

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

- Employment T4
- Commissions T4A
- Pension T4A
- Employment Insurance T4E
- Old Age Security T4OAS
- RRSP T4RSP
- Investment income T3 / T5
(please include copies of investment statements for all new acquisition / disposal of shares)
- Worker’s Comp T5007

OTHER INCOME

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

DEDUCTIONS

- Medical Expenses including:
 - 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.)
- Charitable donations (best to combine with spouse)
- Tuition / Education (including amounts transferred from spouse or dependant)
- 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.
- Union / other Professional fees
- RRSP Contributions
- Safety deposit box rental and / or other expenses related to Investment Income (eg. commissions)
- Moving Expenses
- Support payments
- Student Loan Interest
- Employment Expenses (Need copy of signed T2200)