

**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	
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	
Branch Number:	Tax/HST	Taxpayer CCTB	UCTB	
Institution Number:				
Account Number:				
Does the client currently receive notices from CRA by email?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the taxpayer dispose of principal residence in the taxation year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide:				
	Year of purchase	_____		
	Selling price	_____		
Did the taxpayer own specified foreign property (including investments) at any time during the tax year with a total cost of more than \$100,000 CAN?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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 (T3 / 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?					
Statement of Securities Transactions (T5008)	<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:	
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: _____	
	Documentation: _____	
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, please provide complete address, the number of rental units and purchase details for each property (including year of purchase and cost).		
Please provide complete details of rental income and associated expenses for each property including mortgage interest.		
Please provide a separate listing of capital expenditures such as appliances or major repairs (roof).		
Please provide the capital cost and amortization on any previously reported rental units.		
Also, please provide complete details of any rental property disposed of during the year (Lawyer statement).		

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 taxpayer registered for GST/HST	<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 description	_____	
Vehicle cost and year of purchase	_____	
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?		
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?		
Does the taxpayer have a Home Buyers' Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Year of Loan _____		
Amount of Loan _____		
Does the taxpayer have a continuing education loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Year of Loan _____		
Amount of Loan _____		

12. Other Income

Did the taxpayer receive any of the following during the year?

- Social assistance payments Yes No
- Guaranteed income supplement Yes No
- WSIB benefits Yes No

If yes, are the appropriate slips attached? Yes No

- Spousal allowance Yes No
- Pursuant to a legal agreement Yes No

If yes, please provide:

Spouse's name: _____

Spouse's SIN: _____

- A copy of agreement Yes No
- Proof of payment Yes No

Did the taxpayer receive income from foreign sources outside of Canada during the year? Yes No

If yes, please provide details regarding type of income, amount received, currency and details of any foreign taxes paid, if any. Please provide any documentation available.

13. Other Deductions

Medical expenses not reimbursed being claimed? Yes No

Are receipts attached? Yes No

Amount paid to a private health care plan: _____

Documentation attached? Yes 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: _____		
A copy of the agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability amount being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, For taxpayer or dependant?	_____	
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
Are we preparing dependant's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, Please provide a copy of dependant's tax return		
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 or art amount being claimed? (Expired January 2017)	<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? (Expired July 2017)	<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: _____		
Receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property tax claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address: _____		
Amount paid: _____		
Receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

16. Other:

Does the client wish to register for online mail from CRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client wish to receive a paper copy of their T1 return or a soft copy by secure e-courier?	<input type="checkbox"/> Paper	<input type="checkbox"/> Soft
Does the client wish to authorize CRA to withdraw any taxes owing from their bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Branch # _____	Financial Institution _____	Bank Account Number _____