



# 2020 Personal Tax Checklist

**NEW! - DOWNLOAD OUR APP AND SUBMIT YOUR TAX INFORMATION FROM THE COMFORT & SAFETY OF YOUR HOME!**  
Contact your Local Ledgers Professional for details

To guarantee that your return will be prepared by April 30, we must have all your data by April 16<sup>th</sup>

## Identification:

Your Name:	<input type="text"/>	SIN	<input type="text"/>	Birth Date:	<input type="text"/>
Your Spouse:	<input type="text"/>	SIN	<input type="text"/>	Birth Date:	<input type="text"/>
Address	<input type="text"/>	Home Phone #	<input type="text"/>		
		Work Phone #	<input type="text"/>		
E-Mail Address	<input type="text"/>	Spouse Work #	<input type="text"/>		

## Marital Status:

Married   
  Widowed   
  Divorced   
  Common-Law\*   
  Separated   
  Single

Did your marital status change during the year?   
 Yes   
 No   
 If so, provide the date

If we are **NOT** preparing a tax return for your spouse, please provide the following:

Net Income figure from line 236 on page 2 of his/her 2020 tax return

\* Includes same-sex relationships

## Dependents:

List any **dependents** who were 18 years of age or under as of December 31, 2020

Name	Relationship	2020 Net Income	Date of Birth	SIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you or your spouse or any of your dependents qualify for disability credit?

Do you provide shelter and/or financial support to any other relatives (parents)?   
 Yes   
 No

## Delivery of Return and Other Important Matters:

Do you want your return filed electronically?   
 Yes   
 No

Did you own/hold foreign property with a cost of more than \$100,000? (Attach details if Yes)   
 Yes   
 No

Do you authorize CRA to provide information about you to Elections Canada?   
 Yes   
 No

Do you want your tax refund deposited Directly to your bank account? (Attach void cheque if yes)   
 Yes   
 No

Hold for Pickup                     
 Registered Mail to my Home                     
 Direct Deposit Requested Last Year

Registered Mail to my Office, (\$15 minimum fee) Address:

### Rental Property

If property was purchased during the year, provide the agreement of purchase and sale as well as the solicitor's reporting letter.

Address	<input type="text"/>	Name of Partner and Their % Owned	<input type="text"/>		
Management and Administration	<input type="text"/>	Advertising	<input type="text"/>	Mortgage Interest	<input type="text"/>
Repairs & Maintenance	<input type="text"/>	Property Tax	<input type="text"/>	Professional Fees	<input type="text"/>
Insurance	<input type="text"/>	Utilities	<input type="text"/>	Other	<input type="text"/>
Specify	<input type="text"/>				
Major renovations and Purchases	<input type="text"/>	Specify	<input type="text"/>		
Major renovations and Purchases	<input type="text"/>	Specify	<input type="text"/>		

### Sale of Real Estate (INCLUDING Principal Residence)

Provide the agreement of purchase and sale as well as the solicitor's reporting letter for BOTH your sale and purchase

Address	<input type="text"/>	Sale Date	<input type="text"/>	Legal and Other Costs on Sale	<input type="text"/>
		Sale Price	<input type="text"/>	Commission Paid on Sale	<input type="text"/>
Name of Partner and Their % Owned	<input type="text"/>	SIN of Partner	<input type="text"/>		
Purchase Date	<input type="text"/>	Purchase Price	<input type="text"/>	Legal/Other Costs on Purchase	<input type="text"/>
Additions/other major improvements	<input type="text"/>	Specify	<input type="text"/>		
Additions/other major improvements	<input type="text"/>	Specify	<input type="text"/>		
Other	<input type="text"/>	Specify	<input type="text"/>		
<input type="checkbox"/> Check this box if this was your principal residence and you have acquired a new principal residence					

### Sale of Securities (In non-RRSP or other registered plan)

For each brokerage account, please provide the following:

- Transaction Summary for the Year
- Investment Income and Expense Summary for the Year
- The December 31<sup>st</sup> monthly account statement

For **ALL** non-RRSP mutual funds, please provide the December 31<sup>st</sup> year-end statements. (These statements should show all mutual fund transactions for the year, including any sales, redemptions or transfers).

### Employment Expenses

Include a T2200 - Declaration of Employment Conditions from your employer.

Accounting/Legal Fees	<input type="text"/>	Lodging	<input type="text"/>	Telephone	<input type="text"/>	Supplies (Postage, etc...)	<input type="text"/>
Meals/Entertainment	<input type="text"/>	Parking	<input type="text"/>	Other	<input type="text"/>	Specify	<input type="text"/>

### Automobile Expenses

For business and employment

Year and Make of Automobile	<input type="text"/>	Year of Purchase	<input type="text"/>	Purchase Amount	<input type="text"/>
Total Kilometers Driven in Year	<input type="text"/>	Total Kilometers Driven in Year for Business	<input type="text"/>		

If car was purchased or leased in 2020, provide a copy of the purchase or lease agreement

Fuel	<input type="text"/>	Insurance	<input type="text"/>	Payments	<input type="text"/>	Licensing and Registration	<input type="text"/>
Tolls	<input type="text"/>	Car Washes	<input type="text"/>	Loan Interest	<input type="text"/>	Repairs and Maintenance	<input type="text"/>
Other	<input type="text"/>	Specify	<input type="text"/>	Other	<input type="text"/>	Specify	<input type="text"/>

### Home Office

For Business and Employment

Percentage of Home Used for Business	<input type="text"/>	Telephone	<input type="text"/>	Hydro	<input type="text"/>	Rent	<input type="text"/>
Mortgage Interest (Self-Employed Only)	<input type="text"/>	Property Taxes	<input type="text"/>	Heat	<input type="text"/>	Water	<input type="text"/>
Maintenance and Repairs	<input type="text"/>	Internet	<input type="text"/>	Other	<input type="text"/>	Specify	<input type="text"/>

### Self-Employed Income and Expenses

Business Name	<input type="text"/>	Type of Business	<input type="text"/>				
Name of Partner	<input type="text"/>	SIN	<input type="text"/>	Percent Owned By Partner	<input type="text"/>		
Licenses, Dues, Memberships, Subscriptions	<input type="text"/>	Internet Fees	<input type="text"/>	Office Supplies	<input type="text"/>		
Repairs and Maintenance	<input type="text"/>	Advertising	<input type="text"/>	Salaries	<input type="text"/>		
Meals and Entertainment	<input type="text"/>	Insurance	<input type="text"/>	Legal/Accounting	<input type="text"/>		
Interest and Bank Charges	<input type="text"/>	Rent	<input type="text"/>	Telephone	<input type="text"/>		
Other	<input type="text"/>	Specify	<input type="text"/>	Other	<input type="text"/>	Specify	<input type="text"/>

**Please Include GST/HST In All of The Above Amounts**

## Sources of Income

Check if you have any of the following sources of income

Source	Slip to Bring
<input type="checkbox"/> Employment Income	T4
<input type="checkbox"/> Taxable Disability Income	T4A
<input type="checkbox"/> Profit Sharing Income	T4PS
<input type="checkbox"/> Commission Income	T4 or T4A
<input type="checkbox"/> Old Age Security	T4A (OAS)
<input type="checkbox"/> Canada Pension	T4A (P)
<input type="checkbox"/> Other Pension/Annuities	T4A
<input type="checkbox"/> RRIF Income	T4 (RIF)
<input type="checkbox"/> Withdrawals from RRSP	T4 (RSP)
<input type="checkbox"/> Employment Insurance Benefits	T4 (E)
<input type="checkbox"/> Workers Safety Insurance	T5007
<input type="checkbox"/> Social Assistance Payments	T5007
<input type="checkbox"/> Scholarships and Bursaries	T4A
<input type="checkbox"/> Dividends	T3 or T5
<input type="checkbox"/> Interest	T3 or T5
<input type="checkbox"/> Limited Partnerships	T5013
<input type="checkbox"/> Universal Child Care Benefits	RC62
<input type="checkbox"/> Working Income Tax Benefit Advance	RC210
<input type="checkbox"/> Alimony	Amount <input type="text"/>
<input type="checkbox"/> Child Support (Taxable)	Amount <input type="text"/>
<input type="checkbox"/> Tips and Gratuities	Amount <input type="text"/>
<input type="checkbox"/> Other	Amount <input type="text"/>
<input type="checkbox"/> Other	Amount <input type="text"/>

**If you have any other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.**

## Deductions and Tax Credits Available

Check if you have any of the following deductions and **INCLUDE ORIGINAL RECEIPTS** in all cases.

<input type="checkbox"/> Investment Loan Interest	Amount <input type="text"/>
<input type="checkbox"/> Student Loan Interest	Amount <input type="text"/>
<input type="checkbox"/> Investment Counselling Fees	Amount <input type="text"/>
<input type="checkbox"/> RRSP Contributions	Amount <input type="text"/>
<input type="checkbox"/> Moving Expenses (If more than 40km)	Amount <input type="text"/>
<input type="checkbox"/> Medical Expenses	Amount <input type="text"/>
<input type="checkbox"/> Adoption Expenses	Amount <input type="text"/>
<input type="checkbox"/> Health Insurance Premiums	Amount <input type="text"/>
<input type="checkbox"/> Union Dues and Professional Fees	Amount <input type="text"/>
<input type="checkbox"/> Child Care Expenses	Amount <input type="text"/>
<input type="checkbox"/> Charitable Donations	Amount <input type="text"/>
1 <sup>st</sup> Time Donor?	
<input type="checkbox"/> Transit Passes	Amount <input type="text"/>
<input type="checkbox"/> Political Party Contributions -	Amount <input type="text"/>
<input type="checkbox"/> Labour-Sponsored Funds	Amount <input type="text"/>
<input type="checkbox"/> Tuition Fees - SPOUSE/CHILDREN	Amount <input type="text"/>
<input type="checkbox"/> Tax Installments paid to government	Amount <input type="text"/>
<input type="checkbox"/> Alimony Payments Made	Amount <input type="text"/>
<input type="checkbox"/> Child Support (ONLY if deductible)	Amount <input type="text"/>
<input type="checkbox"/> Rent Paid	Amount <input type="text"/>
<input type="checkbox"/> Property Taxes Paid	Amount <input type="text"/>
<input type="checkbox"/> Firefighter / Search & Rescue Credit	Amount <input type="text"/>

**PLEASE PROVIDE YOUR 2019 NOTICE OF ASSESSMENT**

Submit by Email

Print Form



## Authorizing or Cancelling a Representative

- You can view, add, modify, or cancel your authorized representatives **online** using **My Account** at [canada.ca/my-cra-account](http://canada.ca/my-cra-account). Your representative will have **instant** access to your information and online services to easily manage your account. To **immediately cancel** a representative, call us at **1-800-959-8281**.
- If you recently moved, you can update your address and contact information online using My Account, by telephone at **1-800-959-8281**, or in writing.
- Complete a **separate Form T1013** for each account (Part 1) and representative (Part 2).
- Do **not** complete a new form every year if there are no changes.
- See the attached information sheet if you need help completing this form.

### Part 1 – Taxpayer information

Complete the line that applies.

**SIN, TTN or ITN**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

**Trust account number**

Trust name: \_\_\_\_\_

### Part 2 – Representative information and authorization

Complete section A or B, as applicable.

#### A. Authorize online access for all tax years (including access by telephone and in writing)

Complete **either** the ReplID or the GroupID or the Business number of your representative.

**ReplID**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

**GroupID**

Group name: \_\_\_\_\_

**Business number (BN)**

Business name: \_\_\_\_\_

Level of authorization (level 1 or 2):

**Notes**

A representative of a trust account will have access to **all** tax years with **no** online access.

If you have a "care of" address on your account, we will send you a letter asking you to call the CRA to authorize the online access.

#### B. Authorize access by telephone and in writing (no online access)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Business name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Tick the appropriate box and indicate the level of authorization:

All tax years (past, present, and future) Level of authorization (level 1 or 2)

or

Specific tax year(s) with level of authorization (level 1 - disclose, or level 2 - disclose/request changes) indicated for **each** tax year.

Tax year(s)										
Level of authorization										

**Part 3 – Authorization expiry date**

Enter an expiry date, if applicable. Your representative's access to your information will stay in effect until **you** or **your representative** cancel it, or we are notified of your death.

Year	Month	Day

**Part 4 – Cancel your representative**

Complete this section to cancel your representative(s) and remove their access to your information. Tick the appropriate box.

Cancel **all** representatives

or

Cancel the representative listed below:

RepID

--	--	--	--	--	--	--	--	--	--

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

GroupID

G							
---	--	--	--	--	--	--	--

Group name: \_\_\_\_\_

Business number (BN)

--	--	--	--	--	--	--	--	--	--

Business name: \_\_\_\_\_

Go to **My Account** at [canada.ca/my-cra-account](http://canada.ca/my-cra-account) to view all representatives with access to your information.

**Part 5 – Signature and date**

If you are the **taxpayer**, you must **sign** and **date** this form.

If you are the **legal representative**, you must **tick** the box below, and **sign** and **date** this form.

**I am the legal representative for this taxpayer or estate/trust.**  
(executor/administrator, power of attorney, legal guardian, trustee or custodian)

**Important:** You must send a **complete** copy of the **legal document** giving you the authority to act in this capacity to the taxpayer's tax centre. Read the attached information sheet for tax centre addresses.

If **two or more** legal representatives are acting **jointly** on the taxpayer's behalf, **each** legal representative must sign below.

\_\_\_\_\_  
Name of taxpayer, legal representative(s) or corporate officer(s)

\_\_\_\_\_  
Name of corporation and title of corporate officer(s)

**X**

\_\_\_\_\_  
Signature of taxpayer, legal representative(s), or corporate officer(s),  
parent (if taxpayer is under the age of 16),  
witness (when signed with a mark)

Year	Month	Day

Date of signature

If your representative has not electronically submitted this form on your behalf then it must be submitted **within six months** of the date of signature. If not, it will not be processed.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in your request not being accepted. Under the *Privacy Act*, individuals have the right to file a complaint with the Privacy Commissioner of Canada (OPC) regarding the CRA's handling of their personal information and the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source), Personal Information Banks CRA PPU 005, CRA PPU 015, CRA PPU 063, CRA PPU 140, CRA PPU 178 and CRA PPU 218.