

Personal Tax Checklist

Taxation Year: _____

Client Information:

Full Name: _____

SIN Number: _____

Address: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____

Nationality/Status in Canada: _____

Marital Status _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Foreign Property own cost more than \$100,000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spouse Information:

Full Name: _____

SIN Number: _____

Address: _____

Date of Birth: _____

Nationality/Status in Canada: _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Foreign Property own cost more than \$100,000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dependant Information (1):

Full Name: _____

SIN Number: _____

Address: _____

Date of Birth: _____

Nationality/Status in Canada: _____

Relation: _____

Dependant Information (2):

Full Name: _____

SIN Number: _____

Address: _____

Date of Birth: _____

Nationality/Status in Canada: _____

Relation: _____

(Use separate sheet for more dependants)

Income Information:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
• Employment Income (T4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Self Employment Income (T4A, T2125, T5013)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Rental Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Pension Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Investment Income (T5, T3, T5008)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Government aided income/Support payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Foreign Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Capital Gains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Partnership Income/Expense (Detailed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Deduction Information:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
• Medical Expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Disability benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Child Care Expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Carrying Charges (Interest, fees etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Self Employment expenses (Detailed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Home office expenses (Detailed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Education and tuition fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Moving Expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Donations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• RRSP Contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Capital losses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Information:

Note: Please note that we will assess information provided and may request further information, if any.

Date:

Client Signature