

The Graphite Group, Chartered Professional Accountants Personal Income Tax Return Checklist - 2023

Name: _____

Email: _____ Preferred Phone Number: _____

Would you prefer your tax return as an electronic PDF rather than a paper copy?

Client portal required for PDF. Yes No

At any time in 2023 did you sell your principal residence or change its use? Yes No

At any time in 2023 did you have any Specified Foreign Property (e.g. funds held outside Canada, shares of non-resident corporations, loans to non-residents, interest in non-resident Trusts, real property outside of Canada [other than personal use real estate] or other foreign property)?
If "Yes" we will contact you for additional details required by the CRA. Yes No

Do you authorize CRA to provide your name, address & birth date to Elections Canada? Yes No

Do you have any new dependants? If yes, please provide information. Yes No

Was there a change to your marital status during the year? Date of change: _____. Yes No

Common sources of income (provide slips, documents or details)

- | | | |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Employment income (T4) | <input type="checkbox"/> Old Age Security (T4A OAS) | <input type="checkbox"/> Tips and gratuities not on a T4 |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Canada Pension Benefits (T4A(P)) | <input type="checkbox"/> Spousal/child support received |
| <input type="checkbox"/> - Dividends (T5) | <input type="checkbox"/> Pensions & other income (T4A) | <input type="checkbox"/> RIF Income (T4RIF) |
| <input type="checkbox"/> - Interest (T5/T3) | <input type="checkbox"/> RRSP income (T4RSP) | <input type="checkbox"/> Business income/expenses* |
| <input type="checkbox"/> - Trust income (T3) | <input type="checkbox"/> Capital gains/losses (please provide investment broker transaction summary) | <input type="checkbox"/> Rental income/expenses* |
| <input type="checkbox"/> - Partnership returns (T5008/5013) | | <input type="checkbox"/> Employment insurance (T4E) |
| <input type="checkbox"/> Repayment of COVID-19 benefits | | <i>*please contact office for more info</i> |

Common deductions & credits (provide receipts, documents or details)

- | | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> RRSP contributions | <input type="checkbox"/> Investment counsel fees (not RRSP or TFSA) | <input type="checkbox"/> First-time home buyer tax credit |
| <input type="checkbox"/> Home Buyers Plan (HBP) repayment | <input type="checkbox"/> First Home Savings Account (FHSA) | <input type="checkbox"/> Spousal/child support payments |
| <input type="checkbox"/> Child care/adoption expenses | <input type="checkbox"/> Deductible employment expenses (form T2200 required) | <input type="checkbox"/> Student loan interest paid |
| <input type="checkbox"/> Professional/Union dues | <input type="checkbox"/> BC renter's credit - max. income \$80K (address, total rent, months, landlord) | <input type="checkbox"/> Moving expenses |
| <input type="checkbox"/> Tuition fees (T2202) | | <input type="checkbox"/> Seniors - multigenerational reno/home accessibility costs |
| <input type="checkbox"/> Digital news subscription expenses | | <input type="checkbox"/> Charitable/Political Donations |
| <input type="checkbox"/> Teachers - School Supply Tax Credit | | |
| <input type="checkbox"/> Medical/dental/attendant expenses | | |

- Please do not include the credit or debit card receipt. Please do not staple the receipts. Thank you.
- Please request a summary statement from your pharmacy for all prescriptions for the year.
- Please advise of any reimbursements received or premiums paid from/to insurance, with annual statement.

What is your favourite type of food? _____

COMMENTS/ADDITIONAL INFORMATION OR CHANGES FROM LAST YEAR
