

Personal Income Tax Checklist

GENERAL

- Copy of previous years tax return.
- Copy of NOA (Notice of assessment).
- Authorization for Valley Bookkeeping to act as Authorized Representative with CRA (required to electronically file your return)

YES - Level 1 - Level 2 NO - Paper file return

- Full Name.
- Current physical address.
- Date of birth.
- SIN (Social Insurance Number).
- Current marital status and if there has been a change in this status over the last year – date of change.
- Dependent's? If yes, for each dependent:
 - Name
 - Relationship
 - Date of birth
 - Social Insurance Number
- Citizenship status
- Are you a resident of Canada? **YES** **NO**
- Did you immigrate or emigrate during the year? **YES** **NO**
 - Date
- Sale or primary residence during this tax year? **YES** **NO**
 - How long did you reside at the residence?
 - Sale proceeds.

INCOME

- All income slips (T4, T4E, T4A etc.)
- If self employed? **YES** **NO**
 - Summary of income and expenses
- Rental Income? **YES** **NO**
 - Summary of the income and expenses

Not all items requested may be relevant to your personal situation

Personal Income Tax Checklist

- | | | |
|---|------------|-----------|
| <input type="checkbox"/> Foreign Income? | <u>YES</u> | <u>NO</u> |
| ○ Details regarding the foreign income | | |
| <input type="checkbox"/> Capital gains? | <u>YES</u> | <u>NO</u> |
| ○ Details regarding the capital gains | | |
| <input type="checkbox"/> Any and all other sources of income? | <u>YES</u> | <u>NO</u> |
| ○ Details regarding the other source(s) of income(s) | | |

DEDUCTIONS FROM INCOME

- | | | |
|---|------------|-----------|
| <input type="checkbox"/> RRSP Contribution slips/receipts. | | |
| <input type="checkbox"/> Union or professional fees slips/receipts. | | |
| <input type="checkbox"/> Carrying charges and/or interest. | <u>YES</u> | <u>NO</u> |
| ○ Details regarding the carry charges and/or interest | | |
| <input type="checkbox"/> Childcare / Daycare? | <u>YES</u> | <u>NO</u> |
| ○ Name and address of the daycare, SIN of the provider (if individual) | | |
| ○ Receipts | | |
| <input type="checkbox"/> Employment related expenses? | <u>YES</u> | <u>NO</u> |
| ○ T2200 | | |
| <input type="checkbox"/> Allowable business investment loss? | <u>YES</u> | <u>NO</u> |
| ○ Details regarding the investment loss | | |
| <input type="checkbox"/> Moving expenses? | <u>YES</u> | <u>NO</u> |
| ○ Reason for the move | | |
| ○ KMs this move was closer to work/school | | |
| ○ Was an amount paid back on a T4 | | |
| <input type="checkbox"/> Alimony or separation allowance? | <u>YES</u> | <u>NO</u> |
| ○ Details pertaining to the payments | | |
| <input type="checkbox"/> Enrollment in Post secondary education? | <u>YES</u> | <u>NO</u> |
| ○ T2202 | | |
| <input type="checkbox"/> Medical expenses. | | |
| <input type="checkbox"/> Donations slips/receipts. | | |
| <input type="checkbox"/> Did you purchase a home for the first time during this tax year? | | |
| <input type="checkbox"/> Paid instalments to CRA | <u>YES</u> | <u>NO</u> |
| ○ Details pertaining to the instalments. | | |

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