

## 2017 PERSONAL TAX RETURN CHECKLIST

|                   |            |                       |  |
|-------------------|------------|-----------------------|--|
| Your Name _____   | SIN# _____ | Birthdate _____       | MM / DD / YYYY   |
| Your Spouse _____ | SIN# _____ | Birthdate _____       | MM / DD / YYYY   |
| Address _____     |            | Did you move in 2017? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____             |            | Home telephone number | ( ) -  |
| _____             |            | Work telephone number | ( ) -  |
| Email _____       |            | Spouse work number    | ( ) -  |

Marital Status:  Married  Common-law  Widowed  Separated  Divorced  Single

Did your marital status change during the year?  Yes  No If yes, provide date \_\_\_\_\_

Are we preparing a tax return for your spouse?  Yes  No

If we are NOT preparing a tax return for your spouse, please provide the following:

Universal Child Care Benefit from line 117 on page 2 of his/her 2017 tax return \$ \_\_\_\_\_

Net income figure from line 236 on page 3 of his/her 2017 tax return \$ \_\_\_\_\_

List all dependants as of December 31, 2017:

| Name  | Relationship | Birthdate<br>MM / DD / YYYY | SIN#  | 2017 Net Income |
|-------|--------------|-----------------------------|-------|-----------------|
| _____ | _____        | ____/____/____              | _____ | \$ _____        |
| _____ | _____        | ____/____/____              | _____ | \$ _____        |
| _____ | _____        | ____/____/____              | _____ | \$ _____        |
| _____ | _____        | ____/____/____              | _____ | \$ _____        |
| _____ | _____        | ____/____/____              | _____ | \$ _____        |

Do you, your spouse or any of your dependants qualify for the disability tax credit? \_\_\_\_\_ If yes, indicate whom \_\_\_\_\_

**OTHER IMPORTANT MATTERS (unless otherwise indicated we will assume the default response)**

|  |                              |                             |                |
|--|------------------------------|-----------------------------|----------------|
| Do you own/hold foreign property with a total cost of more than CAN \$100,000? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>DEFAULT</b> |
| Are you a Canadian citizen?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>YES</b>     |
| Do you authorize CRA to provide information about you to Elections Canada?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>NO</b>      |

Do you want your tax refund deposited directly to your bank account?

|   |   |                             |           |
|---|---|-----------------------------|-----------|
| <input type="checkbox"/> Yes (attach a void cheque) | <input type="checkbox"/> Direct deposit requested last year | <input type="checkbox"/> No | <b>NO</b> |
|---|---|-----------------------------|-----------|

How do you want your tax return delivered once it has been completed by our staff? Check all that apply.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Electronic copy sent to my email above | <input type="checkbox"/> Mail to my home address      | <input type="checkbox"/> Courier to my home address |
| <input type="checkbox"/> Hold for pick-up                       | <input type="checkbox"/> Other (please specify) _____ |   |

PLEASE PROVIDE A COPY OF YOUR 2016 NOTICE OF ASSESSMENT WITH THIS CHECKLIST

**SOURCES OF INCOME**

(Check if you have any of the following sources of income and **INCLUDE RECEIPTS** in all cases.)

| Source  | Slips to attach     |
|---|---------------------|
| <input type="checkbox"/> Employment income              | T4                  |
| <input type="checkbox"/> Commission income              | T4 or T4A           |
| <input type="checkbox"/> Profit sharing income          | T4PS                |
| <input type="checkbox"/> Taxable disability income      | T4A                 |
| <input type="checkbox"/> Old Age Security               | T4(OAS)             |
| <input type="checkbox"/> Canada Pension Plan            | T4AP                |
| <input type="checkbox"/> Other pensions/annuities       | T4A                 |
| <input type="checkbox"/> Universal Child Care Benefit   | RC62                |
| <input type="checkbox"/> Employment Insurance benefits  | T4E                 |
| <input type="checkbox"/> Dividend income                | T3 or T5            |
| <input type="checkbox"/> Interest income                | T3 or T5            |
| <input type="checkbox"/> Limited partnership income     | T5013               |
| <input type="checkbox"/> RRSP income                    | T4RSP               |
| <input type="checkbox"/> RRSP withdrawals               | T4RSP               |
| <input type="checkbox"/> RRIF income                    | T4RIF               |
| <input type="checkbox"/> Scholarships & bursaries       | T4A                 |
| <input type="checkbox"/> Workers' Compensation benefits | T5007               |
| <input type="checkbox"/> Social assistance payments     | T5007               |
| <input type="checkbox"/> Self-employed income           | Summarize on page 3 |
| <input type="checkbox"/> Rental income                  | Summarize on page 4 |
| <input type="checkbox"/> Sale of investments            | Summarize on page 4 |
| <input type="checkbox"/> Sale of real estate            | Summarize on page 4 |
| <input type="checkbox"/> Spousal support received       | \$ _____            |
| <input type="checkbox"/> Child support (taxable)        | \$ _____            |
| <input type="checkbox"/> Tips & gratuities              | \$ _____            |
| <input type="checkbox"/> Other _____                    | \$ _____            |
| <input type="checkbox"/> Other _____                    | \$ _____            |
| <input type="checkbox"/> Other _____                    | \$ _____            |
| <input type="checkbox"/> Other _____                    | \$ _____            |
| <input type="checkbox"/> Other _____                    | \$ _____            |

**DEDUCTIONS AND TAX CREDITS AVAILABLE**

(Check if you have any of the following deductions and **INCLUDE RECEIPTS** in all cases.)

| Source   | Amount   |
|--|----------|
| <input type="checkbox"/> RRSP contributions                          | \$ _____ |
| <input type="checkbox"/> Union dues & professional fees              | \$ _____ |
| <input type="checkbox"/> Child care expenses                         | \$ _____ |
| <input type="checkbox"/> Moving expenses                             | \$ _____ |
| <input type="checkbox"/> Interest paid on investment loans           | \$ _____ |
| <input type="checkbox"/> Investment counselling fees                 | \$ _____ |
| <input type="checkbox"/> Public transit passes                       | \$ _____ |
| <input type="checkbox"/> Children's Fitness amount                   | \$ _____ |
| <input type="checkbox"/> Children's Arts amount                      | \$ _____ |
| <input type="checkbox"/> Interest paid on student loans              | \$ _____ |
| <input type="checkbox"/> Tuition fees - Self                         | \$ _____ |
| <input type="checkbox"/> Tuition fees - Spouse/Children              | \$ _____ |
| <input type="checkbox"/> Charitable donations                        | \$ _____ |
| <input type="checkbox"/> Political party contributions - Federal     | \$ _____ |
| <input type="checkbox"/> Political party contributions - Provincial  | \$ _____ |
| <input type="checkbox"/> First-time Home Buyer's amount              | \$ _____ |
| <input type="checkbox"/> Home Buyers Plan withdrawals/payments       | \$ _____ |
| <input type="checkbox"/> Lifelong Learning Plan withdrawals/payments | \$ _____ |
| <input type="checkbox"/> Tax instalments paid to CRA                 | \$ _____ |
| <input type="checkbox"/> Other _____                                 | \$ _____ |
| <input type="checkbox"/> Other _____                                 | \$ _____ |

(Check if you have any of the following deductions and ensure that you have the receipts to support the following items. If unsure, attach receipts.)

|  |                     |
|--|---------------------|
| <input type="checkbox"/> Employment expenses                         | Summarize on page 3 |
| <input type="checkbox"/> Spousal support payments                    | \$ _____            |
| <input type="checkbox"/> Child support payments (ONLY if deductible) | \$ _____            |
| <input type="checkbox"/> Medical expenses                            | \$ _____            |
| <input type="checkbox"/> Other _____                                 | \$ _____            |

**OTHER INCOME AND/OR DEDUCTIONS**

If you have other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.

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# HEDDEN CHONG LLP

CHARTERED PROFESSIONAL ACCOUNTANTS

(A PARTNERSHIP OF INCORPORATED PROFESSIONALS)

SINCE 1961

## EMPLOYMENT EXPENSES

Please include a signed T2200 - Declaration of Employment  
Conditions from your employer.

|  |                 |
|--|-----------------|
| Travel                                   | \$ _____        |
| Parking                                  | \$ _____        |
| Supplies (stationery, other)             | \$ _____        |
| Telephone                                | \$ _____        |
| Salaries paid to an assistant            | \$ _____        |
| Office rent                              | \$ _____        |
| Accounting & legal (See * below)         | \$ _____        |
| Advertising & promotion (See * below)    | \$ _____        |
| Meals & entertainment (See * below)      | \$ _____        |
| Rental of office equipment (See * below) | \$ _____        |
| Training (See * below)                   | \$ _____        |
| Vehicle expenses                         | Summarize below |
| Home office expenses                     | Summarize below |

\* Applies to commission employees only.

## VEHICLE EXPENSES (for Business & Employment)

|                                       |          |
|---------------------------------------|----------|
| Year & make of vehicle                | _____    |
| Purchase/sale price                   | \$ _____ |
| Date of purchase/sale (See ** below)  | _____    |
| Date lease began/ended (See ** below) | _____    |

\*\* If purchased, leased or sold in 2017, include relevant agreements.

|  |       |
|--|-------|
| Kms driven for business purposes in 2017 | _____ |
| Total kms driven in 2017                 | _____ |

### Expense

|                               |          |
|-------------------------------|----------|
| Fuel                          | \$ _____ |
| Repairs & maintenance         | \$ _____ |
| Insurance                     | \$ _____ |
| Licensing & registration fees | \$ _____ |
| Loan interest                 | \$ _____ |
| Lease payments                | \$ _____ |
| Car washes                    | \$ _____ |
| Parking                       | \$ _____ |
| Other _____                   | \$ _____ |
| Other _____                   | \$ _____ |
| Other _____                   | \$ _____ |

## SELF-EMPLOYED INCOME & EXPENSES

|                               |       |
|-------------------------------|-------|
| Name of business              | _____ |
| Type of business              | _____ |
| Names of partners and % owned | _____ |
| SIN# of partners              | _____ |

|         |          |
|---------|----------|
| Revenue | \$ _____ |
|---------|----------|

### Expenses

|   |                 |
|---|-----------------|
| Advertising                                 | \$ _____        |
| Meals & entertainment                       | \$ _____        |
| Bad debts                                   | \$ _____        |
| Insurance                                   | \$ _____        |
| Interest & bank charges                     | \$ _____        |
| Licenses, dues, memberships & subscriptions | \$ _____        |
| Office expense                              | \$ _____        |
| Supplies                                    | \$ _____        |
| Legal, accounting & other professional fees | \$ _____        |
| Rent  | \$ _____        |
| Repairs & maintenance                       | \$ _____        |
| Salaries                                    | \$ _____        |
| Travel                                      | \$ _____        |
| Telephone                                   | \$ _____        |
| Vehicle expenses                            | Summarize below |

### Equipment & furniture purchases

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

|                     |       |
|---------------------|-------|
| GST Business Number | _____ |
|---------------------|-------|

|                                       |       |
|---------------------------------------|-------|
| Do the above amounts include GST/HST? | _____ |
|---------------------------------------|-------|

Are we preparing your GST Return? \_\_\_\_ If yes, attach return.

## HOME OFFICE (for Business & Employment)

|   |       |
|---|-------|
| Percentage of home used for business/employment | _____ |
|---|-------|

|  |          |
|--|----------|
| Heat                                   | \$ _____ |
| Hydro                                  | \$ _____ |
| Water                                  | \$ _____ |
| Repairs & maintenance                  | \$ _____ |
| Insurance (See *** below)              | \$ _____ |
| Property taxes (See *** below)         | \$ _____ |
| Rent                                   | \$ _____ |
| Mortgage interest (self-employed only) | \$ _____ |

\*\*\* Applies to commission employees and self-employed ONLY.

