

## **Tax Return Checklist**

Please provide your most recent income tax return Notice of Assessment from CRA if you have one.

## Part A

Names(s): First	Last
Phone number: Cell	Email address:
Home Address:	
Did your address change in the tax	year? If so, what is new address?
SELL YOUR HOME? Yes No	
	much did you sell it for?\$
What year did you originally purcha	ase the home you sold?
What was address of home you sol	d?
Do you want to change or initiate '	Direct Deposit' with CRA? (include void cheque)
If we don't prepare your spouse's/	partner's return what is his/her approx. income? \$
MARITAL STATUS QUESTIONS:	
Did your Marital Status change in the	ne tax year? If yes, indicate date changed
If yes, did you? Get Married / Be	come Common Law / Separate / Become a Widow (tick one)
If you separated in the year, living a	at separate addresses? Since what date?
COVID-19 WORK FROM HOME	
If you are employed, did you work	from home due to COVID in 2021? Yes or No (tick one)
If Yes, for all of 2021? Yes or No	(tick one) If not entire year, how many days?
If Yes, and you are a renter, please	ask for the COVID renter work from home checklist.
Are you a Canadian citizen? Or N status	o If yes, Register for Electors, yes or no (tick one), If NO,
Do you own foreign property worth	a more than cost of \$100,0002. Voc./ No.(stocks, real estate, etc.)

CHILDREN
Did you give birth or adopt a child in the tax year? Yes or No (tick one)? If yes, date Name (FirstLast
New Client questions:
Your Birth date Spouse/Partner Birth date
Child 1: Name Birth date
Child 2: Name Birth date
Child 3: Name Birth date
Does anyone claim the disability amount? If Yes or No (tick one)
Are any of your children in day care or camps or have childcare? Please provide receipts
If you are separated / divorced, please complete PART B, otherwise go to PART C
Part B (for separated/divorced clients)
Do you have a legal agreement or court order? If Yes or No (tick one)If recent, provide us a copy
Did you receive spousal support? If Yes or No (tick one) If yes then Year total? \$
Did you pay spousal support? If Yes or No (tick one) If yes then Year total? \$
Did you receive child support? If Yes or No (tick one) If yes then Year total? \$
Did you pay child support? If Yes or No (tick one) If yes then Year total? \$
You have primary (more than 60% of the time)or shared custody of your child? Yes or No (tick one)
Do you have an agreement with respect to who is claiming the child for the amount for an Eligible Dependent? If Yes or No (tick one) Please provide us a copy
If you have provided receipts for child care, etc and you did not pay the entire amount and intend to

## Part C

Please ensure you have included the following slips or information: (INCOME)

If you have a trading summary and sold stocks during the year, PLEASE request a gains/losses summary from company

claim less than the receipted amount, please let us know about any arrangements with respect to what

All tax slips from employment, investment etc.

% you paid: \_\_\_\_\_

Do you or any family members attend post-secondary education? Provide T2202A from

Do any family members have medical expenses? Please provide all receipts! Not a list

HEALTH / DENTAL plan through your employer, how much the premiums you paid? \$	
Do you have any charitable donation receipts?	
Are you a first-time home buyer? If yes, month home purchased and address	_

Have you made any political contributions?

"Tax Service of the Future"
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