

**NEW CLIENT
PERSONAL INCOME TAX RETURN INFORMATION**

CHECKLIST: for the year ending _____

1. General Information:

	Name	SIN	DOB (dd/mm/yy)
Taxpayer			
Spouse			
Address		Phone #	
		Office	
		Res.	
		Cell	
		E-Mail	
Marital status and date of change (if any): _____ Citizenship: _____			
Spouse's net income if we are not preparing T1 (line 236): _____ Citizenship: _____			
Does the client currently receive refunds by direct deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would the client like to receive refunds by direct deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Taxpayer		Spouse
	Tax/HST CCTB UCTB		Tax/HST CCTB UCTB
Branch Number:			
Institution Number:			
Account Number:			
Does the client currently receive notices from CRA by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Dependant Information:

Name	Relationship	SIN	DOB	Net Income

3. History:

Provide a copy of your previous year tax return and provide the following information (below):	<input type="checkbox"/> Yes <input type="checkbox"/> No
A copy of your previous year notice of assessment from CRA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior years' unused charitable donations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior years' unused medical expenses:	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Employment Income:

Attach all T4 and T4A slips from employment income:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer receive employment income in the form of commissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attach T4E slip from employment insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the taxpayer participate in an employee profit-sharing plan and if so is the T4PS attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tips, casual earnings, adult training allowances, etc. (provide details if not included on your T4/T4A slips)	\$ _____ % _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Employment Expenses:

If claiming deductible employment expenses is a signed T2200 attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer have any vehicle related expenses? (If yes, please see section 10)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer have any home office expenses? (If yes, please see section 14)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer have employment related cell phone expenses? (If yes, please provide detail)	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Investment Income:

Did the taxpayer earn investment income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, please select the appropriate boxes for attached slips:					
Interest (T5 / T600)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dividends (T3 / T5)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Estate / Trust (T3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Partnership / Tax Shelters (T101 / T5013)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Investment income/loss trading summary attached?					
Statement of Securities Transactions (T5008)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Did the taxpayer dispose of real estate investment property during the year? Please provide details:					
Description of Property	Date Acquired	Date Disposed	Proceeds	Cost / UCC	Disposal Expenses

7. Investment Costs:**Amount**

Interest on funds borrowed to earn investment income:	
Investment counsel and accounting fees:	

8. Pension Income:

Did the taxpayer receive pension income?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please select the appropriate boxes for attached slips:			
CPP / QPP (T4A-P)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Old Age Security (T4A-OAS)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension (T4A)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
RRSP / RPP / RRIF (T4RSP / T4RIF)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did taxpayer receive foreign sourced pension income?			
If so:	Details: _____		
	Amount: _____		
	Documentation: _____		
Does the taxpayer elect to split eligible pension with spouse?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Rental Income:

Did the taxpayer have rental income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide complete address, the number of rental units and purchase details for each property (including year of purchase and cost).		
Please provide complete details of rental income and associated expenses for each property including mortgage interest.		
Please provide a separate listing of capital expenditures such as appliances or major repairs (roof).		
Please provide the capital cost and amortization on any previously reported rental units.		
Also, please provide complete details of any rental property disposed of during the year (Lawyer statement).		

10. Self - Employment Income

Was the taxpayer self-employed during the taxation year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please select the appropriate information being provided:		
Revenue billed for the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expenses being claimed for the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of capital purchases and disposals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of previous capital purchases and UCC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of tax installment payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is taxpayer registered for GST/HST	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the taxpayer claiming automobile deductions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so:		
Vehicle description	_____	
Vehicle cost and year of purchase	_____	
Mileage - total/business	_____	
Maintenance costs	_____	
Gas costs	_____	
Insurance costs	_____	

11. RRSP Information:

Did the taxpayer make an RRSP contribution during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the appropriate RRSP tax receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the contribution to personal RRSP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the contribution to spousal RRSP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the taxpayer withdraw any RRSP funds during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the appropriate T4RSP slip attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the taxpayer have a Home Buyers' Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Year of Loan _____ Amount of Loan _____		
Does the taxpayer have a continuing education loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Year of Loan _____ Amount of Loan _____		

12. Other Income

Did the taxpayer receive any of the following during the year?

Social assistance payments ☐ Yes ☐ No

Guaranteed income supplement ☐ Yes ☐ No

WSIB benefits ☐ Yes ☐ No

If yes, are the appropriate slips attached? ☐ Yes ☐ No

Spousal allowance ☐ Yes ☐ No

Pursuant to a legal agreement ☐ Yes ☐ No

If yes, please provide:

Spouse's name: _____

Spouse's SIN: _____

A copy of agreement ☐ Yes ☐ No

Proof of payment ☐ Yes ☐ No

Did the taxpayer receive income from foreign sources outside of Canada during the year? ☐ Yes ☐ No

If yes, please provide details regarding type of income, amount received, currency and details of any foreign taxes paid, if any. Please provide any documentation available.

13. Other Deductions

Medical expenses not reimbursed being claimed? ☐ Yes ☐ No

Are receipts attached? ☐ Yes ☐ No

Amount paid to a private health care plan: _____

Documentation attached? ☐ Yes ☐ No

13. Other Deductions con't:

Charitable donations being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are donation slips attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spousal support amount being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide:		
Spouse's name: _____		
Spouse's SIN: _____		
A copy of the agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability amount being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, For taxpayer or dependant?	_____	
If yes, First time claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Copy of disability form attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuition / Education amount for self?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Is the T2202 or other appropriate receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuition / Education amount transferred from dependant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Is the T2202 or other appropriate receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are we preparing dependant's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, Please provide a copy of dependant's tax return		
Student loan interest details attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child care expense claim with details and receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children's fitness or art amount being claimed? (Expired January 2017)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Details and receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Political contributions claim slips attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moving expenses being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Details and receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Other Deductions con't:

Public transit tax credit claimed? (Expired July 2017)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Details and receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provincial Trillium credit being claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Rental claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address: _____		
Amount paid: _____		
Receipts attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property tax claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address: _____		
Amount paid: _____		
Receipt attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Home Office Expenses:

Did the taxpayer use a home office in the course of earning income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Employment income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Commission income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Self-employed income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please complete the following information:		
Area of home used for business: (sq. feet)	_____	
Total area of home: (sq. Feet)	_____	
Annual costs:	Heat	_____
	Hydro	_____
	Insurance	_____
	Maintenance	_____
	Mortgage Interest (self-employed only)	_____
	Property taxes (commission/self employed only)	_____

15. Authorization:

Client Personal Tax Authorization T1013	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client Business Authorization RC59 (self-employed only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

16. Other:

Does the client wish to register for online mail from CRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client wish to receive a paper copy of their T1 return or a soft copy by secure e-courier?	<input type="checkbox"/> Paper	<input type="checkbox"/> Soft
Does the client wish to authorize CRA to withdraw any taxes owing from their bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Branch # _____	Financial Institution _____	Bank Account Number _____
Did the taxpayer dispose of principal residence in the taxation year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide:		
Year of purchase	_____	
Selling price	_____	