

T1 Personal Tax Return Checklist

To assist with the preparation of your personal income tax return, you may wish to complete the following checklist and return it to us with your tax documents:



Personal Information (If Changed)	Spouse Information (If Applicable)
Name: _____	Name of Spouse: _____
Address: _____	Home Phone #: _____
City: _____	Cell Phone #: _____
Province/State: _____ Postal Code: _____	E-mail: _____

Please confirm your contact information:

E-mail: _____
Home Phone #: _____

Cell Phone #: _____
Work Phone #: _____

Marital Status: Single Married Common-Law Separated Divorced Widowed Link: CRA Marital Status

Did your marital status change from last year's tax return? Yes *Date status changed:* No

MM DD YY

If we are NOT preparing a tax return for your spouse, please provide: *Net income amount from Line 23600* \$ _____

New dependants during the year:

Name	Relationship	Birthday (MM/DD/YY)	SIN #	Net Income
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____

Do you, your spouse or your dependants qualify for the Disability Tax Credit? Do	Yes	No
you own/hold foreign property with a total cost of more than \$100,000 (CAD)?	Yes	No
Are you the beneficiary of a foreign trust?	Yes	No
Did you sell any real estate/land?	Yes	No
Did you repay any covid related benefits?	Yes	No

How would you like your tax return delivered once it has been completed by us?

Electronic copy via secured email and electronic signing	Printed and will sign in person
Electronic copy via secured email and will sign in person	Mailed
Other (please specify): _____	

Rental Property

Please include the Statement of Adjustments/Purchase documents if acquired in the year

Did you sell real estate in the year? If yes, please provide details.

Date Rental Started (MM/DD/YY): ____/____/____

Total Rental Income \$ _____

Eligible Expenses

Advertising

Mortgage statement showing interest paid

Legal

Repairs and maintenance

Property taxes

Utilities

Major renovations & purchases (i.e. appliances) _____

Insurance

Office expenses

Management & administration fees

Salaries, wages & benefits

Travel

Other

Eligible Employment Expenses

Please provide us with a signed **T2200 - Declaration of Conditions of Employment** from your employer.

Travel

Parking

Supplies (stationary, other)

Telephone

Salaries paid to an assistant

Office rent

Vehicle expenses

Home office expenses

The following expenses apply to commission employees only:

Accounting & legal

Advertising & promotion

Meals & entertainment

Rental of office equipment

Training

Vehicle Expenses

Year, make & model: _____

Purchase/sale price: \$ _____

Date of purchase (MM/DD/YY): ____/____/____

OR Date lease began (MM/DD/YY): ____/____/____

Kilometres (km) driven for business purposes in the year: _____

Total kilometres (km) driven in the year: _____

Expenses:

Fuel

Repairs & maintenance

Insurance

Licensing & registration fees

Loan interest

Lease payments

Car washes

Parking (for business purposes only)

Other

Self-Employed Income & Expenses

Name of Business: _____

Type of Business: _____

Name of Partner: _____ % owned: ____%

SIN # of Partner: _____

Business Number: _____ (if applicable)

Are we preparing your GST/HST Return? Yes No

Do the following amounts include GST/HST? Yes No

Revenue

Expenses:

GST/HST on sales collected

Meals & entertainment

Insurance

Interest & bank charges

Licenses, dues, memberships & subscriptions

Office expenses

Supplies

Legal, accounting & other professional fees

Rental

Salaries

Travel

Telephone

Vehicle expenses

Other: _____

Home Office (For Self-Employed & Employment Expenses)

Total % of home used for business/employment: ____%

Total square feet of home: ____sqft

Heat

Hydro

Water

Repairs & maintenance

Insurance

Property taxes

Rent

Mortgage interest (self-employed only)