Truck Driver Tax CPA Filing Checklist



Name (Mr./Ms.)				Cell		
Corporation Name				HST Nur	HST Number	
E-mail ID		Home Address				
Referred by						
SIN	Date of Birth(YY/MM/DD)					
Are you a Canadian Citizen YES NO						
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 tax year OYES ONO						
Do you qualify for Disability Tax Credit O YES O NO						
RRSP Contribution			Medical & Dental Expenses			
Donation/Political Contribution			Student Loan Interest			
Property Tax/Rent Receipts			Rental Income			
Supplies			Meal & Shower while on trip			
Telephone Bills		Small Tools				
Payroll Ac	ccounting Fees		CVOR &	Drug Test E	rug Test Expense	
Family Profile						
Marital Status Osingle OMarried Ocommon-law Oseparated ODivorced OWidowed						
Any change in Marital Status YES N			O Child Care Expenses			
Spouse / Children Name	Date of Birth	SIN		Disability (Yes/No)	Relationship (Husband/Wife/Son/Daughter)	
Documents Company Incorporation Documents Corporation Bank Account Statements						