

2020 PERSONAL TAX INFORMATION CHECKLIST

1. PERSONAL INFORMATION

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

Do you authorize Revenue Canada to provide your name, address and date of birth to Elections Canada for the purpose of updating the National Register of Electors? *[yes/no]*: _____

Please complete in full:

Name

[First name, middle initial, last name]

Address

City/Prov

Postal Code

Telephone (home)

Telephone work

E-mail (home)

SIN

Birthdate *dd /mm/yy]*

Marital Status

Occupation

2. SPOUSE (including common-law)

Name

Birthdate [dd/mm/yy]

Net Income (line 236)*

SIN

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



3. DEPENDENTS (children and others dependent on you for financial support)

<u>Name</u>	<u>Relationship</u>	<u>Birthdate [dd/mm/yy]</u>	<u>Net Income (line 236)*</u>	<u>SIN</u>

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



4. INFORMATION T-SLIPS

Attached

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

Employment income

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

Pension/retirement income

Pension/annuity income	T4A	_____
Old Age Security	T4A(OAS)	_____
Canada Pension Plan benefits	T4A(P)	_____
Income from RRSP or RRIF	T4RSP, T4RIF	_____

Investment income

Interest & dividends	T5	_____
Mutual funds and other trusts	T3	_____
Canada Savings Bonds	T600	_____

Other sources

Partnership income	T5013	_____
Employment insurance benefit	T4E	_____
Purchase and sale of securities	T5008	_____

Tax shelters **T101, T5013**

Employment Expenses **T2200**

Other (specify) _____

5. OFFICIAL RECEIPTS

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

For self only:

RRSP contributions (including repayments under the Home Buyers Plan) _____

Charitable donations (provide details for in-kind donations, such as shares of stock) _____

Political donations _____

Professional/union dues _____

For self *and* dependents:

Medical expenses (including attendant, nursing and nursing home care) _____

Tuition fees* **T2202/2202A** _____

Disability tax credit **T2201** _____

- Dependent must sign the form if the credit is being transferred to a supporting person.

Rent paid in Ontario



6. INVESTMENTS

- **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 statements of trading summaries, original cost and transaction fees). _____

- Detailed listing of income and expenses from **rental properties**, 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***) _____

- Details regarding the sale of your **PRINCIPLE RESIDENCE** : Complete address; date of purchase; purchase price; date of sale; sale price _____

7. OTHER DEDUCTIONS/TAX CREDITS

- Details regarding **child care expenses**, including the name and social insurance number of any individual providing care (for children 16 & under). _____

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

- Details regarding **income tax instalment** payments made during the year (include recent Revenue Canada Statement of Account or cancelled cheque-s). _____

- Also include complete details regarding any of the following:
 - **Home Buyers Plan withdrawals or repayments** _____
 - **Lifelong Learning Plan withdrawals or repayments** _____
 - **Moving expenses** _____
 - **Legal fees** _____
 - **Property taxes or rent** _____
 - **Interest paid on student loans** _____

ALSO INCLUDE (for NEW clients):

- 2019 Notice of Assessment/ Reassessment
- Copy of 2019 personal tax return (if you are a first year client).

8. SELF-EMPLOYMENT OR UNINCORPORATED BUSINESS

EMPLOYMENT EXPENSES (Complete ITEMS 9, 10, 11) AND ATTACH A T2200

Registered business name:

Partnership [yes/no]:

Date business commenced [mm/yy]:

Fiscal year-end [dd/mm/yy]:

GST/HST registered [yes/no]:

Business #:

Attached

- Summary of income and expenses by category [**Complete page 5-7**] _____
- Detailed listing of capital assets purchased or disposed of during the year (including furniture, equipment, computers). _____
- Detailed listing of GST/HST collected on receipts and GST/HST paid on disbursements, including copies of any GST/HST 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"). _____

9. SELF EMPLOYED or UNINCORPORATED BUSINESS (EMPLOYEES: USE CATEGORIES BELOW FOR EMPLOYMENT EXPENSES AND ATTACH A T2200)

Statement of income and expenses

GST/HST/HST

Income

Sales, commissions, or fees (excluding GST/HST)

GST/HST/HST collected on sales

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

Expenses

TOTAL *

GST/HST incl. excl.

Cost of goods sold

Advertising

Bad debts

Business tax

Licenses, dues, memberships

Delivery, freight, courier

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	_____	_____
Travel	_____	_____
Telephone	_____	_____
Other (provide details)	_____	_____
	_____	_____
	_____	_____

* If you are using the GST/HST Quick Method, or you have not tracked GST/HST separately, show expenses *including* the GST/HST.

If you are claiming input tax credits (ITCs) *and* you have tracked GST/HST separately, then show expenses *excluding* GST/HST, and record related GST/HST paid in the column to the right.



10.AUTOMOBILE EXPENSES: (provide total expense where applicable 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/HST	_____	_____
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)	_____	_____



11. WORK SPACE IN THE HOME: (provide total expense where applicable)

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

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

Office area (sq.ft.): _____

Total area (sq.ft.): _____

Mortgage interest _____

Property taxes _____

Insurance _____

Rent _____

Heat _____

Electricity _____

Water _____

Repairs and maintenance _____

Security _____

Landscaping/snow removal _____

Other (provide details) _____

*****NEW.*****

WORK FROM HOME - 2020

In the course of your employment, did you work from home in 2020 and would like to claim this using the New Temporary Flat Rate Method? If so, enter the number of days you worked from home in 2020: _____

[REDACTED]

12. SALE OF PRINCIPLE RESIDENCE

1. Did you sell a principle residence during the year 2020?

YES _____ NO _____

2. If yes, provide the following:

a) Address:

b) Year of Acquisition:

c) Proceeds of Disposition:
(Sale price, less: legal, real estate fees, etc)

3. Details of ownership of property:

- Provide names and percentage ownership of all parties on legal title:

% ownership