

Personal Income Tax “Time-Saver” Checklist

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

Dependants

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>(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 | <input type="checkbox"/> Capital Gains (losses) from Sale of Shares/Investments |
| <input type="checkbox"/> Rental Income | <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, 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 |
| <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 dependants. Receipts required by CRA. | <input type="checkbox"/> Moving Expenses |
| | <input type="checkbox"/> Support payments |
| | <input type="checkbox"/> Student Loan Interest |
| | <input type="checkbox"/> Employment Expenses (Attach copy of signed T2200) |

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