



TAX CHECKLIST

Client _____
 Social Insurance Number _____
 Date of Birth ____/____/____ [dd/mm/yyyy]
 Telephone Number _____
 Business _____ Cell _____
 Best Time to Call _____
 Address _____

 Postal Code _____
 Province of Residence as of Dec. 31 _____
 E-mail Address _____
 Marital Status on Dec. 31: Married ___ Single ___
 Common-law partner (C-L P) ___ Separated ___
 Widowed ___ Divorced ___
 Did Marital Status change in tax year? Yes ___ No ___
 Date _____
 Spouse/C-L P's Name _____
 Spouse/C-L P's Social Insurance Number _____
 Spouse/C-L P's Date of Birth ____/____/____
 Is Spouse/C-L P also filing a return? Yes ___ No ___
 Is Spouse/C-L P self-employed? Yes ___ No ___
 Spouse/C-L P's Net Income \$ _____
 Spouse/ C-LP's Universal Child Care Benefit (UCCB)\$ _____
 Spouse/ C-LP's UCCB – repayment \$ _____
 Names of Dependants Birth [dd/mm/yy]/SIN
 _____ / _____
 _____ / _____
 _____ / _____
 _____ / _____
National Register of Electors: Citizenship
 Do you want your name, address and date of birth sent to
 Elections Canada? (required annually) Yes ___ No ___
 U.S. Citizen / U.S. Green Card Holder Yes ___ No ___

RENTAL INCOME Not applicable ___
 (Enclose itemized income and expense statement and/or receipts,
 if available) Auto logbook? Yes ___ No ___
 Address of Property _____

SELF-EMPLOYMENT INCOME Not applicable ___
 (Enclose itemized income and expense statement and/or receipts,
 if available) See Page 3 Auto logbook? Yes ___ No ___
 Address of Business _____

 Fiscal Year End ____/____/____ [dd/mm/yyyy]
 Briefly describe the activities of the business:

Jan 15

Client _____
 Representative _____
 Incoming Date ____/____/____ [dd/mm/yyyy]
 Due Date ____/____/____ New ___ Existing ___
 Authorizations T1013 Yes ___ No ___ T183 Yes ___ No ___

Copy of Last Year's return enclosed? Yes ___ No ___
 Previous year's Notice of Assessment enclosed? Yes ___ No ___

INCOME FROM INFORMATION SLIPS

Employment Income: T4 ___ T4F ___ T4E ___
 Relevé 1 ___ Relevé 5 ___
 Pension Income: T4A ___ T4A (OAS) ___ T4A (P) ___
 T4RSP ___ T4RIF ___ T5007 ___
 Relevé 2 ___ Relevé 16 ___ T4-RCA ___
 Investment Income: T3 ___ T5 ___ T600 ___
 T5013 ___ T5013A ___ T5008 ___ T4PS ___
 Relevé 3 ___ Relevé 15 ___ Relevé 18 ___ Relevé 7-10 ___
 Misc: T5007_RC62_RC210_RC310_T2202 / T2202A ___

| <i>Do you have any of the following?</i> | Yes | No |
|---|-----|----|
| Income from a government, municipality or public authority for volunteer services | | |

EMPLOYMENT EXPENSES Not applicable ___
 (Enclose itemized expense statement and/or receipts, if available)
 T2200 ___ TL2 ___ TP-64 ___ TP-64.3 ___ TP-66 ___
 Automobile expenses ___ Logbook ___ Travel expenses ___
 Commission Sales ___ Business use of home expenses ___
 Tools for Employed Tradespersons ___
 Briefly describe any other type of employment expenses:

CAPITAL GAINS / LOSSES Not applicable ___
 Disposition & date of: Shares / Mutual Funds ___ T1212 ___
 Capital Gain Accounting Advice: ___ Real Estate ___
 Any 1994 exempt capital gains balance? Yes ___ No ___
 Briefly describe any other type of disposition(s):

OTHER INCOME (provide details) Not applicable ___
 Foreign pension, U.S. Social Security Yes ___ No ___
 Foreign income, dividend, interest, trust income Yes ___ No ___
 Tips Yes ___ No ___ Grants received re child issues Yes ___ No ___

INCOME TAX DEDUCTIONS Not applicable ___
 (Attach receipts, if available)
 RRSPP/PRPP contributions ___ Lifelong Learning Plan ___
 Home Buyers Plan ___ Union or professional dues ___
 Interest paid on money borrowed to earn investment income ___
 Transit passes after July 1, 2006 ___ Child Care expenses ___
 Universal Child Care Benefit repayment RC62 ___

Please write any special instructions, additional information, or questions on the back of the form.

| <i>Did you have any of the following?</i> | Yes | No | | Yes | No |
|---|------------|-----------|---|------------|-----------|
| Moving expenses | | | Children's fitness and or art's amount | | |
| Retroactive lump sum payments received | | | Quebec labour sponsored fund share exchange | | |
| CPP or QPP benefit lump sum payments? | | | Educational bursaries or scholarships received | | |
| Repayment of salary, EI benefit amounts | | | Tuition fees and/or education amount transferred from a child or grandchild or spouse | | |
| Federal / provincial political contributions | | | Tools for apprentice vehicle mechanic | | |
| Stock-option benefits from employment | | | Apprenticeship incentive grant | | |
| Venture capital corporation investments | | | Adult basic education tuition assistance | | |
| Flow-through shares | | | Non-capital/net capital losses of other years | | |
| Charity donations; cash, shares, mutual funds or capital property or 1 st time making donation | | | If single parent, any Universal Child Care Benefits | | |
| Clergy residence deduction | | | Canadian Forces or police, T4 Box 43 income | | |
| Adoption expenses after 2004 | | | Registered Disability Savings Plan | | |
| Tuition fees as a full-time or part-time student | | | Live / work in prescribed northern zone. | | |
| Did you pay interest on student loans | | | Live / work in prescribed intermediate zone | | |
| Death in the family during the year | | | First time home buyer | | |
| Childcare expenses to attend school | | | Home renovation expenses (2009 only) | | |
| Saskatchewan Pension Plan income | | | Any RRIF repayment (for 2008 only) | | |
| Sale of security option benefit election shares | | | Unused investment tax credits | | |
| Separated parents – shared custody agreement | | | CPP 30 Election | | |

SPECIAL INFORMATION (complete only those areas applicable to you & attach receipts) Not applicable __

Social Benefits Repayment \$ _____
 Savings Bond Payroll Interest Paid By You \$ _____ Accounting Fees Paid re. Investment \$ _____
 Investment counsel or management fees (non RRSP investments) \$ _____
 Other Investment Expenses Paid – please specify type and amount: _____

Any gift of ecologically sensitive land or certified cultural property? Yes__ No__ After February 10, 2014? Yes__ No__
 Jointly Held Investments – please specify percentage to be reported by each joint owner ONLY IF it is other than 50/50:

| SPECIAL INFORMATION (complete only those areas applicable to you & provide details on back) | Yes | No |
|---|------------|-----------|
| Any legal fees to sue for maintenance payments; collect payments; collect a retiring allowance or pension benefit; for advice or assistance to object to an appeal, an assessment, or decision for taxes, EI, CPP or QPP? | | |
| Any pension income eligible for the pension amount to be split with your spouse or common-law partner? | | |
| Own or have an interest in any foreign income property (foreign bank accounts, foreign corporations shares, foreign mutual funds, real estate, trusts, partnerships, brokerage accounts, etc.) & the total cost of all specified foreign property at any time exceeds CAN \$100,000? If yes, MUST paper file T1135 by your filing deadline! | | |
| Does your child (under 18) have income from a trust (other than a mutual fund trust) or partnership that is: (1) dividends from shares and (2) shareholder benefits that relate to shares that are not listed on a prescribed stock exchange, for example family owned corporation shares? (3) any sale of shares to a non-arm's length person? | | |
| Did you move to or from Canada during the year? Date: _____ | | |
| Were you an emergency services volunteer? | | |

SUPPORT PAYMENTS (please circle) or Not applicable

Support Payments - PAID / RECEIVED AMOUNT \$ _____ Name _____ SIN _____
 Alimony Payments- PAID / RECEIVED AMOUNT \$ _____ Name _____ SIN _____

Was the Child Support Payment agreement made before April 30, 1997? Yes__ No__

RENT / PROPERTY TAX CREDIT INFORMATION

Not applicable ___

Complete ONLY if you reside in Ontario or Quebec or Manitoba as of the last day of December 31st AND no other person will be making a claim for the same residence.

Property taxes or rent paid (residents of Ontario, or Manitoba) Yes___ No___ \$ _____ per year

| Address | Total Rent Paid | Months | Landlord's Name |
|---------|-----------------|--------|-----------------|
| | \$ | | |
| | \$ | | |

ELIGIBLE MEDICAL & DENTAL EXPENSES FOR (attach receipts & please circle):

Not applicable ___

Self___ Spouse/C-L P ___ Dependant___ Deceased Spouse /C-LP: (name) _____ Net Income \$ _____

Disability Tax Credit -Form T2201 available for: Self___ Spouse/C-L P___ Dependant ___ name_____ Net Income \$ _____

| <i>Do you have any amounts for medical expenses for self, spouse, and dependants ?</i> | Yes | No |
|---|-----|----|
| Eye glasses (prescribed), hearing aid (and batteries), wheelchair, crutches, brace for a limb, artificial limb | | |
| Amounts from Disability Support Deductions - Form T929 (Form T929 has more details)? | | |
| Attendant care expenses | | |
| Care and supervision in a group home for individuals eligible for the disability tax credit | | |
| Care for your or your spouse's parent or grandparent or an infirm dependant who lives with you | | |
| For you or a relative to learn to care for a relative who has a mental or physical infirmity and who is in your household or is dependant on you for support | | |
| Therapy provided to persons eligible for disability tax credit other than qualified therapist/ medical practitioner | | |
| Tutoring individuals with hearing or mental disabilities or ADD or ADHD written identification | | |
| Home construction costs for a person, who has severe and prolonged mobility impairment, or who lacks normal physical development, to gain access to or to be more mobile or functional in the home | | |
| 50% of the cost of an air conditioner, prescribed by a medical practitioner for an individual with a severe chronic ailment, disease, or disorder to a limit of \$1,000 | | |
| Travel expenses if medical treatment is not available locally (travel in excess of 40 kilometres) | | |
| Amounts paid to purchase, care for and maintain a service animal specially trained to assist an individual who is severely affected by autism or epilepsy. Reasonable travel expenses incurred for the individual to attend a school, institution or other place that trains the individual in the handling of the service animal are also eligible | | |
| Amounts paid to purchase, operate, and maintain medical devices if prescribed by a medical practitioner | | |
| Any medical or reconstructive procedures and related expenses after March 4, 2010? | | |
| Any out of country or out of province health insurance premiums? | | |
| Any medical expenses for other dependants? | | |
| Any infirm dependant relatives, spouse, common-law partners, minor children? | | |
| Any costs for a personalized therapy design or for a service animal for a severe diabetic? (Specify) | | |

SELF-EMPLOYED INDIVIDUALS (attach receipts and provide details on back of page):

Not applicable ___

| <i>Do you have any of the following?</i> | Yes | No |
|---|-----|----|
| Private health plan premiums | | |
| Meals for all the employees of the business (limited to 6 fully (100%) deductible events in one year) | | |
| Meals for employees at remote work site | | |
| Construction contract payments made in excess of \$500 – T5018 issued? | | |
| Hire any eligible apprentices for employment after May 1, 2006? Salary or wages paid \$ | | |
| (BC, Manitoba, Ontario only) Hire any apprentices after May 19, 2004? Salary or wages paid in year \$ | | |
| Did you sell your business, farm business or fishers business? Please provide details (over) | | |
| Did you pay any Installments? Last Year \$ _____ This Year \$ _____ | | |
| Did you create any new child care spaces for the children of your employees or for other children? | | |
| Pay any EI on self-employment and other eligible earnings? | | |
| Do you have a business partner? | | |

The Padgett Business Services Privacy Policy is available at www.smallbizpros.ca.

Please use the space below (or the back of the sheet) to note any special information or instructions concerning your tax situation that we should be aware of:

FOR ACCURATE PREPARATION OF YOUR TAX RETURN, PLEASE FOLLOW THESE INSTRUCTIONS.

1. Use a separate form for each tax return we are to prepare.
2. Please complete the Tax Checklist section on the first page. If you require more space for dependant information, please enclose it on a separate sheet or use the back of this form.
3. For family members submitting tax returns at the same time, duplicate information only needs to be entered on one of the forms.
4. Complete all the sections.
5. When you have received ALL your tax information slips and receipts, place all copies in an envelope and attach it to this form. **Please include a copy of last year's income tax return and your Notice of Assessment. If you have stocks or mutual funds, include your transaction summary for the calendar year.**
6. Return this form to your Padgett Representative.

***If Direct Deposit is required,
please attach a void cheque for the bank account
to which you wish
Canada Revenue Agency
to deposit your fund.***

| | | |
|---|----|---|
| Date Received | / | / |
| Date Returned | / | / |
| Method of Return | | |
| Pick-up Location | | |
| Mail out Address (if different than filing address) | | |
| Net Fee | \$ | |
| GST/HST | \$ | |
| Amount Payable | \$ | |
| Amount Paid | \$ | |
| Balance | \$ | |
| Paid by | | |