			E-Mail		
Marital status and date of change (if any): _____			Citizenship: _____		
Spouse's net income if we are not preparing T1 (line 236): _____			Citizenship: _____		
Does the client currently receive refunds by direct deposit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would the client like to receive refunds by direct deposit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Taxpayer			Spouse
		Tax/HST	CCTB	UCTB	Tax/HST
		_____		_____	
Branch Number:		_____		_____	
Institution Number:		_____		_____	
Account Number:		_____		_____	

2. Dependant Information:

Name	Relationship	SIN	DOB	Net Income

3. History:

Provide a copy of your previous year tax return and provide the following information (below):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A copy of your previous year notice of assessment from CRA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior years' unused charitable donations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior years' unused medical expenses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Employment Income:

Attach all T4 and T4A slips from employment income:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer receive employment income in the form of commissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attach T4E slip from employment insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the taxpayer participate in an employee profit-sharing plan and if so is the T4PS attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tips, casual earnings, adult training allowances, etc. (provide details if not included on your T4/T4A slips)	\$ _____ % _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Employment Expenses:

If claiming deductible employment expenses is a signed T2200 attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer have any vehicle related expenses? (If yes, please see section 10)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer have any home office expenses? (If yes, please see section 14)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer have employment related cell phone expenses? (If yes, please provide detail)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Investment Income:

Did the taxpayer earn investment income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, please select the appropriate boxes for attached slips:					
Interest (T5 / T600)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dividends (T5)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Estate / Trust (T3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Partnership / Tax Shelters (T101 / T5013)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Investment income/loss trading summary attached? (equity shares etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Did the taxpayer dispose of real estate investment property during the year? Please provide details:					
Description of Property	Date Acquired	Date Disposed	Proceeds	Cost / UCC	Disposal Expenses

7. Investment Costs:

Amount

Interest on funds borrowed to earn investment income:	
Safety deposit box rental:	
Investment counsel and accounting fees:	

8. Pension Income:

Did the taxpayer receive pension income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please select the appropriate boxes for attached slips:		
CPP / QPP (T4A-P)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Old Age Security (T4A-OAS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension (T4A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RRSP / RPP / RRIF (T4RSP / T4RIF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did taxpayer receive foreign sourced pension income?		
If so: Details: _____		
Amount: _____		
Does the taxpayer elect to split eligible pension with spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Rental Income:

Did the taxpayer have rental income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the 776 statement of rental income attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide complete address, rental income and associated expenses, the number of rental units and purchase details for each property. (year and cost)		
Also please provide the undepreciated capital cost of any previously reported rental units.		

10. Self - Employment Income

Was the taxpayer self-employed during the taxation year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please select the appropriate information being provided:		
Revenue billed for the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expenses being claimed for the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of capital purchases and disposals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of previous capital purchases and UCC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of tax installment payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the taxpayer claiming automobile deductions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so:	Vehicle details: _____	
	Mileage - total/business _____	
	Maintenance costs _____	
	Gas costs _____	
	Insurance costs _____	

11. RRSP Information:

Did the taxpayer make an RRSP contribution during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the appropriate RRSP tax receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the contribution to personal RRSP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the contribution to spousal RRSP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer withdraw any RRSP funds during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the appropriate T4RSP slip attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Other Income

Did the taxpayer receive any of the following during the year?		
Social assistance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guaranteed income supplement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WSIB benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are the appropriate slips attached?		
Spousal allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pursuant to a legal agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide:		
Spouse's name: _____		
Spouse's SIN: _____		
Did the taxpayer receive income from foreign sources outside of Canada during the year?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details regarding type of income, amount received, currency and details of any foreign taxes paid, if any.		

13. Other Deductions

Medical expenses not reimbursed being claimed?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are receipts attached?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount paid to a private health care plan: _____		
Documentation attached?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Other Deductions con't:

Charitable donations being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are donation slips attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spousal support amount being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide:		
Spouse's name: _____		
Spouse's SIN: _____		
Disability amount being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, First time claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Copy of disability form attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuition / Education amount for self?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Is the T2202 or other appropriate receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuition / Education amount transferred from dependant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Is the T2202 or other appropriate receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student loan interest details attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child care expense claim with details and receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children's fitness amount being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Details and receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Political contributions claim slips attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moving expenses being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Details and receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Other Deductions con't:

Public transit tax credit claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Details and receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provincial Trillium credit being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Rental claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:	_____	
Amount paid:	_____	
To whom:	_____	
Property tax claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:	_____	
Amount paid:	_____	
To whom:	_____	

14. Home Office Expenses:

Did the taxpayer use a home office in the course of earning income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Employment income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Commission income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Self-employed income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please complete the following information:		
Area of home used for business: (sq. feet)	_____	
Total area of home: (sq. Feet)	_____	
Annual costs:	Heat	_____
	Hydro	_____
	Insurance	_____
	Maintenance	_____
	Mortgage Interest (self-employed only)	_____
	Property taxes (commission/self employed only)	_____

15. Authorization:

Client Personal Tax Authorization T1013	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client Business Authorization RC59 (self-employed only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No