

Personal Tax Checklist

To help us prepare your personal taxes as efficiently as possible, please provide the following:

PERSONAL INFORMATION

(Please fill in any new information or changes since we last prepared your tax return)

Taxpayer Information

Name: _____

Phone #: (____) ____ - _____

Email: _____

Address: _____

Spouse's Information

Name: _____

Phone #: (____) ____ - _____

Email: _____

If your spouse's tax return is prepared elsewhere, provide their net income (line 23600): _____

Did your marital status change in the year? Yes No

If yes, provide date changed (mm/dd): _____ New status: _____

Do you authorize CRA to provide your information to BC Transplant, to contact you or send you information about organ and tissue donation? Yes No

Name/Relation	DOB	SIN	Net Income (line 23600)	Caregiver ¹	Disability ²	Tuition
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹The caregiver amount is claimed when they are dependent on you due to a physical or mental infirmity

²CRA must have an accepted disability tax credit application on file to claim disability credits

Name and contact information for investment advisor(s): _____

GENERAL

- Please indicate your preferred method of contact: Phone Email
- Would you like your tax return and forms for signature emailed to you instead of receiving a paper copy? Yes No
- Do you have foreign assets with total cost over \$100,000? (includes cryptocurrency) Yes No
 - If yes, provide details (e.g. bank accounts, real estate, investments)
- Did you sell your principal residence during the year? Yes No
 - If yes, which year was the home purchased? _____ Selling Price? _____
 - Was it your principal residence for all years owned? Yes No
- Are you a first-time home buyer? Yes No (if yes, provide purchase documents)
- Did you open a First Home Savings account in the year? Yes No
- If you are a new client, please enclose:
 - Prior year tax return. If prepared by another accountant, please include invoice for preparation fees
 - Are you a Canadian Citizen? Yes No
 - Do you authorize CRA to provide your personal information to Elections Canada? Yes No

INCOME FROM TAX SLIPS – Provide all tax slips (e.g. T4, T5, T4A, OAS, CPP, RRSP, etc.)

- Capital gains/losses – Details of assets (shares, bonds, real estate, crypto, etc.) sold last year. Also provide realized gain/loss summary or T5008 from your investment brokerage
- RRSP contribution receipts; if no receipt has been issued yet, provide amounts contributed: _____

- Foreign tax slips and details of foreign income (social security, foreign pensions, etc.)
- Other income not listed on tax slips: _____

OTHER INCOME – Check all that apply

- BUSINESS/PARTNERSHIP ACTIVITY – Income and GST/HST/PST details
- RENTAL ACTIVITY – Income amounts from all rental units
- SPOUSAL SUPPORT – Amounts received or paid during the year

DEDUCTIONS AND CREDITS – Check all that apply

- B.C. RENTER'S TAX CREDIT – Check if you rented your home for at least six months in the year (this does not apply if you rented from a family member)
- CHILDCARE EXPENSES – For children under 16 or with a mental/physical infirmity (preschool, daycare, summer camp, etc.)
- DIGITAL NEWS SUBSCRIPTION – Include receipt showing amount paid
- DONATION RECEIPTS – Charitable and political donations
- EMPLOYMENT EXPENSES – Form T2200 signed by employer is required
- FIREFIGHTER/SEARCH AND RESCUE – Provide document confirming 200+ hours of service
- HOME RENOVATIONS – Receipts for improvement to your home's accessibility if over 65 or if you qualify for the disability tax credit
- INVESTMENT CARRYING CHARGES – Investment advisor fees, investment loan interest
- MEDICAL/DENTAL RECEIPTS – include receipts you paid for dependents
 - Premiums paid to a private health plan (including premiums for travel medical insurance)
 - Prescription receipts or annual summary document from pharmacy
 - Dental receipts and other health care (RMT, chiropractor, vision, etc.)
 - Annual report from benefit plan showing amounts paid and reimbursed, if applicable
 - Travel for medical care over 40km from home
- MOVING EXPENSES – Provide all receipts including sale and purchase documents for real estate
 - Name/address of employer, or educational institution attended (if applicable) after moving
 - Mileage traveled to complete move (include number of days traveled)
 - Accommodation expenses during move
 - Temporary living expenses (accommodation/meals near old or new home before or after move)
 - Costs to maintain old home while vacant
- TUITION FEES – Fees paid for yourself and/or dependants
- UNION/PROFESSIONAL DUES – Receipts for dues paid related to your employment

RENTAL EXPENSES

- Property insurance
- Mortgage statement for the year showing total interest paid
- Management or strata fees, if applicable
- Repairs and maintenance to the property
- Property taxes
- Utilities paid (hydro, heat, telephone, municipal water, garbage collection) unless paid by tenant
- Receipts for capital assets purchased

BUSINESS/PARTNERSHIP EXPENSES

- Advertising, meals/entertainment, insurance, interest and bank charges, business licenses, office expenses, supplies, legal fees, rent, repairs and maintenance, wages and benefits including WorkSafe BC premiums, subcontractors, travel, shipping costs, etc.
- Vehicle expenses (insurance, fuel, repairs, loan/ leasing costs, business km/total km driven, etc.)
- Home office expenses (insurance, mortgage interest, utilities, property tax, repairs, strata fees, office square footage and total home square footage)
- Telephone and internet expenses, including an estimate of the percentage you use each for business purposes
- Receipts for capital assets purchased