Canadian Tax Filing Checklist



Name (Mr./Ms.)				Cell		
E-mail ID					Home Address	
SIN	Date of Birth(YY/MM/DD)					
Referred by						
Are you a Canadian Citizen YES NO			Date of landing in Canada (1st Tax Return) (YY/MM/DD)			
Do you own/hold foreign property with value more than \$100,000 CAD YES NO			Have you setup Direct Deposit for Tax Refund? If no, attach a void cheque to setup one. YES NO			
Did you sell your home in this to	ax year O YES	O N	10			
Residency Status O Residen	t O Non-Resider	nt				
Do you qualify for Disability Tax	x Credit O YES	\bigcirc \lor	10			
Marital Status Single ON	Married OComm	non-lav	v 🔾 Sepc	rated OD	oivorced \(\rightarrow\) Widowed	
Any change in Marital Status YES NO			Child Care Expenses			
Spouse / Children Name	Date of Birth	SIN		Disability (Yes/No)	Relationship (Husband/Wife/Son/Daughter)	
NCOME		CO	OMMC	N TAX	WRITEOFFS	
) Business Income			Business Expenses			

\bigcirc	Business Income
\bigcirc	Capital Gain on Sale of Property
\bigcirc	Foreign Income
\bigcirc	Income Slips (T4/TA/T4E/Other)
\bigcirc	Investment Income
\bigcirc	Partnership Income T5013
\bigcirc	Rental Income
\bigcirc	RRSP Withdrawal
\bigcirc	Spouse Support Payment Received

\bigcirc	Business Expenses
\bigcirc	Child Care Receipts
\bigcirc	Disability Tax Credit claim Form T2201
\bigcirc	Donation/Political Contribution Receipts
\bigcirc	Employment Expenses (T2200)
\bigcirc	Medical, Dental, Prescription Drugs Expenses
\bigcirc	RRSP Contributions
\bigcirc	Professional & Union Dues
\bigcirc	Property Tax/Rent Receipts / Mortgage Statemen
\bigcirc	Student Loan Interest