

Personal Income Tax "Time-Saver" Checklist

Note if we prepared your taxes in prior year, and items are "SAME", just write "same"

NAME _____	Marital Status _____
Social Ins.# _____	Date if changed _____ during the year _____
Address _____ _____	Spouse Name _____
Home Phone _____	Social Ins.# _____

Dependents

If we are not preparing spouse return, we will require their Taxable Income from their return for your return _____

Full Name	Date of Birth	SIN (if applic)	Relationship	Address if different

INCOME

- | | |
|---|--|
| <input type="checkbox"/> Employment T4 | <input type="checkbox"/> RRSP T4RSP |
| <input type="checkbox"/> Commissions T4A | <input type="checkbox"/> Investment income T3 / T5
<i>(please include copies of investment statements for all new acquisition / disposal of shares)</i> |
| <input type="checkbox"/> Pension T4A | <input type="checkbox"/> Worker's Comp T5007 |
| <input type="checkbox"/> Employment Insurance T4E | |
| <input type="checkbox"/> Old Age Security T4OAS | |

OTHER INCOME

- | | |
|--|---|
| <input type="checkbox"/> Business Income – Registered for HST Y / N
o If registered for HST # _____ | <input type="checkbox"/> Capital Gains (losses) from Sale of Shares/Investments or other property T5008 |
| <input type="checkbox"/> Rental Income – please indicate # properties _____ | <input type="checkbox"/> Support payments |

DEDUCTIONS

- | | |
|---|---|
| <input type="checkbox"/> Medical Expenses including: <ul style="list-style-type: none"> o Health care plan premiums eg. Blue Cross, o Prescription drugs – best to get summary from the drug store(s) for each family member o Dental / orthodontic o Eyeglasses / eye doctor o Other (eg. physio, travel, etc.) | <input type="checkbox"/> Union / other Professional fees |
| <input type="checkbox"/> Charitable donations (best to combine with spouse) | <input type="checkbox"/> RRSP Contributions |
| <input type="checkbox"/> Tuition / Education (including amounts transferred from spouse or dependant) | <input type="checkbox"/> Safety deposit box rental and / or other expenses related to Investment Income (eg. commissions) |
| <input type="checkbox"/> Child Care (claimed by spouse with lower income in year). Please note if claiming child care, names & date of birth is required for all dependents. Receipts are required by CRA. | <input type="checkbox"/> Moving Expenses |
| | <input type="checkbox"/> Support payments |
| | <input type="checkbox"/> Student Loan Interest |
| | <input type="checkbox"/> Employment Expenses (<u>Need</u> copy of signed T2200) |