

# Tax Checklist 2021

## Personal Information

Name:		SIN:	- -	Date of Birth:	YY / MM / DD	
Name:		SIN:	- -	Date of Birth:	YY / MM / DD	
Address:						
Tel:	Email:					
<b>Marital Status:</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

## Dependents Information

Name:	Date of Birth: YY / MM / DD	Relationship:	\$ Net Income—line 236
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Name:	Date of Birth: YY / MM / DD	Relationship:	\$ Net Income—line 236

Do you own foreign property/investment (out of Canada) with a cost base of more than CAN \$100,000? Yes / No. If Yes, please complete T1135

Do any of your family members qualify for the disability tax credit? Yes / No. If Yes, please complete T2201

**Citizenship:**  Canadian (If so, do you allow CRA to release information about you to Elections Canada? Yes / No)  U.S. (If so, you may be required to file a U.S. tax return Please contact us for more information)

### Newcomers to Canada

If you have become or ceased to be a resident of Canada for income tax purposes in 2021, enter the day of: Entry MM / DD or departure MM / DD

Please enter net world income for the period you were not a resident of Canada: yours \_\_\_\_\_ your spouse's \_\_\_\_\_

Please enter net world income for the period you were a resident of Canada: yours \_\_\_\_\_ your spouse's \_\_\_\_\_

Slips	Source of Income	Slips to attach
<input type="checkbox"/>	Employment or Commissions Income	T4, T4A slips
<input type="checkbox"/>	COVID related benefits: CERB, CESB, CRB, CRSB, CRCB, CWLB	T4A
<input type="checkbox"/>	Employment Insurance (EI) Benefits and Repayments	T4E slips
<input type="checkbox"/>	Worker's Compensation Benefits, Social Assistance Payments	T5007
<input type="checkbox"/>	Scholarships & Bursaries, Taxable Disability Income	T4A
<input type="checkbox"/>	Pension Income CPP, OAS, RRSP, RRIF	T4A(P), T4A(OAS), T4A, T4RSP, T4RIF slips
<input type="checkbox"/>	Investment or Dividend Income	T3, T5 slips
<input type="checkbox"/>	Limited Partnership Income	T5013 slips
<input type="checkbox"/>	Rental Income	Please complete a table on page 2
<input type="checkbox"/>	Business, Self-Employment, Professional Income	Please complete a table on page 2
<input type="checkbox"/>	Spousal Support Income	Details: Name of the payer and the amount received
<input type="checkbox"/>	Sale of Real Estate of Principal Residence	Purchase year, sale date, and proceeds
<input type="checkbox"/>	Sale of Investments, Taxable Capital Gain or Losses	T5008 slips, Purchase date & cost, sale date & proceeds

Slips	Deductions and Tax Credits	Slips to attach
<input type="checkbox"/>	RRSP Contributions, RRSP Contributions - spouse	Official receipts, T4, T4A slips
<input type="checkbox"/>	Annual Union, Professionals Dues	Official receipts, T4
<input type="checkbox"/>	Child Care Expenses	Official receipts, and please complete a table on page 2
<input type="checkbox"/>	Moving Expenses inside of Canada	Please provide receipts and details
<input type="checkbox"/>	Spousal and Child Support Paid	Details: Name of the payee and the amount paid
<input type="checkbox"/>	Employment Expenses	#of days or T2200 and please complete a table on page 2
<input type="checkbox"/>	Interest, Investment Expenses Paid on Investment loans	Details
<input type="checkbox"/>	Charitable and Political Donations	Official receipts
<input type="checkbox"/>	Medical and Dental Expenses	Official receipts, a summary from pharmacies
<input type="checkbox"/>	Tuition and Exam Fees, Interest paid on Canada Student Loan	T2202, T2202A, TL11A, Official receipts
<input type="checkbox"/>	Rent or Property Tax Paid (for your principal residence)	Details
<input type="checkbox"/>	First Home Buyer's amount, HBP and LLP withdrawals and payments	Details, (land transfer tax statement for a purchase)
<input type="checkbox"/>	Canada Caregiver Amount, Home Accessibility Exp (Disabled, Senior)	Details

### ***Dependents Information***

Dependant Name:	Name of the Caregiver/Camp:	Amount Paid: \$	Camp Weeks:
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Dependant Name:	Name of the Caregiver/Camp:	Amount Paid: \$	Camp Weeks:

### ***Income and Expenses Information***

Description	Employment Expenses *	Rental Income & Expenses	Business Income & Expenses
Your percentage of the income	%	%	%
Start Date	YY / MM / DD	YY / MM / DD	YY / MM / DD
End Date	YY / MM / DD	YY / MM / DD	YY / MM / DD
Address	N/A		
GST/HST Registrant? Yes / No			
Do you file GST/HST? Yes / No	N/A		
Do the amounts below include GST/HST? Yes / No			
Gross Revenue	N/A		
Advertising and Promotion Expenses	Commission Employees		
Meals and Entertainment – 100%	Commission Employees	N/A	
Insurance Expenses			
Interest & Bank Charges	N/A		
Business Tax, License, Membership Expenses	N/A	N/A	
Office Expenses			
Office Stationery and Supplies		N/A	
Accounting, Professional, and Legal Expenses	Commission Employees		
Management and Administration Fees			
Repairs and Maintenance			
Salaries, Wages and Benefits			
Travel Expenses			
Delivery and Freight Expenses	N/A		
Telephone and Internet	N/A		
Other			
<b>Vehicle Expenses – Please provide a logbook</b>			
Business Use km			
Total Use km			
Fuel and Oil Expenses			
Car Interest Expenses			
Car Insurance Expenses			
Licence and Registration			
Maintenance and Repairs			
Car Leasing Expenses			
Parking Expenses			
Car Other Expenses			
<b>Home Office Expense</b>			
Business Use sqft			
Total Use km sqft			
Heat			
Electricity			
Home Insurance	Commission Employees		
Home Maintenance			
Mortgage Interest / Rent	N/A		
Property Taxes	Commission Employees		
Other Expenses			

\*Please select Employment expenses method:      1. Detailed Method – please provide signed T2200 form from your employer.  
 2. Simplified Method – please provide total numbers of days you worked from home due to COVID-19, \$ 2 \* \_\_\_\_\_ (max 250 days)