

2020 PERSONAL TAX RETURN CHECKLIST

Your Name	_____	SIN#	_____	Birthdate	MM / DD / YYYY _ / _ / _
Your Spouse	_____	SIN#	_____	Birthdate	_ / _ / _
Address	_____	Did you move in 2020?	<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 2020? 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 11700 on page 2 of his/her 2020 tax return \$ _____

Net income figure from line 23600 on page 3 of his/her 2020 tax return \$ _____

List all dependants as of December 31, 2020:

Name	Relationship	Birthdate MM / DD / YYYY	SIN#	2020 Net Income
_____	_____	_ / _ / _	_____	\$ _____
_____	_____	_ / _ / _	_____	\$ _____
_____	_____	_ / _ / _	_____	\$ _____

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

Did you sell your principal residence in 2020? _____ If yes, address, year purchased & sale price _____

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 NO
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?

Yes (attach a void cheque) Direct deposit requested last year No **NO**

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

Electronic copy sent to my email above Mail to my home address Courier to my home address

Hold for pick-up Other (please specify) _____

PLEASE PROVIDE A COPY OF YOUR 2019 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"/> Other pensions/annuities	T4A
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Canada Emergency Response Benefit	T4A
<input type="checkbox"/> Canada Recovery Benefit	T4A
<input type="checkbox"/> Old Age Security	T4(OAS)
<input type="checkbox"/> Canada Pension Plan	T4AP
<input type="checkbox"/> Profit sharing income	T4PS
<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 _____	\$ _____

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"/> 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 _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<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 Conditions of Employment or T2200S - Working at Home Due to COVID-19.

Did you work from home more than 50% of the time for at least 4 consecutive weeks in 2020 due to COVID-19? _____

If yes, how many days did you work from home? _____

Travel \$ _____

Parking \$ _____

Supplies (stationery, other) \$ _____

Telephone \$ _____

Salaries paid to an assistant \$ _____

Office rent \$ _____

Vehicle expenses Summarize below

Home office expenses Summarize below

Commission employees only:

Accounting & legal \$ _____

Advertising & promotion \$ _____

Meals & entertainment \$ _____

Rental of office equipment \$ _____

Training \$ _____

VEHICLE EXPENSES (for Business & Employment)

Year, make & model of vehicle _____

Purchase/sale price \$ _____

Date of purchase/sale (See ** below) _____

Date lease began/ended (See ** below) _____

** If purchased, leased or sold in 2020, include relevant agreements.

Kms driven for business purposes in 2020 _____

Total kms driven in 2020 _____

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 \$ _____

Other \$ _____

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 \$ _____

Electricity \$ _____

Water \$ _____

Repairs & maintenance \$ _____

Insurance (See *** below) \$ _____

Property taxes (See *** below) \$ _____

Rent \$ _____

Mortgage interest (self-employed only) \$ _____

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

