

# 2005 PERSONAL TAX INFORMATION CHECKLIST

## 1. PERSONAL INFORMATION

Did you move house during the year? *[yes/no]*: \_\_\_\_\_

If a Canadian citizen, do you authorize CRA to provide your name, address and date of birth to Elections Canada for the purpose of updating the National Register of Electors? *[yes/no]*: \_\_\_\_\_

Name \_\_\_\_\_  
[First name, middle initial, last name]

Address \_\_\_\_\_

City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Fax (home) \_\_\_\_\_ Fax (work) \_\_\_\_\_

E-mail (home) \_\_\_\_\_ E-mail (work) \_\_\_\_\_

SIN \_\_\_\_\_ Birth date *[dd/mm/yy]* \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

If you do not want your return e-filed, please check this box \_\_\_\_\_

## 2. SPOUSE (including common-law)

If marital status changed during the year, enter date of change: \_\_\_\_\_

Name \_\_\_\_\_ Birth date *[dd/mm/yy]* \_\_\_\_\_ SIN \_\_\_\_\_ Net Income (line 236)\* \_\_\_\_\_

## 3. DEPENDANTS (children, parents and others dependant on you for financial support)

<u>Name</u>	<u>Relationship</u>	<u>Birth date</u> <i>[dd/mm/yy]</i>	<u>SIN</u>	<u>Net Income</u> (line 236)*	<u>Live with</u> <u>you</u> **
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For any dependant who is infirm, please identify dependant and describe nature of infirmity:

\* Provide details of income and deductions only if we are not preparing the tax return.

\*\* Indicate whether dependant lived with you during the year *[yes/no]*

## 4. INCOME TAX REFUND AND GST CREDIT

Complete banking information to have your income tax refund and GST/HST credit payments deposited into your bank account.

Branch Number (5-digits) \_\_\_\_\_ Institution Number (3-digits) \_\_\_\_\_ Account Number (maximum 12-digits) \_\_\_\_\_

## 5. T-SLIPS (INCOME)

Attached

*These are the standard prescribed forms on which Canadian income is reported:*

### **Employment income**

Employment/commission income	<b>T4, T4A</b>	_____
Director's fees	<b>T4, T4A</b>	_____
Employee profit sharing	<b>T4PS</b>	_____

### **Pension/retirement income**

Pension/annuity income	<b>T4A, T4A(OAS), T4A(P)</b>	_____
Income from RRSP or RRIF	<b>T4RSP, T4RIF</b>	_____

### **Investment income**

Interest & dividends	<b>T5</b>	_____
Mutual funds and other trusts	<b>T3</b>	_____

### **Other sources**

Income from RESP	<b>T4A</b>	_____
Partnership income	<b>T5013</b>	_____
Employment insurance benefit	<b>T4E</b>	_____
Purchase and sale of securities	<b>T5008</b>	_____
Tax shelters	<b>T101, T5013</b>	_____

## 6. OTHER INCOME

Details of all other income including pensions received, directors fees, scholarships, etc. \_\_\_\_\_

## 7. INVESTMENTS (Income / Expenses)

**Interest and other carrying charges** paid to earn income from investments (including safety deposit box, accounting, and investment counsel fees). \_\_\_\_\_

**Gains or losses** from selling securities or other capital property—e.g. stocks, bonds, mutual funds, real estate (including broker's trading summaries or a transactions list showing date of each purchase and sale, currency, original cost and transaction fees). \_\_\_\_\_

Detailed listing of income and expenses from **rental properties** (request worksheet, if necessary), on a property by property basis (indicate ownership split). \_\_\_\_\_

Details regarding your interest in property held outside Canada (i.e. **foreign property**) –including bank accounts, investments, U.S. securities, trusts and real estate. (*Please consult me if you are unfamiliar with the reporting requirements*) \_\_\_\_\_

### **ALSO INCLUDE:**

- Pre-printed address labels from Canada Revenue Agency.
- 2003 Notice of Assessment/ Reassessment.
- Copy of 2003 personal tax return (if you are a first year client).

## 8. DEDUCTIONS/TAX CREDITS

*Please provide the receipts/forms received for these deductions/credits:*

**For self only:**

RRSP contributions	_____
Home Buyers Plan withdrawals or repayments	_____
Lifelong Learning Plan withdrawals or repayments	_____
Charitable donations (provide details for in-kind donations, such as shares of stock)	_____
Political donations	_____
Professional/union dues	_____
Attendant care (if you claim the disability tax credit)	_____
Interest paid on student loans	_____
Property taxes or rent paid ( <i>see Note 7</i> )	_____
Legal fees ( <i>see Note 1</i> )	_____
Moving expenses ( <i>see Note 2</i> )	_____
Alimony, maintenance or child support paid or received ( <i>see Note 3</i> )	_____
Income tax installments ( <i>see Note 4</i> )	_____

**For self and dependants:**

Disability tax credit	<b>T2201</b>	_____
Medical expenses ( <i>see Note 5</i> )		_____
Tuition fees and Education deduction ( <i>see Note 6</i> )	<b>T2202/2202A</b>	_____
Childcare expenses ( <i>see Note 8</i> )		_____

**Note 1** If you incurred **legal expenses** in connection with employment termination, or claiming spousal or child support, please provide details.

**Note 2** If you moved at least 40 kilometers closer to a new place of work or school, please contact me to request form T1-M.

**Note 3** The amount of **alimony, maintenance or child support** paid or received in the year and the name, SIN, and address of the recipient, if applicable.

**Note 4** Details regarding **income tax installment** payments made during the year (include recent CRA Statement of Account or cancelled cheques).

**Note 5** Include receipts for all **medical and health related expenses** including nursing, nursing home, prescription eyewear, prescription drugs, supplemental health insurance premiums, medical devices and orthotics, ambulance, travel expenses, dental, chiropractic, naturopath, homeopath and other medical treatments, or cost of specialized services required because of a medical or physical impairment. If any of these expenses were covered by insurance, please provide copies of all claims reports issued by the insurer.

**Note 6** Dependant must complete and sign form T2202 if the credit is being transferred to a supporting person.

**Note 7** In some circumstances, **property tax and/or rent paid** results in a claim for Ontario tax credits.

**Note 8** Details regarding **child care expenses** for children 16 & under, including the name of the provider; social insurance number, if an individual; fees for camps, programs and lessons.

**9. SELF-EMPLOYMENT OR UNINCORPORATED BUSINESS (Complete Parts A & B)  
EMPLOYMENT EXPENSES (Complete Part B Only—Attach T2200 from Employer)**

**PART A**

Registered business name: \_\_\_\_\_ Partnership [yes/no]: \_\_\_\_\_

Date business commenced [mm/yy]: \_\_\_\_\_ Fiscal year-end [dd/mm/yy]: \_\_\_\_\_

GST registered [yes/no]: \_\_\_\_\_ Business #: \_\_\_\_\_

**Attached**

Summary of income and expenses by category **[Complete page 5]** \_\_\_\_\_

Detailed listing of capital assets purchased or disposed of during the year (including furniture, equipment, computers). \_\_\_\_\_

Detailed listing of GST collected on revenue and GST paid on expenses, including copies of any GST returns filed (or not filed) and installments paid. \_\_\_\_\_

List of revenue billed at year-end, but not collected (“accounts receivable”). \_\_\_\_\_

List of expenses owing at year end, but not paid (“accounts payable”). \_\_\_\_\_

**PART B**

**Automobile expenses** (total operating costs by category; parking, gas, maintenance and repairs, insurance, etc.; lease payments if leased *or* purchase date, finance agreement and all in cost, interest on car loan). \_\_\_\_\_

**[Complete page 6]**

**Work space in the home** expenses: (provide total expense where applicable) \_\_\_\_\_

**[Complete page 6]**

**[Employees Only]**

Detailed listing of **other employment expenses** *not* reimbursed by your employer (including meals, lodging, travel, parking, promotion, supplies, cell phone/telephone charges—*NOTE: restrictions apply and vary depending on whether you are a commissioned salesperson*). \_\_\_\_\_

**SELF EMPLOYED or UNINCORPORATED BUSINESS**  
**Statement of income and expenses**

**Income**

Sales, commissions, or fees  
(excluding GST, HST & PST)

\_\_\_\_\_

GST/HST collected on sales

\_\_\_\_\_

Other income

\_\_\_\_\_

Are you using the GST Quick Method (Y/N)?

\_\_\_\_\_

**Expenses** **TOTAL \*** **GST/HST\***

GST  incl  excl

Cost of goods sold

\_\_\_\_\_

\_\_\_\_\_

Advertising

\_\_\_\_\_

\_\_\_\_\_

Bad debts

\_\_\_\_\_

\_\_\_\_\_

Business tax

\_\_\_\_\_

\_\_\_\_\_

Licenses, dues, memberships

\_\_\_\_\_

\_\_\_\_\_

Delivery, freight, courier

\_\_\_\_\_

\_\_\_\_\_

Business insurance

\_\_\_\_\_

\_\_\_\_\_

Interest

\_\_\_\_\_

\_\_\_\_\_

Maintenance and repairs

\_\_\_\_\_

\_\_\_\_\_

Management and admin. fees

\_\_\_\_\_

\_\_\_\_\_

Meals and entertainment (total)

\_\_\_\_\_

\_\_\_\_\_

Office expenses

\_\_\_\_\_

\_\_\_\_\_

Supplies

\_\_\_\_\_

\_\_\_\_\_

Legal, accounting and other professional fees

\_\_\_\_\_

\_\_\_\_\_

Rent

\_\_\_\_\_

\_\_\_\_\_

Salaries, wages, and benefits

\_\_\_\_\_

\_\_\_\_\_

Supplemental health insurance premiums

\_\_\_\_\_

\_\_\_\_\_

Travel

\_\_\_\_\_

\_\_\_\_\_

Telephone \*\*

\_\_\_\_\_

\_\_\_\_\_

Internet and network services

\_\_\_\_\_

\_\_\_\_\_

Other (provide details)

\_\_\_\_\_

\_\_\_\_\_

- \* If you are using the GST Quick Method, *or* you have not tracked GST separately, show expenses *including* the GST. If you are claiming input tax credits (ITCs) *and* you have tracked GST separately, then show expenses *excluding* GST, and record related GST paid in the column to the right.
- \*\* Include telephone charges for a separate business or fax line, and business related long distance charges.

**AUTOMOBILE EXPENSES:** (provide total expense (do not prorate) for each vehicle used for business purposes during the year)

	Vehicle 1	Vehicle 2
Make of vehicle	_____	_____
Date of acquisition	_____	_____
Date of disposition (if in the year)	_____	_____
Cost before GST and PST *	_____	_____
GST and PST	_____	_____
Km driven for business	_____	_____
Km driven in year (total)	_____	_____
Total expenses incurred		
Monthly lease cost	_____	_____
Fuel and oil	_____	_____
Maintenance and repairs	_____	_____
Insurance	_____	_____
License and registration	_____	_____
Interest	_____	_____
Auto club (CAA)	_____	_____
Car washes	_____	_____
Parking	_____	_____
Other (provide details)	_____	_____

\* Please provide purchase agreement (showing purchase price, trade-in value and down payment), or lease term sheet (showing Manufacturers List Price and down payment), as applicable.

**WORK SPACE IN THE HOME:** (provide total expense – do not prorate)

*NOTE: restrictions apply and vary depending on whether you are self-employed or a commissioned salesperson.*

Office area (s.f.)	_____
Total area (s.f.)	_____
Mortgage interest	_____
Property taxes	_____
Insurance	_____
Rent	_____
Heat	_____
Electricity	_____
Water	_____
Repairs and maintenance	_____
Security	_____
Landscaping/snow removal	_____
Other (provide details)	_____