



PERSONAL TAX CHECKLIST

The Small Business Accountants Ltd requires this checklist be filled out every year prior to commencing the preparation of your tax return. Please fill it out completely and return it to our office along with your tax information. You are responsible to ensure that the information stated on this form is factually correct as we will use this to file your tax returns.

PERSONAL INFORMATION

Taxation Year: _____ **(one form per year please)**

Name: _____

Do you authorize Revenue Canada to give your name, address and date of birth to Elections Canada? ☐ Yes ☐ No

Are you a Canadian Citizen, Non-Resident, Resident? (Please circle one)

Is this your first-time filing taxes in Canada? ☐ Yes ☐ No. If yes, what was your date entry? _____

Were your taxes prepared by The Small Business Accountants Ltd last year? ☐ Yes ☐ No, complete below

Are there any changes to your personal information detailed below? ☐ Yes, complete below ☐ No, go to pg.2

Address: _____

City: _____ Postal Code: _____ E-mail: _____

Telephone #: _____ Work #: _____

Date of Birth: _____ S.I.N. _____
YYYY/MM/DD

Province of residence at December 31st ☐ AB Other - _____

Marital status at December 31st? ☐ Married ☐ Common –Law ☐ Widowed
☐ Divorced ☐ Separated ☐ Single

Any change in the last year? ☐ No ☐ Yes, When? _____
MM/DD

Spouse's name: _____ Spouse's Date of Birth: _____

Spouse's telephone number: _____ Spouse's e-mail: _____

Spouse's S.I.N. _____

****If we are NOT preparing a tax return for your spouse you MUST provide a copy of their tax return for the current year. Without this we will go ahead and process your taxes without applying any credits that might apply to you. NOTE: Preparing tax returns together allows spouses to maximize credits and pension transfers to minimize taxes.**



Dependent Information

If you are an existing tax client, are there any changes to the dependent information? ☐ Yes ☐ No

Details of Dependents (provide info for all dependents – children, parents, grandparents, etc.; this would also include those children over the age of 21 attending post-secondary school.

<u>Dependents Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Social Insurance Number</u>	<u>Income</u>

Do you have and child care expenses to claim? ☐ Yes ☐ No (Provide receipt, Caregiver and SIN number)

Any taxable spousal maintenance payment? \$ _____ / month receive or pay (Circle one)

(Please include copy of court order for payments made)

Maintenance recipients name: _____ S.I.N. _____

OTHER INFORMATION REQUIRED

☐ Did you purchase your **first** home this year?

INCOME FROM SELF-EMPLOYMENT (\$365.00)

☐ Complete the **BUSINESS CHECKLIST**

RENTAL INCOME (\$60.00 per schedule)

☐ Complete a **RENTAL INCOME CHECKLIST**

MOVING EXPENSES (\$60.00 per schedule)

☐ Complete a **MOVING EXPENSE CHECKLIST**

OTHER PROPERTY (\$60.00 per schedule)

☐ Have you bought or sold any house (**including your principal residence**) or any luxury property?

PLEASE PROVIDE THE FOLLOWING:

☐ **NOTICE OF ASSESSMENT** – Please provide a copy of your previous years Notice of assessment and/or Notice of Reassessment (if any)

☐ **PREVIOUS YEARS TAX RETURN** (if we did not prepare it for you)

****Do you have a “disability” and don’t even know it? Many do and are unaware of the benefits. Please refer to the back page if you would like more information on what could potentially qualify as a disability.**

Anyone permanently disabled? ☐ Yes ☐ No Has a T2201 (Disability Tax Credit) been filed previously? ☐ Yes ☐ No

Person with disability - _____

Have you paid personal tax installments this year? ☐ Yes ☐ No Amount paid \$ _____

Please provide details of when installments were made throughout the year.



Information slips for Income

- ☐ T4(s)
- ☐ Other employment income
- ☐ Pension, annuity or other income (T4A)
- ☐ Canada Pension Plan (T4AP)
- ☐ Old Age Security (T4OAS)
- ☐ RRSP withdrawals (T4RSP)
- ☐ Employment Insurance (T4E)
- ☐ Social Benefits received (T5007)
- ☐ Investment income (T5)
- ☐ Trust income (T3) Mutual funds **(\$20.00)**
- ☐ Statement of Securities Transactions (T5008)
(\$120.00 additional charge or \$60.00 additional charge if ACB is included with tax documents)
- ☐ Statement of partnership income (T5013)
(\$120.00 additional charge)
- ☐ Sale of Securities/Shares (trading summaries from bank or investment council) **(\$120.00 additional charge)**
- ☐ Statement of contract payments (T5018)

Deductions

- ☐ Alimony
- ☐ Union/Professional Fees
- ☐ Tuition(T2202) Amounts over 100.00 for training
- ☐ Employment expenses (completed and signed T2200)
(\$60.00 additional charge)
- ☐ T2200S Flat rate # of days worked from home _____X
2.00 per day = _____ **(to a maximum of \$500.00)**
- ☐ Losses from Investments
- ☐ Carrying charges for Investments
- ☐ Management or safe custody fees, Investment Council fees
- ☐ Details of interest paid on money borrowed to earn investment income
- ☐ Donations (Official receipts) Incl. unused from previous years
- ☐ Political Contributions (Official Receipt only)
- ☐ Medical Expenses-with receipts **(More than 10 receipts 60.00 additional charge)**
- ☐ RRSP Contributions (Actual RRSP slips)
- ☐ Eligible Educator Supply Credit
- ☐ Interest on Student Loans

FOREIGN REPORTING REQUIREMENTS (T1135-\$120.00 additional charge)

(Please indicate that this doesn't apply by drawing a line through and initialing)

- ☐ Received any funds from a foreign trust after 1995, or have ever transferred or loaned property to a foreign trust. **Provide full details**
- ☐ Owned assets outside of Canada with a cost in excess of \$100,000 Canadian during the year **Provide full details**
- ☐ Own over 1% of a foreign corporation or trust, and Together with related parties own over 10%. **Provide full details**
- ☐ Became or ceased to be a resident of Canada during the year. **Date of Status Change**
- ☐ I do not wish to receive emails, newsletters or any promotional information from this company.
- ☐ **Printed copy of your tax return** or ☐ Portal

Client Signature

Date

Client Signature

Date



****Please review this page to see if you may qualify for additional tax credits and even grants and bonds from the government.**

Vision – 20/200 or field of vision is less than 20%? You may qualify

Hearing – Do you wear a hearing aid or are unable to hear otherwise? You may qualify

Speaking – Do you have to repeat yourself numerous times for people to understand you? You may qualify

Walking – Can you walk 100m without stopping to take a breath, or does it take you much longer than those around you?
You may qualify

Elimination – Do you have Crohn's or issues with incontinence? You may qualify

Feeding – Does someone need to assist you in cutting your food? You may qualify

Dressing – Does it take you a long time to get dressed? No husbands, this does not mean your wife qualifies because it takes her 5 times longer than you to get ready.

Mental Functions for everyday living – Can you easily adapt to your changing surroundings, do you have difficulty memorizing your address and phone number, are you having issues making appropriate decisions and judgments? You may qualify

Life Sustaining Therapy – Are you a Type 1 Diabetic, or on dialysis? You may qualify

***Please don't hesitate to call the office if you have any questions, we're here to help and make this as simple and efficient as possible.**