

2018 PERSONAL TAX RETURN CHECKLIST

			MM / DD / YYYY
Your Name _____	SIN# _____	Birthdate _____	
Your Spouse _____	SIN# _____	Birthdate _____	
Address _____		Did you move in 2018?	<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 in 2018? 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 2018 tax return \$ _____

Net income figure from line 236 on page 3 of his/her 2018 tax return \$ _____

List all dependants as of December 31, 2018:

Name	Relationship	Birthdate MM / DD / YYYY	SIN#	2018 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	DEFAULT
Are you a Canadian citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES
Do you authorize CRA to provide information about you to Elections Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NO
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	NO
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 2017 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.

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 2018, include relevant agreements.

Kms driven for business purposes in 2018 _____
Total kms driven in 2018 _____

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.

