

Certified General Accountant

1061 Enola Avenue

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Personal Tax Return Checklist

Name					SIN	
Address						
Phone _				E-mail _		
Date of I	Birth			Marital St	atus	
Are we t	o process spousal return as well?	Y	'es		No	
If No please provide your spouses Net Income for a year						
Any new	v children born in a year?		Yes		No	If yes please provide information
Please p	provide Copy of last year tax r	eturn			Сору	of last year Notice of Assessment
Income						
	T4 - Employment Income T4A - Pensions Income and other income (including foreign pensions) RC62 - Universal Child Care Benefit Rental Income Self-Employment Income T5 - Investment Income (Capital gain and loses)					
<u>Deduct</u>	<u>ions</u>					
	RRSP slips Union, Professional dues Childcare Moving expenses (if moved 40km to Alimony Carrying charges	new wo	ork)			
Credits						
	T-2202 – Tuition Education Student Loans Interest Child Fitness Medical Expenses Donations First Time Home Buyer Rent Paid + Landlord name Property Taxes Paid					
\Box	Tax Installments Paid					