

2024 PERSONAL TAX RETURN CHECKLIST

Your Name _____	SIN# _____	Birthdate	MM / DD / YYYY ____ / ____ / ____
Your Spouse _____	SIN# _____	Birthdate	____ / ____ / ____
Address _____ _____ _____	Did you move in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email _____	Home telephone number	() ____ - ____	
	Work telephone number	() ____ - ____	
	Spouse work number	() ____ - ____	

Marital Status: Married Common-law Widowed Separated Divorced Single

Did your marital status change in 2024? 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 2024 tax return \$ _____

Net income figure from line 23600 on page 3 of his/her 2024 tax return \$ _____

List all dependants as of December 31, 2024:

Name	Relationship	Birthdate MM / DD / YYYY	SIN#	2024 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 2024? _____ If yes, address, year purchased & sale price _____

OTHER IMPORTANT MATTERS (unless otherwise indicated we will assume the default response)	DEFAULT
Do you hold legal title to any Canadian residential properties in trust for another individual, trust, or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	NO
Do you hold any other assets in trust for another individual, trust, or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	NO
Do you own/hold foreign property with a total cost of more than CAN \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	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? <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 2023 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

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	\$	_____
Other	\$	_____

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 2024, include relevant agreements.

Kms driven for business purposes in 2024 _____
Total kms driven in 2024 _____

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.

