

T1 Personal Tax Return



To help you assemble your financial information for the preparation of your personal income tax return, please keep this checklist handy. The checklist should be completed and returned to us together with the financial information assembled.

Personal Information	Spouse Information (If Applicable)
Name: _____	Name of Spouse: _____
SIN Number: _____	SIN Number: _____
Date of Birth: ____ / ____ / ____ (MM/DD/YY)	Date of Birth: ____ / ____ / ____ (MM/DD/YY)
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
E-mail: _____	E-mail: _____
Address: _____	Address: _____
City: _____	City: _____
Province/State: _____ Postal Code: _____	Province/State: _____ Postal Code: _____
Country: _____	Country: _____
Did you: <input type="radio"/> Emigrate from Canada <input type="radio"/> Immigrate to Canada <input type="radio"/> N/A	Did you: <input type="radio"/> Emigrate from Canada <input type="radio"/> Immigrate to Canada <input type="radio"/> N/A
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><i>Emigration date:</i></p> <p>____ / ____ / ____</p> <p>MM DD YY</p> </div> <div style="text-align: center;"> <p><i>Immigration date:</i></p> <p>____ / ____ / ____</p> <p>MM DD YY</p> </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><i>Emigration date:</i></p> <p>____ / ____ / ____</p> <p>MM DD YY</p> </div> <div style="text-align: center;"> <p><i>Immigration date:</i></p> <p>____ / ____ / ____</p> <p>MM DD YY</p> </div> </div>

Marital Status: Single Married Common-Law Separated Divorced Widowed

Did your marital status change from last year's tax return? Yes *Date status changed:* No

____ / ____ / ____

MM DD YY

Are we preparing a tax return for your spouse? Yes No N/A

If we are NOT preparing a tax return for your spouse, please provide: *Income figure from Line 236 on page 3* \$ _____

Please list all dependants below:

Name	Relationship	Birthday (MM/DD/YY)	SIN #	Net Income During Year
_____	_____	____ / ____ / ____	_____	\$ _____
_____	_____	____ / ____ / ____	_____	\$ _____
_____	_____	____ / ____ / ____	_____	\$ _____
_____	_____	____ / ____ / ____	_____	\$ _____
_____	_____	____ / ____ / ____	_____	\$ _____

Do you, your spouse or any of your dependants qualify for the Disability Tax Credit? Yes No

If yes, please indicate whom: _____

Please provide the following documents:

1. Latest Notice of Assessment
2. Last year's tax return OR a copy of the last return you filed

Other Important Matters

- Are you a Canadian citizen? Yes No
- Do you authorize the CRA to provide information about you to Elections Canada? Yes No
- Do you own/hold foreign property with a total cost of more than \$100,000 (CAD)? Yes No
- Have you made installment payments for the tax year? Yes No
- If yes, how much?: \$ _____

Do you want your tax refund deposited directly to your bank account?

- Yes (please provide a void cheque) Direct deposit requested last year No

How do you want your tax return delivered once it has been completed by us? (Please check all that apply)

- Electronic copy sent to your email Mailed to your home address Courier to your home address
- Hold for pick-up Other (please specify): _____

Source of Income

If you have any of the following sources of income, please check all those that apply. Please send tax slips to us in all cases.

- | Source: | Slips to attach: |
|--|-------------------------|
| <input type="checkbox"/> Employment income..... | T4 |
| <input type="checkbox"/> Commission income..... | T4 or T4A |
| <input type="checkbox"/> Profit sharing income..... | T4PS |
| <input type="checkbox"/> Taxable disability income..... | T4A |
| <input type="checkbox"/> Old Age Security..... | T4(OAS) |
| <input type="checkbox"/> Canada Pension Plan..... | T4AP |
| <input type="checkbox"/> Other pensions/annuities..... | T4A |
| <input type="checkbox"/> Employment insurance benefits..... | T4E |
| <input type="checkbox"/> Dividend income..... | T3 or T5 |
| <input type="checkbox"/> Interest income..... | T3 or T5 |
| <input type="checkbox"/> Limited partnership income..... | T5013 |
| <input type="checkbox"/> RRSP income..... | T4RSP |
| <input type="checkbox"/> RRSP withdrawals..... | T4RSP |
| <input type="checkbox"/> RRIF income..... | T4RIF |
| <input type="checkbox"/> Scholarships & bursaries..... | T4A |
| <input type="checkbox"/> Worker's compensation benefits..... | T5007 |
| <input type="checkbox"/> Social assistance payments..... | T5007 |
| <input type="checkbox"/> Self-employed income..... | Summarize on page 3 |
| <input type="checkbox"/> Rental income..... | Summarize on page 4 |
| <input type="checkbox"/> Sale of investments (T5008)..... | Summarize on page 4 |
| <input type="checkbox"/> Sale of real estate..... | Summarize on page 4 |
| <input type="checkbox"/> Spousal support received..... | \$ _____ |
| <input type="checkbox"/> Child support..... | \$ _____ |
| <input type="checkbox"/> Tips & gratuities..... | \$ _____ |
| <input type="checkbox"/> Other:..... | \$ _____ |
| <input type="checkbox"/> Other:..... | \$ _____ |
| <input type="checkbox"/> Other:..... | \$ _____ |
| <input type="checkbox"/> Other:..... | \$ _____ |
| <input type="checkbox"/> Other:..... | \$ _____ |
| <input type="checkbox"/> Other:..... | \$ _____ |

Deductions and Tax Credits Available

If you have any of the following deductions and tax credits, please check all those that apply. Please include receipts or supporting documents in all cases.

Deductions and Tax Credits:

- RRSP contributions
- RRSP contributions - Spouse
- Union dues & professional fees
- Child care expenses
- Moving expenses
- Interest paid on investment loans
- Investment counseling fees
- Interest paid on student loans
- Tuition fees - Self T2202
- Tuition fees - Spouse/Children
- Charitable donations
- Political party contributions - Federal/Political
- First-time home buyer's amount
- Home Buyer's Plan withdrawals/payments
- Lifelong Learning Plan withdrawals/payments
- Employment expenses..... Summarize on page 3
- Spousal support payment..... \$ _____
- Medical expenses..... \$ _____
- Other..... \$ _____
- Other..... \$ _____
- Other..... \$ _____

Notes

If you need to clarify any of your income and/or deductions OR have any other income and/or deductions that are not listed on the previous page that you need to explain, please write them in the box below. *Please attach supporting receipts.*

Employment Expenses

Please provide us with a signed T2200 - Declaration of Conditions of Employment from your employer.

Travel.....\$ _____
 Parking\$ _____
 Supplies (stationary, other).....\$ _____
 Telephone\$ _____
 Salaries paid to an assistant.....\$ _____
 Office rent.....\$ _____
 Vehicle expenses Summarize on this page
 Home office expenses Summarize on this page

The following expenses apply to commission employees only:

Accounting & legal\$ _____
 Advertising & promotion\$ _____
 Meals & entertainment\$ _____
 Rental of office equipment\$ _____
 Training.....\$ _____

Vehicle Expenses

Year, make & model: _____
 Purchase/sale price: \$ _____
 Date of purchase (MM/DD/YY): ____ / ____ / ____
OR Date lease began (MM/DD/YY): ____ / ____ / ____
 Kilometres (km) driven for business purposes in the year:
 _____ km
 Total kilometres (km) driven in the year: _____ km

Expenses (Annual Amount):

Fuel.....\$ _____
 Repairs & maintenance.....\$ _____
 Insurance\$ _____
 Licensing & registration fees.....\$ _____
 Loan interest.....\$ _____
 Lease payments.....\$ _____
 Car washes.....\$ _____
 Parking (for business purposes only).....\$ _____
 Other.....\$ _____

Self-Employed Income & Expenses

Name of Business: _____
 Type of Business: _____
 Name of Partner: _____ % owned: ____ %
 SIN # of Partner: _____
 Business Number: _____ (if applicable)
 Access Code #: _____ (For HST/GST Return)
 Are we preparing your GST/HST Return? Yes No
(If yes, please attach copy of previous year's return)
 Do the following amounts below include GST/HST?
 Yes No

Revenue\$ _____

Expenses:

HST on sales collected\$ _____
 Meals & entertainment.....\$ _____
 Insurance.....\$ _____
 Interest & bank charges\$ _____
 Licenses, dues, memberships & subscriptions \$ _____
 Office expenses.....\$ _____
 Supplies.....\$ _____
 Legal, accounting & other professional fees ..\$ _____
 Rental.....\$ _____
 Salaries.....\$ _____
 Travel.....\$ _____
 Telephone\$ _____
 Vehicle expenses Summarize on this page
 _____ \$ _____

Home Office (For Self-Employed & Employment Expenses)

Total % of home used for business/employment: _____ %
 Total square feet of home: _____ sqft
 Heat.....\$ _____
 Hydro\$ _____
 Water\$ _____
 Repairs & maintenance\$ _____
 Insurance.....\$ _____
 Property taxes.....\$ _____
 Rent.....\$ _____
 Mortgage interest (self-employed only) \$ _____

Principal Residence Exemption

Did the taxpayer dispose of a principal residence in the current taxation year for which he or she claims the total or partial exemption? Yes No

Did you (or your spouse or common-law partner) acquire a qualifying home and you did not live in another home that you (or your spouse or common-law partner) owned in the year of the acquisition or in any of the four preceding years (first-time home buyer)? Yes No

Have you contributed to the FHSA (First Home Savings Account) during the year? Yes No
If yes, how much? _____

Did you sell any investments e.g. shares, real property after June 25, 2024 (inclusion rate 2/3)? Yes No
If yes, please specify _____

Rental Property

Includes the Statement of Adjustments for purchase

Please indicate if you are the sole owner of the property or if you have a co-owner:

I'm the sole owner I have a co-owner

If you have a co-owner, please provide their details below:

Name: _____
SIN #: _____ owned: ____%

Date Rental Started (MM/DD/YY): ____ / ____ / ____

Date of Purchase (MM/DD/YY): ____ / ____ / ____

Address: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Total rental income \$ _____

Expenses (Total Annual Amount)

Advertising..... \$ _____

Insurance..... \$ _____

Mortgage Interest..... \$ _____

Office expenses..... \$ _____

Legal, accounting & other professional fees \$ _____

Management & administration fees \$ _____

Repairs and maintenance \$ _____

Salaries, wages & benefits \$ _____

Property taxes \$ _____

Travel..... \$ _____

Utilities \$ _____

Other:..... \$ _____

Major renovations & purchases (i.e. appliances):

..... \$ _____

..... \$ _____

Sale of Real Estate

Includes the State of Adjustments and Trust Ledger for BOTH the sale and purchase. Also include the sale agreement and purchase agreement.

Please indicate if you are the sole owner of the property or if you have a co-owner:

I'm the sole owner I have a co-owner

If you have a co-owner, please provide their details below:

Name: _____
SIN #: _____ owned: ____%

Address: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Date purchased (MM/DD/YY): ____ / ____ / ____

Total purchase price..... \$ _____

Land transfer tax..... \$ _____

Legal costs paid on purchase \$ _____

Adjustments and/or major improvements during ownership:

..... \$ _____

..... \$ _____

Date sold (MM/DD/YY): ____ / ____ / ____

Sale price..... \$ _____

Legal costs paid on sale \$ _____

Commission paid on sale..... \$ _____

Other selling expense:

..... \$ _____

Sale of Investments (not including investments held in your RRSP/TFSA or other registered plans)

If you have slip T5008, please fill in the details for each transaction, or summarize each portfolio.

Include the following documents for ALL NON-RRSP or NON-Registered plans:

- o December 31st year end statements
- o Realized gain/loss report from broker, cost of book value from broker
- o Brokers statement for both purchase and sale (only if realized gain/loss report is not available)

Name of Stock	Date of Purchase (MM/DD/YY)	Date of Sale (MM/DD/YY)	Currency	# of Shares Sold	Sale Proceeds	Commissions	Cost of Shares
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____