

Personal Tax Return (T1) Checklist

It is that time of year to file your personal tax return. This checklist is designed as a guide to help you make this process as easy and efficient as possible. It also assists us, your accountants, in ensuring that we are as complete and accurate as possible. Take the time to review the checklist and put together the relevant slips and information. You can attach the slips and send in a hardcopy or scan the information to Portal

PERSONAL INFORMATION

Name	SIN	Birthdate (yyyy/mm/dd)	Home	Telephone Cell	Office
Taxpayer _____	_____	_____	_____	_____	_____
Spouse _____	_____	_____	_____	_____	_____
Address _____					
Email(s) _____					
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
If marital status changed during the year, provide date of change (YY-MM-DD): <input style="width: 100px;" type="text"/>					
Spouse's net income (if we are not preparing their return): <input style="width: 100px;" type="text"/>					

RESIDENCE

Province or territory of residence on December 31

Are you a U. S. Citizen? Yes No

Did you immigrate to Canada or emigrate from Canada During the year? Yes No

If yes, provide date of entry into Canada (YYYY/MM/DD): _____ or date of departure (YYYY/MM/DD): _____

ELECTIONS CANADA

Are you a Canadian Citizen? Yes No

Do you wish to permit Elections Canada to utilize information to update the voters' list? Yes No

FOREIGN REPORTING

Do you own foreign assets with a cost greater than \$100,000? Yes No

Please provide details of ownership of foreign assets and transactions with foreign entities **PENALTIES APPLICABLE if not reported**

DEPENDANTS (unless unchanged, please provide)

Name	Birthdate (yyyy/mm/dd)	SIN	Relationship

Personal Tax Return (T1) Checklist

- Do you receive Universal Child Care Benefit (UCCB) for children under 6 years of age (Form RC62)? Yes No
- If you are a single parent, do you wish to designate the UCCB to a dependant? Yes No
- Do you provide in-home care for a parent or grandparent (including in-laws) 65 or older? Yes No
- Do you support (in your residence) your parents, grandparents, brothers or sisters, aunts or uncles? Yes No

GENERAL INCOME/DEDUCTIONS

- T4 slips - Employment income (including stock option benefits)? Yes No
- T4A - Commission and self-employment (including directors' fees)? Yes No
- T4E - Employment insurance? Yes No
- T5007 - Social Assistance or Workers' Compensation? Yes No
- Employment income not included on T4 (tips, etc)? \$
- Professional or Union dues paid? \$
- List of deductible employment expenses? Attach signed T2200 from employer Yes No
- Child care expenses? Please provide receipts for each child Yes No
- Support payments made or received? (spousal support and/or child support) Yes No
- Moving expenses? Please provide details with receipts Yes No

PENSION INCOME

- T4A - Pension, retirement and annuity income? Yes No
- T4AP - Canada pension? Yes No
- T4A(OAS) - Old age security? Yes No
- T4A(RCA) - Retirement compensation arrangements? Yes No
- T4RSP - Registered retirement savings plan income (including withdrawals)? Yes No
- T4RIF - Registered retirement income fund income? Yes No
- Foreign pension income? Attach details of amounts received Yes No

INVESTMENT INCOME/DEDUCTIONS

- T3 - Income from trust allocations? Yes No
- T5 - Investment Income (dividends, interest)? Yes No
- T4PS - Income from profit sharing plans? Yes No
- T5013/T5013A - Partnership income? Yes No
- T5008 - Income from Securities transactions? Yes No
- Details of shares acquired and/or disposed of through exercise of stock options Yes No
- Did you dispose of property during the year (publicly traded shares, bonds, real estate)? Yes No

If yes, please provide the following information as a separate document:

Description of property	Date Acquired	Date Disposed of	Sales Proceeds	Cost	Disposal expenses
-------------------------	---------------	------------------	----------------	------	-------------------

Funds borrowed to earn investment income \$ Safety Deposit Box Fee \$ Accounting/legal fees \$

Personal Tax Return (T1) Checklist

SELF-EMPLOYMENT/BUSINESS/RENTAL INCOME

- | | | |
|--|------------------------------|-----------------------------|
| Financial statements for business/rental investments attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Details of income and expense items attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Details (including dates) of acquisition and disposals of fixed assets attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use your vehicle for business? Provide expenses; both business and total mileage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use a portion of your home for business?
Provide expenses; both workspace and total square footage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Government business account number, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you registered to be eligible for Employment Insurance special benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

RRSP CONTRIBUTIONS AND OTHER CREDITS

- | | | |
|--|------------------------------|-----------------------------|
| Did you make any RRSP contributions? Attach receipts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuition fees for yourself? (Form T2202A) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuition fees for your dependant? (Form T2202A signed by student) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you pay interest on student loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you pay for any trade or professional examination or other fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you complete a minimum of 200 hours of volunteer fire-fighting services in the year,
which includes responding to calls, being on call, attending meetings and training related to
prevention and suppression of fire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical expenses (including travel insurance, Gluten-free products, etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Details of and Form T2201 (you or dependants for prolonged mental & physical
impairment or life-sustaining therapy)
(Vision, memory, speech, Type 1 Diabetes, Kidney Disease etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Charitable donations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Political contributions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public transit passes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Amounts paid for children's physical activity under 16 (18 if disabled) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Amounts paid for children's artistic or cultural (music, dance) activity under 16 (18 if disabled) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First time homebuyer's tax credit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you incur any adoption related expenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pension Adjustment Reversals (T1O slip)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PRIOR YEAR TAX RETURN INFORMATION/CORRESPONDENCE

- | | | |
|---|------------------------------|-----------------------------|
| Notice of (RE)Assessment for prior tax year including RRSP contribution limit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Notice of (RE)Assessment(s) for any other year if not already provided to us | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income tax instalments paid for the year?
(on BACK of prior year instalment notice) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Direct Deposit - is your information current? If changed, provide a VOID cheque | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sale of Principal Residence: Did you sell a property that you wish to designate as a principal residence during the year (provide details) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ADDITIONAL INFORMATION (if required)

If you have any questions or have additional information, please discuss this with your AMCA Accountant.

Adams MacFarlane Chartered Accountants

408, 10325 Bonaventure Drive SE
Calgary, Alberta T2J 7E4
403-212-1150