

2020 Canadian Tax Return Checklist

We are here not only to file your taxes – but to make sure you get every credit and deduction you can get!

Make sure to go over this list and bring all the receipts, slips and income records that apply to you.

Slips

- T4 slips (Employment income)
- Employment insurance benefits (T4E)
- Interest, dividends, mutual funds (T3, T5, T5008)
- Tuition / education receipts (T2202A)
- Universal Child Care Benefit (RC62)
- Old Age Security and CPP benefits (T4A-OAS, T4AP)
- Other pensions and annuities (T4A)
- Social assistance payments (T5007)
- Workers' compensation benefits (T5007)
- All other information slips

Receipts

- RRSP contribution receipts
- Support for a child, spouse or common-law partner
- Professional or union dues
- Tool expenses (Tradespersons)
- Medical expenses
- Charitable donations
- Political contributions
- Child care expenses
- Adoption expenses
- Moving expenses
- Interest paid on student loans
- Carrying charges and interest expenses
- Exams for professional certification

Other documentation

- Notice of Assessment/Reassessment
- Canada Revenue Agency correspondence
- Sale or deemed sale of stocks, bonds or real estate
- Northern residents' deductions receipts
- Rental income and expense receipts
- Business, farm or fishing income/expenses
- Automobile / Travel logbook and expenses
- Disability Tax Credit Certificate
- Declaration of Conditions of Employment (T2200)
- Volunteer Firefighters certification
- Search and Rescue volunteer's certification
- Custody Arrangement documentation

***If you have rental income, employment expenses or self-employed income, please see the following pages.**



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Personal Updates

Use this page to provide us with any updates this year that might affect your tax return.

1. Did you have a change in marital status (marriage / divorce / separation)? If so, what date did this happen?

2. Did anyone become deceased in the immediate family? If so, who was it and what date did this happen?

3. Were there any births in the immediate family? If so, what is the name, birthdate and SIN of the new dependant?

4. Did you have a change in marital status (marriage / divorce / separation)? If so, what date did this happen?

5. Did you move to a new place? If so, was it to be closer to work? Let us know the new address.

6. Did any taxpayers own or hold foreign property with a cost of over \$100,000?

7. Did you have a change in marital status (marriage / divorce / separation)? If so, what date did this happen?

8. Let us know if there is anything else we should know including whether you sold any property (or properties) in 2020 for which you are claiming a principal residence exemption.

Employment Expense Checklist

General Expenses Used to Earn Employment Income

Employees Earning a Salary and Commission	Total Costs
Accounting / Legal Fees	
Food and Beverages	
Lodging / Hotels	
Parking	
Supplies	
Other Expenses	
Additional Items for Commission Only	Total Costs
Advertising / Promotion	
Entertainment	

Home Office Used to Earn Employment Income

Area used for business: _____ Total area of home: _____

	Total Costs
Electricity	
Heat	
Water / Utilities	
Strata	
Insurance (commission employees only)	
Property taxes (commission employees only)	
Other Expenses	

Personal Vehicle Used to Earn Employment Income

Make: _____ Model: _____ Year: _____

KM used for business: _____ Total KM driven this tax year: _____

Vehicle Owned		Vehicle Leased	
Purchase Price		Date Lease Starts	
Date of Purchase		Date Lease Ends	
Current Value		List Price	

*If we already have the above info, no need to provide it again

Vehicle Expenses	Total Costs
Fuel	
Maintenance & Repairs	
Insurance	
Licence & Registration	
Leasing Costs	
Interest Payments	

Rental Income Checklist

Property Address: _____

City: _____ Province: _____ Postal Code: _____ # of Units: _____

Are there any co-owners of this property? _____ What percentage do they own? _____

Co-owner's Information (if applicable)

First Name _____ Last Name: _____ SIN: _____

Address: _____

First Name _____ Last Name: _____ SIN: _____

Address: _____

Income

Rental Income: _____ Percentage of Personal Use: _____

Expenses

Type	Total Costs
Advertising	
Insurance	
Interest	
Office Expenses	
Legal, Accounting, and Other Professional Fees	
Management & Administration Fees	
Maintenance and Repairs	
Property Taxes	
Travel	
Utilities	
Other Expenses	

Capital Asset Additions / Dispositions

Asset Description	Date	Personal %	Total Cost

Self-Employed Checklist Page 1

Business Name: _____ GST #: _____

Type of Business (main product or service): _____

Income

Income	Net	GST/HST	PST	Total

Cost of Goods Sold (if applicable)

Opening Inventory		Subcontracts	
Purchases During the Year		Other Direct Costs	
Direct Wages		Closing Inventory	

General Expenses

Expense Type	Net	GST/HST	PST	Total
Advertising				
Meals and Entertainment				
Bad Debts				
Insurance (not home/auto)				
Interest / Bank Charges				
Taxes, Licences, Memberships				
Office Expenses				
Office Supplies				
Professional Fees (legal, accounting)				
Management & Administration				
Rent (not home office)				
Repairs & Maintenance				
Salaries, Wages and Benefits				
Property Taxes (not home office)				
Travel Expenses				
Utilities (not home office)				
Delivery / Freight / Postage				
Private Health Premiums				
Other:				
Other:				
Other:				

Self-Employed Checklist Page 2

Home Office Expenses

Area used for business: _____ Total area of home: _____

	Total Costs
Electricity	
Heat	
Water / Utilities	
Strata	
Insurance	
Property taxes	
Other Expenses	

Vehicle Expenses

Make: _____ Model: _____ Year: _____

KM used for business: _____ Total KM driven this tax year: _____

Vehicle Owned		Vehicle Leased	
Purchase Price		Date Lease Starts	
Date of Purchase		Date Lease Ends	
Current Value		List Price	

*If we already have the above info, no need to provide it again. If you purchased / leased a new vehicle in the past year, provide all documentation.

Vehicle Expenses	Total Costs
Fuel	
Maintenance & Repairs	
Insurance	
Licence & Registration	
Leasing Costs	
Interest Payments	
Other Expenses	

Capital Asset Additions / Dispositions

Asset Description	Date	Personal %	Total Cost