



## TAX CHECKLIST

Client \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ [dd/mm/yyyy]  
Telephone Number \_\_\_\_\_  
Business \_\_\_\_\_ Cell \_\_\_\_\_  
Best Time to Call \_\_\_\_\_  
Address \_\_\_\_\_

Postal Code \_\_\_\_\_  
Province of Residence as of Dec. 31 \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Marital Status on Dec. 31: Married \_\_\_\_ Single \_\_\_\_  
Common-law partner (C-L P) \_\_\_\_ Separated \_\_\_\_  
Widowed \_\_\_\_ Divorced \_\_\_\_  
Did Marital Status change in tax year? Yes \_\_\_\_ No \_\_\_\_  
Date \_\_\_\_\_

Spouse/C-L P's Name \_\_\_\_\_  
Spouse/C-L P's Social Insurance Number \_\_\_\_\_  
Spouse/C-L P's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is Spouse/C-L P also filing a return? Yes \_\_\_\_ No \_\_\_\_  
Is Spouse/C-L P self-employed? Yes \_\_\_\_ No \_\_\_\_  
Spouse/C-L P's Net Income \$ \_\_\_\_\_

Names of Dependants	Date of Birth [dd/mm/yyyy]
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

**National Register of Electors: Citizenship** \_\_\_\_\_  
Do you want your name, address and date of birth sent to  
Elections Canada? (required annually) Yes \_\_\_\_ No \_\_\_\_

**RENTAL INCOME** Not applicable \_\_\_\_  
(Enclose itemized income and expense statement and/or receipts,  
if available) Auto logbook? Yes \_\_\_\_ No \_\_\_\_  
Address of Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SELF-EMPLOYMENT INCOME** Not applicable \_\_\_\_  
(Enclose itemized income and expense statement and/or receipts,  
if available) See Page 3 Auto logbook? Yes \_\_\_\_ No \_\_\_\_  
Address of Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fiscal Year End \_\_\_\_/\_\_\_\_/\_\_\_\_ [dd/mm/yyyy]  
Briefly describe the activities of the business:  
\_\_\_\_\_  
\_\_\_\_\_

Jan 10

Client \_\_\_\_\_  
Representative \_\_\_\_\_  
Incoming Date \_\_\_\_/\_\_\_\_/\_\_\_\_ [dd/mm/yyyy]  
Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_ New \_\_\_\_ Existing \_\_\_\_  
Authorizations T1013 Yes \_\_\_\_ No \_\_\_\_ T183 Yes \_\_\_\_ No \_\_\_\_

Copy of Last Year's return enclosed? Yes \_\_\_\_ No \_\_\_\_  
Previous year's Notice of Assessment enclosed? Yes \_\_\_\_ No \_\_\_\_

### INCOME FROM INFORMATION SLIPS

Employment Income: T4 \_\_\_\_ T4F \_\_\_\_ T4E \_\_\_\_  
Relevé 1 \_\_\_\_ Relevé 5 \_\_\_\_  
Pension Income: T4A \_\_\_\_ T4A (OAS) \_\_\_\_ T4A (P) \_\_\_\_  
T4RSP \_\_\_\_ T4RIF \_\_\_\_ T5007 \_\_\_\_  
Relevé 2 \_\_\_\_ Relevé 16 \_\_\_\_ T4-RCA \_\_\_\_  
Investment Income: T3 \_\_\_\_ T5 \_\_\_\_ T600 \_\_\_\_  
T5013 \_\_\_\_ T5013A \_\_\_\_ T5008 \_\_\_\_ T4PS \_\_\_\_  
Relevé 3 \_\_\_\_ Relevé 15 \_\_\_\_ Relevé 18 \_\_\_\_ Relevé 7-10 \_\_\_\_  
Any emergency volunteer income received? Yes \_\_\_\_ No \_\_\_\_  
Any income from a government, municipality  
or public authority for volunteer services? Yes \_\_\_\_ No \_\_\_\_  
Any CPP or QPP Benefit lump sums received  
for previous years? Yes \_\_\_\_ No \_\_\_\_  
List any other slips: RC210 \_\_\_\_ T2202 / T2202A \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPENSES** Not applicable \_\_\_\_  
(Enclose itemized expense statement and/or receipts, if available)  
T2200 \_\_\_\_ TL2 \_\_\_\_ TP-64 \_\_\_\_ TP-64.3 \_\_\_\_ TP-66 \_\_\_\_  
Automobile expenses \_\_\_\_ Logbook \_\_\_\_ Travel expenses \_\_\_\_  
Commission Sales \_\_\_\_ Business use of home expenses \_\_\_\_  
Tools for Employed Tradespersons \_\_\_\_  
Briefly describe any other type of employment expenses:  
\_\_\_\_\_  
\_\_\_\_\_

**CAPITAL GAINS / LOSSES** Not applicable \_\_\_\_  
Disposition & date of: Shares / Mutual Funds \_\_\_\_ T1212 \_\_\_\_  
Capital Gain Accounting Advice: \_\_\_\_ Real Estate \_\_\_\_  
Any 1994 exempt capital gains balance? Yes \_\_\_\_ No \_\_\_\_  
Briefly describe any other type of disposition(s):  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INCOME** Not applicable \_\_\_\_  
Provide details: Tips? Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME TAX DEDUCTIONS** Not applicable \_\_\_\_  
(Attach receipts, if available)  
RRSP contributions \_\_\_\_ Lifelong Learning Plan \_\_\_\_  
Home Buyers Plan \_\_\_\_ Union or professional dues \_\_\_\_  
Interest paid on money borrowed to earn investment income \_\_\_\_  
Transit passes after July 1, 2006 \_\_\_\_ Child Care expenses \_\_\_\_  
Universal Child Care Benefit repayment RC62 \_\_\_\_

**Please write any special instructions, additional  
information, or questions on the back of the form.**

Do you have any of the following?	Yes	No		Yes	No
Moving expenses			Children's fitness amount		
Retroactive lump sum payments received			Educational bursaries or scholarships received		
Repayment of salary, EI benefit amounts			Tuition fees and/or education amount transferred from a child or grandchild or spouse		
Federal / provincial political contributions			Tools for apprentice vehicle mechanic		
Stock-option benefits from employment			Apprenticeship incentive grant		
Venture capital corporation investments			Adult basic education tuition assistance		
Charity donations; cash, shares or mutual funds			Non-capital/net capital losses of other years.		
Clergy residence deduction			Canadian Forces or police, T4 Box 43 income		
Adoption expenses after 2004			Registered Disability Savings Plan		
Tuition fees as a full-time or part-time student			Live / work in prescribed northern zone.		
Do you pay interest on student loans			Live / work in prescribed intermediate zone		
Death in the family during the year			First time home buyer		
Any RRIF repayment (for 2008 only)			Home renovation expenses		
Childcare expenses to attend school					

**SPECIAL INFORMATION (complete only those areas applicable to you & attach receipts)****Not applicable** \_\_

Safety Deposit Box Fees Paid \$ \_\_\_\_\_ Social Benefits Repayment \$ \_\_\_\_\_  
 Savings Bond Payroll Interest Paid By You \$ \_\_\_\_\_ Accounting Fees Paid re. Investment \$ \_\_\_\_\_  
 Investment counsel or management fees (non RRSP investments) \$ \_\_\_\_\_

Other Investment Expenses Paid – please specify type and amount: \_\_\_\_\_

Jointly Held Investments – please specify percentage to be reported by each joint owner ONLY IF it is other than 50/50:

SPECIAL INFORMATION (complete only those areas applicable to you )	Yes	No
Any legal fees to sue for maintenance payments; collect payments; collect a retiring allowance or pension benefit; for advice or assistance to object to an appeal, an assessment, or decision for taxes, EI, CPP or QPP?		
Any pension income eligible for the pension amount to be split with your spouse or common-law partner?		
Own or hold foreign property and the total cost exceeds CAN \$100,000? (If yes provide details on back).		
Does your child (under 18) have income from a trust (other than a mutual fund trust) or partnership that is: (1) dividends from shares and (2) shareholder benefits that relate to shares that are not listed on a prescribed stock exchange?		

**SUPPORT PAYMENTS (please circle) or Not applicable**

Support Payments - PAID / RECEIVED AMOUNT \$ \_\_\_\_\_ Name \_\_\_\_\_ SIN \_\_\_\_\_  
 Alimony Payments- PAID / RECEIVED AMOUNT \$ \_\_\_\_\_ Name \_\_\_\_\_ SIN \_\_\_\_\_  
 Was the Child Support Payment agreement made before April 30, 1997? ..... Yes\_\_ No\_\_

**RENT / PROPERTY TAX CREDIT INFORMATION****Not applicable** \_\_

Complete ONLY if you reside in Ontario or Quebec or Manitoba as of the last day of December 31<sup>st</sup> AND no other person will be making a claim for the same residence.

Property taxes or rent paid (residents of Ontario, or Manitoba) Yes\_\_ No\_\_ \$ \_\_\_\_\_ per year

Property taxes or rent paid in Quebec: \$ \_\_\_\_\_ for December Relevé 4 \_\_

Address	Total Rent Paid	Months	Landlord's Name
	\$		
	\$		

**ELIGIBLE MEDICAL EXPENSES FOR (attach receipts & please circle):****Not applicable** \_\_

Self\_\_ Spouse/C-L P \_\_ Dependant\_\_ Deceased Spouse /C-LP: (name) \_\_\_\_\_ Net Income \$ \_\_\_\_\_

Disability Tax Credit -Form T2201 available for: Self\_\_ Spouse/C-L P\_\_ Dependant \_\_ name\_\_\_\_\_ Net Income \$ \_\_\_\_\_

<b><i>Do you have any amounts for?</i></b>	<b>Yes</b>	<b>No</b>
Eye glasses (prescribed), hearing aid (and batteries), wheelchair, crutches, brace for a limb, artificial limb		
Amounts from Disability Support Deductions - Form T929 (Form T929 has more details)?		
Attendant care expenses		
Care and supervision in a group home for individuals eligible for the disability tax credit		
Care for your or your spouse's parent or grandparent or an infirm dependant who lives with you		
For you or a relative to learn to care for a relative who has a mental or physical infirmity and who is in your household or is dependant on you for support		
Therapy provided to persons eligible for disability tax credit other than qualified therapist / medical practitioner		
Tutoring individuals with hearing or mental disabilities or ADD or ADHD written identification		
"Talking books" prescribed by a medical practitioner for someone who has a perceptual disability and who is enrolled in an educational institution in Canada		
Home construction costs for a person, who has severe and prolonged mobility impairment, or who lacks normal physical development, to gain access to or to be more mobile or functional in the home		
50% of the cost of an air conditioner, prescribed by a medical practitioner for an individual with a severe chronic ailment, disease, or disorder to a limit of \$1,000		
Travel expenses if medical treatment is not available locally (travel in excess of 40 kilometres)		
The cost of: real time captioning; note taking services; voice-recognition computer software; sign language interpretation services; and acquiring gluten-free food, if certified by a medical practitioner		
Amounts paid to purchase, care for and maintain a service animal specially trained to assist an individual who is severely affected by autism or epilepsy. Reasonable travel expenses incurred for the individual to attend a school, institution or other place that trains the individual in the handling of the service animal are also eligible		
Amounts paid to purchase, operate, and maintain the following devices if prescribed by a medical practitioner:		
- Altered auditory feedback devices for the treatment of a speech disorder		
- Electrotherapy devices for the treatment of a medical condition or severe mobility impairment		
- Standing devices for standing therapy in the treatment of a severe mobility impairment		
- Pressure pulse therapy devices for the treatment of a balance disorder		

**SELF-EMPLOYED INDIVIDUALS (attach receipts and provide details on back of page):** **Not applicable** \_\_

<b>Do you have any of the following?</b>	<b>Yes</b>	<b>No</b>
Private health plan premiums		
Meals for all the employees of the business (limited to 6 fully (100%) deductible events in one year)		
Meals for employees at remote work site		
Construction contract payments made in excess of \$500 – T5018 issued?		
Hire any eligible apprentices for employment after May 1, 2006? Salary or wages paid \$		
(Ontario only) Hire any apprentices after May 19, 2004? Salary or wages paid in year. \$		
Did you sell your business, farm business or fishers business? Please provide details		
Did you pay any Installments? Last Year \$_____ This Year \$		
Did you create any new child care spaces for the children of your employees or for other children?		

**Privacy Policy and Your Consent**

If you choose to provide personal information to Padgett Business Services, we assume that you consent to the collection, use and disclosure of your personal information as outlined in our Privacy Policy or otherwise at the time of collection, use or disclosure. If you do not consent, please do not provide your personal information or, where applicable, exercise the opt-in or opt-out options offered. If Padgett Business Services requests additional personal information or intends to use or disclose your personal information differently than described in our Privacy Policy, we will advise you at or before the time of collection, use or disclosure (as the case may be) as to how we will handle that personal information. Padgett Business Services will not collect, use or disclose personal information other than as described herein, or at the time of collection, use

or disclosure (as the case may be), or as otherwise required or permitted by law. There are limited instances where Padgett Business Services may collect, use or disclose your personal information without your consent as required or permitted by law, for example: (1) to collect a debt owed to us; (2) to meet government tax reporting requirements; and (3) to comply with an order made by a court. Consent may be expressed or implied depending on the circumstances. Please note that, in some cases, your choice to refuse or withdraw consent to certain collection, use or disclosure of personal information may impact on our ability to provide you with certain products or services. The Padgett Business Services Privacy Policy is available at [www.smallbizpros.ca](http://www.smallbizpros.ca).

**Please use the space below (or the back of the sheet) to note any special information or instructions concerning your tax situation that we should be aware of:**

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**FOR ACCURATE PREPARATION OF YOUR TAX RETURN, PLEASE FOLLOW THESE INSTRUCTIONS.**

1. Use a separate form for each tax return we are to prepare.
2. Please complete the Tax Checklist section on the first page. If you require more space for dependant information, please enclose it on a separate sheet or use the back of this form.
3. For family members submitting tax returns at the same time, duplicate information only needs to be entered on one of the forms.
4. Complete all the sections.
5. When you have received ALL your tax information slips and receipts, place all copies in an envelope and attach it to this form. **Please include a copy of last year's income tax return and your Notice of Assessment.**
6. Return this form to your Padgett Representative.

***If Direct Deposit is required,  
please attach a void cheque for the bank account  
to which you wish  
Canada Revenue Agency  
to deposit your fund.***

Date Received		____/____/____
Date Returned		____/____/____
Method of Return		
Pick-up Location		
Mail out Address (if different than filing address)		
Net Fee	\$	_____
GST/HST	\$	_____
Amount Payable	\$	_____
Amount Paid	\$	_____
Balance	\$	_____
Paid by	_____	