

**Personal Income Tax “Time-Saver” Checklist**

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

<b>NAME</b>	_____	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<br><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"> <li>o Health care plan premiums eg. Blue Cross,</li> <li>o Prescription drugs – best to get summary from the drug store(s) for each family member</li> <li>o Dental / orthodontic</li> <li>o Eyeglasses / eye doctor</li> <li>o Other (eg. physio, etc.)</li> </ul> | <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 dependents. 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)                              |