

**2016 PERSONAL TAX RETURN CHECKLIST**

Your Name	_____	SIN#	_____	Birthdate	MM / DD / YYYY ____/____/____
Your Spouse	_____	SIN#	_____	Birthdate	____/____/____
Address	_____			Did you move in 2016?	<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 2016 tax return    \$ \_\_\_\_\_

Net income figure from line 236 on page 3 of his/her 2016 tax return    \$ \_\_\_\_\_

List all dependants as of December 31, 2016:

Name	Relationship	Birthdate MM / DD / YYYY	SIN#	2016 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)**

	Yes	No	DEFAULT
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>NO</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 2015 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"/> Safety deposit box charges	\$ _____
<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 _____	\$ _____

(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 2016, include relevant agreements.

Kms driven for business purposes in 2016 \_\_\_\_\_  
Total kms driven in 2016 \_\_\_\_\_

### 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.

