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Personal Tax Checklist

Taxpayer

Name: _____
SIN: _____
Date of Birth: _____
Address: _____

Phone Number: _____
Marital Status: _____

Spouse (If applicable)

Spouse Name: _____
Spouse SIN: _____
Date of Birth: _____

Is your spouse eligible for the disability tax credit? (Form T2201)
 Yes No

If your marital status has changed since the filing of last year's tax return, what date did it change?

Are you eligible for the disability tax credit? (Form T2201)
 Yes No

Do you have any dependents? Yes No
 If yes please provide information below.

Dependents Full Name	SIN	Date of Birth DD/MM/YYYY	Disability Tax Credit? Y/N

Income

Employment	<input type="checkbox"/>	Forms
Employment Insurance	<input type="checkbox"/>	T4
Pension	<input type="checkbox"/>	T4E
Workers Comp	<input type="checkbox"/>	T4A
*Rental Income	<input type="checkbox"/>	T5007
Other Income	<input type="checkbox"/>	
RRSP Withdrawals	<input type="checkbox"/>	T4RSP
Other Slips, list below:		

Deductions

Medical Expenses	<input type="checkbox"/>	Forms
*Donations	<input type="checkbox"/>	
Union Dues	<input type="checkbox"/>	
Student Loan Interest	<input type="checkbox"/>	
Tuition	<input type="checkbox"/>	T2202
RRSP Contributions	<input type="checkbox"/>	
*Child Care	<input type="checkbox"/>	
*Employment Expenses	<input type="checkbox"/>	
Other Deductions, list below:		

Did you move for purposes of employment or full-time education which resulted in you being 40 km closer to work or school? If yes, we require all related *moving expenses.
 Yes No

Did you sell your principal residence? If yes, all related info including legal documents are required.
 Yes No

*See resources on our website for forms that need to be completed