

T1 Personal Tax Return Year _____



SANDRA SCHOFIELD
Chartered Professional Accountant

The checklist should be completed and returned to us together with your financial information.

Personal Contact Information

Your Name: _____
 SIN #: _____
 Date of Birth: _____ (MM/DD/YY)
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 E-Mail: _____
 Address: _____
 City: _____ Prov: _____
 Postal Code: _____

Spouse Name: _____
 SIN #: _____
 Date of Birth: _____ (MM/DD/YY)
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 E-Mail: _____
 Address: _____
 City: _____ Prov: _____
 Postal Code: _____

Did you move in Year? YES/NO _____

Did you move in Year? YES/NO _____

Marital Status: Married ___ Common Law ___ Widowed ___ Separated ___ Divorced ___ Single ___

Did your marital status change during the year? YES/NO ___ If Yes, Provide Date: _____ (MM/DD/YY)

Are we preparing a tax return for your spouse? YES/NO ___

If we are NOT preparing a tax return for your spouse, please provide the following.

Universal Child Care Benefit from Line 117 on page 2 \$ _____

Income from Line 236 on page 3 \$ _____

List All Dependants

Name	Relationship	Birthdate (MM/DD/YY)	SIN #	Net Income
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Do you or your spouse or any of your dependants qualify for the Disability Tax Credit? _____ If Yes, whom _____

Other important matters (otherwise we will assume the default response)

Do you own/hold foreign property with a total cost of more than CAN \$100,000? Yes / No
 Are you a Canadian Citizen? Yes / No
 Do you authorize CRA to provide information about you to Elections Canada? Yes / No
 Have you made installment payments for the Tax Year? Yes / No If Yes, how much? _____
 Did you sell your principal residence? Yes / No If Yes, additional info required _____

Do you want your tax refund deposited directly to your bank account?
 Yes ___ Attach Void Cheque Requested Last Year ___ No _____

How do you want your tax return delivered once it has been completed by our staff? * Check all that apply:

- _____ Electronic PDF Copy sent to my email as above (includes PDF of all slips)
- _____ Hold for pick-up
- _____ Mail to my home address
- _____ Courier to my home address
- _____ Other, please specify: _____

* Please note that tax returns cannot be efiled without signed authorization and payment for tax preparation services

Please Turn Over

Source of Income

Check if you have any of the following sources of income and INCLUDE RECEIPTS in all cases

Source	Slips to attach
<input type="checkbox"/> Employment income	T4
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Pension Plan	T4A
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Old Age Security	T4(OAS)
<input type="checkbox"/> Canada Pension Plan	T4A(P)
<input type="checkbox"/> Profit Sharing income	T4PS
<input type="checkbox"/> Universal Child Care Benefit	RC62
<input type="checkbox"/> Employment Insurance Benefits	T4E
<input type="checkbox"/> Dividend income	T3 or T5
<input type="checkbox"/> Interest income	T3 or T5
<input type="checkbox"/> Limited partnership income	T5013
<input type="checkbox"/> RRSP income	T4RSP
<input type="checkbox"/> RRSP withdrawals	T4RSP
<input type="checkbox"/> RRIF income	T4RIF
<input type="checkbox"/> Capital Gains or Losses	See worksheet
<input type="checkbox"/> Scholarships or Bursaries	T4A
<input type="checkbox"/> Workers' Compensation benefits	T5007
<input type="checkbox"/> Social Assistance payment	T5007
<input type="checkbox"/> Self employed income	See worksheet
<input type="checkbox"/> Rental income	See worksheet
<input type="checkbox"/> Sale of Investments	See worksheet
<input type="checkbox"/> Sale of real estate	See worksheet
<input type="checkbox"/> Spousal Support received	\$ _____
<input type="checkbox"/> Child Support - taxable	\$ _____
<input type="checkbox"/> Child Support - non-taxable	\$ _____
<input type="checkbox"/> Tips & gratuities	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

Deductions and Tax Credits Available

Check if you have any of the following deductions and INCLUDE RECEIPTS in all cases

Source	Slips to attach
<input type="checkbox"/> RRSP contributions	RRSP
<input type="checkbox"/> Union dues & Professional fees	
<input type="checkbox"/> Child care expenses	
<input type="checkbox"/> Moving expenses	See Worksheet
<input type="checkbox"/> Interest paid on investment loans	
<input type="checkbox"/> Investment counselling fees	
<input type="checkbox"/> Home Accessibility expenses	
<input type="checkbox"/> Interest paid on student loans	
<input type="checkbox"/> Tuition fees paid - self	T2202
<input type="checkbox"/> Tuition fees paid - spouse/children	T2202
<input type="checkbox"/> Medical expenses	
<input type="checkbox"/> Charitable Donations	
<input type="checkbox"/> Political Party contributions - federal	
<input type="checkbox"/> Political Party contributions - provincial	
<input type="checkbox"/> Adoption expenses	
<input type="checkbox"/> First Time Buyers amount	
<input type="checkbox"/> Home Buyers Plan withdrawals/payments	
<input type="checkbox"/> Lifelong Learning Plan withdrawals/payments	
<input type="checkbox"/> Tax Instalments paid to CRA	
<input type="checkbox"/> Property Tax Paid - Ontario	
<input type="checkbox"/> Rent Paid - Ontario	
<input type="checkbox"/> Educator school supply tax credit - Ontario	See worksheet
<input type="checkbox"/> Seniors public transit credit - Ontario	
<input type="checkbox"/> Employment expenses -T2200	See worksheet
<input type="checkbox"/> Tradespersons tool expenses	See worksheet
<input type="checkbox"/> Spousal/Child Support payments	
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

Other Income and/or Deductions

If you have other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.

Additional worksheets available, upon request

- Self-employment Schedule
- Rental Income Schedule
- Employment Expenses (T2200)
- Sale of Real Estate
- Moving Expenses
- Sale of Investments (not held in registered funds)