

2021 PERSONAL TAX RETURN CHECKLIST

Your Name _____	SIN# _____	Birthdate _____	MM / DD / YYYY
Your Spouse _____	SIN# _____	Birthdate _____	MM / DD / YYYY
Address _____	Did you move in 2021?	<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 2021? 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 2021 tax return \$ _____

Net income figure from line 23600 on page 3 of his/her 2021 tax return \$ _____

List all dependants as of December 31, 2021:

Name	Relationship	Birthdate	SIN#	2021 Net Income
		MM / DD / YYYY		
_____	_____	/ /	_____	\$ _____
_____	_____	/ /	_____	\$ _____
_____	_____	/ /	_____	\$ _____

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 2021? _____ 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
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 2020 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.

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 2021 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 2021, include relevant agreements.

Kms driven for business purposes in 2021 _____

Total kms driven in 2021 _____

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.

