

DATE RECEIVED _____

PICK UP DATE _____

T1 Personal Tax Return Year



Please complete this checklist and return it to us together with your financial information

Number of tax returns to be prepared: _____

Personal Information		Spouse Information (If Applicable)	
Name:		Name:	
SIN Number:		SIN Number:	
Date of Birth:	(YYYY/MM/DD)	Date of Birth:	(YYYY/MM/DD)
Phone #:		Phone #:	
E-mail:		E-mail:	
Address:		Address:	
City		City	
Province/State:	Postal Code:	Province/State:	Postal Code:
Did you during the year:			
Emigrate from Canada?	Immigrate to Canada?	Emigrate from Canada?	Immigrate to Canada?
<i>Emigration date:</i>	<i>Immigration date:</i>	<i>Emigration date:</i>	<i>Immigration date:</i>

Marital Status: (Please circle)	Single	Married	Common-Law	Separated	Divorced	Widowed
Did your marital status change from last year's tax return?	O Yes/No		<i>Date status changed:</i>			
Are we preparing a tax return for your spouse?	O Yes		O No	O N/A		
If we are <u>NOT</u> preparing a tax return for your spouse, please provide: <i>Income figure from Line 23600 on page 4</i> \$ _____						

Please list all dependants below:

	Name	Relationship	Birthday (YYYY/MM/DD)	SIN#	Net Income During Year
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Other Matters

- 1 Do you, your spouse or any of your dependants qualify for the Disability Tax Credit? Yes No
If yes, please indicate whom: _____
- 2 Are you a Canadian citizen? Yes No
- 3 Do you authorize the CRA to provide information about you to Elections Canada? Yes No
- 4 Do you own/hold foreign property (including shares) with a total cost of more than \$100,000 (CAD)? Yes No
- 5 Have you made installment payments for the tax year? *If yes, how much \$* _____ Yes No
- 6 Did you sell your principal residence? *If yes, what year?* _____ Yes No
- 7 Are we preparing a tax return for a deceased person? Yes No
If yes, date of death _____; **Copy of death certificate and will required**
- 8 Are you claiming work from home expenses? Signed T2200 req'd Yes No
- 9 Did you pay property tax? Property tax paid \$ _____ Yes No
- 10 Did you rent? Rent pd:\$ _____ Name of landlord: _____ Yes No
- 11 Do you have a rental property, sold your 2nd property or have self employed income? Details req'd Yes No
- 12 Are you a first-time home buyer? Yes No
If yes, need address of property and acquisition date. Max \$10,000 x 15% - \$1,500
- 13 Have you opened a First Home savings Account (FHSA) in 2025 and made a contribution? Contribution slip re: Yes No

Please bring your 2024 Notice of assessment if you have it

Please complete at back any additional notes or information that are relevant to completing your tax return

Source of Income

Deductions and Tax Credits:

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.

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.

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"/> US or foreign pension received	
<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:.....	\$ _____

Deductions and Tax Credits Available

<input type="checkbox"/> RRSP contributions	
<input type="checkbox"/> RRSP contributions - Spouse	
<input type="checkbox"/> FHSA contributions (T4FHSA)	
<input type="checkbox"/> Union dues & professional fees	
<input type="checkbox"/> Child care expenses	
<input type="checkbox"/> Moving expenses	
<input type="checkbox"/> Interest paid on investment loans	
<input type="checkbox"/> Investment counseling fees	
<input type="checkbox"/> Interest paid on student loans	
<input type="checkbox"/> Tuition fees - Self T2202	
<input type="checkbox"/> Tuition fees - Spouse/Children	
<input type="checkbox"/> Charitable donations	
<input type="checkbox"/> Political party contributions - Federal/Political	
<input type="checkbox"/> First-time home buyer's amount	
<input type="checkbox"/> Home Buyer's Plan withdrawals/payments	
<input type="checkbox"/> Lifelong Learning Plan withdrawals/payments	
<input type="checkbox"/> Home accessibility expenses	
<input type="checkbox"/> Digital news subscription	
<input type="checkbox"/> Employment expenses.....	Summarize on page 3
<input type="checkbox"/> Spousal support payment.....	\$ _____
<input type="checkbox"/> Medical expenses.....	\$ _____
<input type="checkbox"/> Other:.....	\$ _____
<input type="checkbox"/> Other:.....	\$ _____
<input type="checkbox"/> 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**Self-Employed Income & Expenses**

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

Name of Business: _____

Type of Business: _____

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

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

The following expenses apply to commission employees only:

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

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

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

Home Office (For Self-Employed & Employment Expenses)

Expenses (Annual Amount):

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

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)... \$ _____

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 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 Leger 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 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:

- December 31 st year end statements
- Realized gain/loss report from broker, cost of book value from broker
- 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)	# of Shares Sold	Sale Proceeds	Cost of Shares
	/ /	/ /		\$	\$
	/ /	/ /		\$	\$
	/ /	/ /		\$	\$
	/ /	/ /		\$	\$
	/ /	/ /		\$	\$