



# 2011 Personal Tax Checklist

Completion of this form will help ensure that your tax return is completed accurately and cost-effectively.

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

## 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"/>	
E-Mail Address	<input type="text"/>	Work Phone #	<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 2011 tax return

\* Includes same-sex relationships

## Dependants:

List any **dependants** who were 18 years of age or under as of December 31, 2011

Name	Relationship	2016 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 dependants qualify for disability credit?

**This can now include children with severe Type 1 diabetes**

Do you provide shelter and/or financial support to any other relatives (e.g 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"/>
		SIN of Partner	<input type="text"/>
		Income	<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 (NEW • § & 2016)					

### 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 31st monthly account statement

For **ALL** non-RRSP mutual funds, please provide the December 31st 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 Kilometres Driven in Year	<input type="text"/>	Total Kilometres Driven in Year for Business	<input type="text"/>				
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 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 Withdrawals from	T4 (RIF)
<input type="checkbox"/> RRSPP Employment Insurance	T4 (RSP)
<input type="checkbox"/> Benefits Workers Safety	T4 (E)
<input type="checkbox"/> 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"/> RRSPP 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"/> Children's Fitness Expenses	Amount <input type="text"/>
<input type="checkbox"/> Charitable Donations	Amount <input type="text"/>
<input type="checkbox"/> 1st Time Donor?	
<input type="checkbox"/> Transit Passes	Amount <input type="text"/>
<input type="checkbox"/> Political Party Contributions - Federal	Amount <input type="text"/>
<input type="checkbox"/> Political Party Contributions - Provincial	Amount <input type="text"/>
<input type="checkbox"/> Labour-Sponsored Funds Contributions	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	

**PLEASE PROVIDE YOUR 201\* NOTICE OF ASSESSMENT**