

**EXISTING CLIENT
PERSONAL INCOME TAX RETURN INFORMATION**

CHECKLIST: for the year ending _____

1. General Information:

	Name	SIN	DOB
Taxpayer			
Spouse			

2. Changes in Contact Information

Address	Phone #'s	
	Office	
	Res.	
	Cell	
	E-Mail	

Change in marital status & date of change: _____

If yes, copy of separation/divorce agreement: Yes No

Spouse's net income if we are not preparing T1 (line 236): _____

3. Changes in Dependents

Name	Relationship	SIN	DOB	Net Income

4. Notice of Assessment

A copy of your previous year notice of assessment from CRA:

Yes No

5. Income Slips:

Did the taxpayer have:

Employment Income (T4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Income (T4A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Insurance (T4E)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Employment Income:

Tips, casual earnings, adult training allowances, etc.
(provide details if not included on your T4/T4A slips)

\$ _____

Yes No

% _____

Does the taxpayer participate in an employee profit-sharing plan
and if so is the T4PS attached?

Yes No

7. Employment Expenses

If claiming deductible employment expenses is a signed T2200 attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home office expense detail attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle expense detail attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Investment Income

Did the taxpayer dispose of real estate investment property during the year? Please provide details:

Description of Property	Date Acquired	Date Disposed	Proceeds	Cost / NBV	Disposal Expenses

9. 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

10. Rental Income:

Did the taxpayer have rental income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income and expense detail attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Self - Employment Income

Was the taxpayer self-employed during the taxation year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income and expense detail attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home office expense detail attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle expense detail attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. RRSP Information:

Did the taxpayer make an RRSP contribution during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Other Income

Did the taxpayer receive any of the following during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Spousal allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pursuant to a legal agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer receive income from foreign sources outside of Canada during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Other Deductions

Medical expenses not reimbursed being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount paid to a private health care plan: _____		
Charitable donations being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spousal support amount being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Tuition / Education amount transferred from dependant?	<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
Children's art tax credit being claimed?	<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
Public transit tax credit claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provincial Trillium rental and property tax credit being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Rental claim? _____		
Property tax claim? _____		
If yes, are receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No