



PERSONAL INCOME TAX CHECKLIST

To assist me in preparing your income tax return, please complete the checklist below. Your fully completed questionnaire helps me prepare your returns efficiently, in a timely manner and provides all the information that I need. It also acts as a checklist in asking the right questions, which will help me eliminate mistakes.

Your time and effort in completing this checklist is very much appreciated. If you are an existing client, you do not have to fill out the first section regarding your personal information, as you are already in my data base.

Name : \_\_\_\_\_
Marital Status: \_\_\_\_\_
Spouse's Name: \_\_\_\_\_
SIN: \_\_\_\_\_
Spouse's SIN: \_\_\_\_\_
Birth date: \_\_\_\_\_
Spouse's birth date: \_\_\_\_\_
Address: \_\_\_\_\_
Address: \_\_\_\_\_
City, Postal Code: \_\_\_\_\_

Forms Enclosed: Please check off ( ✓ ) all the items that are relevant to your tax return.

Document:

Are you a Canadian Citizen: Yes [ ] No: [ ]
I wish to have personal information passed on to Elections Canada: Yes [ ] No: [ ]
Income Tax Installments Paid [ ] (and receipt) [ ] \$ \_\_\_\_\_
RRSP Receipts Contributions to February \$ \_\_\_\_\_
Prior year "Notice of Assessment" [ ] And/or other Reassessments from CRA [ ]
T4 [ ] Employment income - wages/salary [ ]
T4A(OAS)/T4A(P) [ ] Old Age Security Pension / CPP Pension [ ]
T4A [ ] Pension/Annuity/Other income [ ] T3 [ ]
Mutual fund and trust income [ ] T5 [ ]
Interest, dividend, and other investment income [ ] T4E [ ]
Employment insurance income [ ] T5013, T5003, T102, T101 [ ]
Tax Shelter information [ ] T5007 (Statement of Benefits) [ ]

- WCB, Social or other assistance received  T5008
- Statement of securities sold  T2200 (signed by employer)
- If you are deducting employment expenses  T2202/T2202A
- Tuition fees/Education deduction
- Charitable donation receipts (must have registration number), political donation receipts
- Medical Expenses, including premiums, dental, drugs, glasses, and other medical expenses – Chiropractors, Massages, Physiotherapists.
- Disability tax credit form signed by a physician if this is a first year claim
- Public transit passes
- Child care expense receipts, children sports activity receipts
- Home Buyers Amount- A \$5000 claim for qualifying houses and if the home owner hasn't lived for the past 4 years in another owned home. (First time home buyers only)
- Family caregiver- Caring for a family member with a mental and/or physical disability
- Volunteer firefighter- A \$3000 claim if you volunteered during the year and recorded at least 200 volunteer hours.
- Adoption expenses, including adoption agency fees, legal fees, administrative expenses, immigration expenses etc.
- Other (Interest paid on student loans, security deposit fee etc)

Other Income and Deductions

	Attached	Coming	N/A
Alimony/Child Support: Amount paid or received and the name, address, and SIN of the recipient. Were the terms of your agreement changed during the year? (Provide a copy if agreement is new/updated in)			
Capital Gains: Equity sale details – Provide details of Proceeds of disposition, adjusted cost base and commissions.			
Investment Income: Please list issue/maturity date, face amount and series if applicable of CSB's, long-term GIC's, strip bonds etc. You may have to report interest on an annual basis even if no cash was received			
Investment Expenses: Please list carrying charges and interest paid to earn income from investments (including safety deposit box and investment counsel fees)			
Rental Income: Please provide details of income and expenses from rental properties including mortgage interest, property taxes, utilities, repairs and maintenance, insurance, and advertising. (attach details of any purchase and/or sale of properties). Provide this on a separate sheet.			
Rent or Property Taxes Paid on Your Residence: Please include name of landlord or municipality.			
Union or Professional Dues Paid: Please include receipt.			
Moving Expenses: Please include details including dates and amounts. Note if your employer reimbursed any items.			
Child Care Expenses: Please include: <ul style="list-style-type: none"> <li>• Name, address and amounts paid</li> <li>• SIN of individual daycare providers</li> <li>• Details on # of weeks if payment is for camp fees</li> </ul>			

## Foreign Property

The "Foreign Income Verification Rule" requires that you report specified foreign property/assets costing over \$100,000 (Cdn).

Specified foreign property includes:

- Foreign bank accounts and deposits
- Shares/Debt of foreign corporations held individually or through CDN broker. Does not include foreign fund shares.
- Tangible property outside of Canada
- Any interest in a non-resident trust
- Debt owed by a non-resident person

Penalties are severe so it is critical that we discuss these details if you think these rules apply to you.

## BUSINESS INCOME CHECKLIST (Also used for employment/commission expenses)

This checklist is to be used as a guide (use a copy for each business) in order to help you organize your business transactions. Please provide the totals wherever possible. If you have financial statements for your business I will use those to complete your return and it is only necessary to complete the auto and home office portions. Call me for clarification.

Name of Business: \_\_\_\_\_

Main product or service: \_\_\_\_\_

Business Number: \_\_\_\_\_

Attach details of GST paid/GST returns for the year: \_\_\_\_\_

NOTE: Are there any items which you are unsure about or may be questionable?  
\_\_\_\_\_

### REVENUE:

Sales, commissions etc. (Total before GST) \$ \_\_\_\_\_

GST charged on revenue in the year: \$ \_\_\_\_\_

### EXPENSES:

Do not include GST paid (Input Tax Credits) (Unless you are not registered or use the quick method)

#### 1. Automobile Expenses:

Gas and oil: \_\_\_\_\_

Repairs and maintenance: \_\_\_\_\_

Insurance: \_\_\_\_\_

Lease payments: \_\_\_\_\_

Interest and finance charges: \_\_\_\_\_

Parking: \_\_\_\_\_

Licence, dues and fees: \_\_\_\_\_

Odometer at: \_\_\_\_\_

beginning of year: \_\_\_\_\_ end of year: \_\_\_\_\_

Vehicle: Make/Model/Year: \_\_\_\_\_

Date Purchased/Leased: \_\_\_\_\_

Original Cost of Vehicle/ MSL Price (if leased): \_\_\_\_\_

Portion Used for Business (or % if known): \_\_\_\_\_ / \_\_\_\_\_ "Business KM" divided by "Total KM"

■ 416.579.5882

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■ http://dgaccountingservice.com

**2. Specific Expenses Used in Your Business:**

(See also Revenue Canada's "Business and Professional Income" guide)

Inventory

Material purchased for re-sale: \_\_\_\_\_

Amount still on hand at year-end: \_\_\_\_\_

Office expenses: \_\_\_\_\_

Sub-contracting paid: \_\_\_\_\_

Interest and bank charges: \_\_\_\_\_

Advertising: \_\_\_\_\_

Meals, entertainment and sports tickets: \_\_\_\_\_

Membership dues, fees, licences and subscriptions: \_\_\_\_\_

Delivery and freight: \_\_\_\_\_

Other expenses: \_\_\_\_\_

Provide details:

Phone, fax, internet \_\_\_\_\_

**3. Equipment, Computers and Capital Purchases**

Type of Asset: \_\_\_\_\_

Amount Paid and Date (GST included Y/N): \_\_\_\_\_

GST Paid: \_\_\_\_\_

**4. Home Office Expenses: (Personal expenses used partly for business)**

Mortgage interest: \_\_\_\_\_

Property taxes: \_\_\_\_\_

Heat (Gas/Oil/Wood): \_\_\_\_\_

Electricity: \_\_\_\_\_

Repairs, cleaning, landscaping and supplies: \_\_\_\_\_

Insurance: \_\_\_\_\_

Portion Used for Business (%) \_\_\_\_\_/\_\_\_\_\_