

- **Business Owners/Managers/Contractors**
  - **Employees with Expenses**
  - **Executives and Professionals**
  - **Investors and Rental Property Owners**
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## 2015 Personal Income Tax Return (T1) Organizer Checklist

This checklist will assist you in assembling information necessary to prepare your personal income tax return. By completing this checklist and enclosing all supporting documentation, you will assist us in ensuring your return is prepared in an accurate and complete manner. If you are unsure of what is requested, please let us know and we will be happy to assist you.

Please select the services you wish to receive:

- 2015 Personal Tax Return Package
- Personal Tax Return Package for other years: \_\_\_\_\_
- Enhanced Tax Planning Session (1 hour – an additional \$300 plus GST, will be billed separately)
- Delivery of Electronic 2015 Personal Tax Return Package only via Client Portal – no charge: requires client authorization. Call for login and password to client portal
- You will pick up your Personal Tax Return Package
- We will courier your Personal Tax Return Package to your home address (courier charge applies)

Checklist of Items to be Provided to Us:

- Completed Tax Checklists with all relevant slips and information
  - Signed [Personal Tax Return Engagement Letter](#)
  - Signed [Consent to Collect and Share Information Form](#) (Privacy)
  - If we are not preparing your spouse's return and it will be filed separately, please enclose a copy of the current year income tax return (T1).**
  - If we are preparing a tax return for any new dependents or family members, please complete a separate [2015 Personal Income Tax Return \(T1\) Organizer Checklist](#) for each dependent or family member
  - A copy of the prior tax year Notice of Assessment or any Notices of Reassessment.
  - A copy of the prior year personal tax return (if you are a new client or we did not prepare this return)  
***We require prior year information to collect applicable carry-forward balances. It is your responsibility to provide us with information regarding any previous capital gains exemptions, your cumulative net investment loss, and prior claims of allowable business investment loss, among other carry-forward items.***
  - [CRA T1013 Authorization Form](#) signed by each taxpayer
  - [CRA RC59 Authorization](#) (sole proprietor with CRA business number only)
  - Signed [Foreign Reporting Checklist](#)
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To increase the possibility a lower family tax bill, several of the following questions relate to the simultaneous preparation of your return as well as that of your spouse and other family members.

**Personal and Family Information**

Requested Information:	Self or deceased tax payer	Spouse	
If you are you the authorized representative of a deceased taxpayer, provide the information listed below and complete the balance of this checklist on behalf of the deceased.	NA	NA	
First Name			
Last Name			
Role			
Date of Death (Y/M/D)			
First name (as used with CRA)			
Last Name (as used with CRA)			
Is the address/contact information different from last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip the address and contact sections.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip the address and contact sections.	
Address: Number and Street			
Address: City			
Address: Province			
Address: Postal Code			
Contact: Home Phone			
Contact: Mobile			
Contact: Work or Business Number			
Contact: Email			

Requested Information:	Self or deceased tax payer	Spouse		
Social Insurance number (new clients only)				
Date of Birth (Y/M/D) (new clients only)				
Canadian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you spent more than 30 days in the USA in any of the past three years? If yes, provide the number of days spent in each year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2015		2015	
	2014		2014	
	2013		2013	
Became Canadian resident during the year: If yes, provide date	<input type="checkbox"/> Yes <input type="checkbox"/> No (Y/M/D):	<input type="checkbox"/> Yes <input type="checkbox"/> No (Y/M/D):		
Ceased Canadian residency during the year: If yes, provide date	<input type="checkbox"/> Yes <input type="checkbox"/> No (Y/M/D):	<input type="checkbox"/> Yes <input type="checkbox"/> No (Y/M/D):		
US Citizen/Green Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status on December 31, 2015	<input type="checkbox"/> Single (self only) <input type="checkbox"/> Widowed (self only) <input type="checkbox"/> Separated (self only) <input type="checkbox"/> Divorced (self only)	<input type="checkbox"/> Married <input type="checkbox"/> Common law		
Did your marital status change during the tax year? If yes, provide date	<input type="checkbox"/> Yes <input type="checkbox"/> No (Y/M/D)	Same as self		
Do you have any custody arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details in the note section.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details in the note section.		
Do you have a special residency status? Mark one, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-resident <input type="checkbox"/> Deemed Resident <input type="checkbox"/> Non-resident S. 216 <input type="checkbox"/> Non-resident S. 217	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-resident <input type="checkbox"/> Deemed Resident <input type="checkbox"/> Non-resident S. 216 <input type="checkbox"/> Non-resident S. 217		
Do you approve passing your contact information to Election Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
The CRA is making it mandatory to sign up for direct deposit. They will be phasing out cheque payments by April 2016, and are encouraging everyone to sign up. Did your Direct Deposit information change or do you wish to start Direct Deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a void cheque with your banking information.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a void cheque with your banking information.		

Requested Information:	Self or deceased tax payer	Spouse
Family Tax Cut – a non-refundable tax credit of up to \$2,000 for eligible couples with minor children. Do you wish to optimize this credit for you and your spouse? If yes, both need to initial here:	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial:	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial:
Do you wish to pension split with your Spouse? If yes, both need to initial here:	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial:	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial:
Did you or your spouse make tax installments for the current tax year? (If yes, please provide us with interim statements provided by CRA)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide us with interim statements provided by CRA)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide us with interim statements provided by CRA)
Are you or your spouse eligible for a Disability Credit? CRA will notify you when you and your doctor need to update the form.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <a href="#">Form T2201</a> must be submitted for CRA approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <a href="#">Form T2201</a> must be submitted for CRA approval.
At any time during the taxation year, did you own foreign property (such as stocks in foreign companies or real estate) with a cost value greater than CAN\$100,000? <b>Please note: Significant reporting penalties apply if foreign properties are not disclosed to the CRA on time each year. This reporting does not in itself trigger additional taxes but may disclose missed income sources.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the <a href="#">Foreign Reporting Checklist</a> . If you have invested through a Canadian mutual fund company and there are US securities in this account, this does not need to be reported on the <a href="#">T1135</a> . If you invest directly in US mutual funds through a US bank or investment company, this investment is required to be reported on the T1135.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the <a href="#">Foreign Reporting Checklist</a> . If you have invested through a Canadian mutual fund company and there are US securities in this account, this does not need to be reported on the <a href="#">T1135</a> . If you invest directly in US mutual funds through a US bank or investment company, this investment is required to be reported on the T1135.
Have you given or received assets to/from a foreign trust (such as receiving an inheritance from a foreign relative)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a quick description:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a quick description:
If you are eligible, do you want to EFILE your return to CRA? There is no extra charge.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>At any time during the taxation year, did you or your spouse:</b>		
<b>Requested Information:</b>	<b>Self or deceased tax payer</b>	<b>Spouse</b>
a) Start or sell a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Incorporate or sell a company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Operate a foreign business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Loan/give money for a business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Purchase or sell vacation, foreign or investment real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Give valuable property to a family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Inherit valuable property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Live in another country (not USA) for more than 4 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Establish or revise your will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>If you are claiming any dependents, please provide the following information (attach a separate sheet if space is not sufficient).</b>			
Dependent Information (State relationship)>>	First Dependent Child Parent Other	Second Dependent Child Parent Other	Third Dependent Child Parent Other
First Name:			
Last Name:			
Birth Date(Y/M/D):			
S.I.N.:			
Is your dependent eligible for a Disability Credit? If yes, Form T2201 must be submitted for CRA approval. CRA will notify you when you and your doctor need to update the form.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attending Post-Secondary School (Y/N): Attach Details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child care expenses: Provide receipts with amount paid, date of payment, and name, address, Social Insurance Number and complete with the signature of the individual who provided these services. Childcare expenses include all costs of baby-sitting, day nursery care and lodging paid to boarding schools and camps. Child care expenses may be deducted for children who are (16) sixteen years of age or younger and those who are (16) sixteen years of age or older and have a physical or mental impairment			
A. Name of Caregiver			
B. Caregiver's Address			
C. Caregiver's SIN or BIN			
D. Child Care Expense Amount			
E. Weeks in Camp or School			

**Details of Income and Expenses**

<b>INCOME – did you receive</b>	Please check if applicable		<b>If yes, provide the supporting information</b>
	<b>Self</b>	<b>Spouse</b>	
Business or Professional Income	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details – see <a href="#">separate checklist</a> Click here for detailed worksheet
Canada (or Quebec) Pension Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T4A (P) # of slips:
Canada Revenue Agency Refund Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Tax Assessment Notice 2014
Capital Gains (Losses) - e.g. mutual funds, shares, real estate.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details - Attach copies of sales detail and purchase documentation or schedule of gains and losses. Include T5008 or Annual Trading Summary where applicable. - see <a href="#">separate checklist</a>
Employment Insurance Income	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T4E # of slips:
Employment or commission income	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T4, T4A # of slips:
Employee Profit Sharing Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Foreign Pensions or other income from sources outside of Canada	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Stock Options, Scholarships, Bursaries, Grants, Social Assistance, Worker's Compensation Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T5007/ Provide Details and # of slips:
Limited partnerships	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T5013 and/or T5013A # of slips:
Interest and/or Dividend Income	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T5, T4PS, T600. Provide Details and # of slips:
Mutual funds and other trust income	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T3 # of slips
Old Age Security	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T4A(OAS)
Other Employment Income not on T4	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Other Pension or Superannuation	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T4A, T4RIF # of slips:
Rental Income	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details see <a href="#">separate checklist</a>
RRSP Income	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T4RSP # of slips:
Spousal Support Payments - Received	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details - (provide copy of post-April 30, 1997 agreement or election, if changed or not previously provided)
Universal Child Care Benefit (UCCB)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	RC62

EXPENSES/DEDUCTIONS/CREDITS – For this year did you incur:	Please check if applicable		If yes, provide the supporting information
	Self	Spouse	
Accounting or Investments Fees	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts
Adoption expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Allowable Business Losses	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Attendant Care Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Boarding/Lodging costs as a transport employee	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Form TL2 completed by your employer # of slips
Charitable Donations	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts – please note we do not prepare personal tax returns containing a donation tax plan or similar arrangements.
Charitable Donations – first time since 2007	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Child Care Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts – provide details on page 6
Child Arts or Fitness Amounts	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts
Commission or Employment Expenses including GST/HST portion, i.e., car, office at home, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts/Form T2200/Form GST370 – <a href="#">see separate sheet</a>
Exploration and development expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T101/102 #of slips
Foreign taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Interest Expense on monies borrowed to earn investment income or on <b>Student Loans</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Management Fees, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details
Medical Expenses (incl. private insurance premiums), excluding MSP and reimbursed expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts - You can also provide an annual statement from the pharmacy, doctor, dentist, etc.
Moving Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details – <a href="#">see separate sheet</a>
Pension Contributions	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T4/T4A
Political Donations	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts
Public Transit Passes ( include passes for dependent children under 19)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts or passes - Eligible passes are for: <ul style="list-style-type: none"> <li>• a period of 28 days, or</li> <li>• 5 consecutive days if in combination the pass and another pass give you the right to use public transit for at least 20 days in a 28 day period, or</li> <li>• an electronic payment card, used for at least 32 one-way trips in 31 day or less period.</li> </ul>
	Amount: \$ _____	Amount: \$ _____	
RRSP Contributions	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts
RRSP Homebuyer/Lifelong Learning Plan Withdrawal or Repayment Information	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T1137



<b>EXPENSES/DEDUCTIONS/CREDITS – For this year did you incur:</b>	Please check if applicable		<b>If yes, provide the supporting information</b>
	<b>Self</b>	<b>Spouse</b>	
Spousal Support Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Provide Details - (provide copy of post-April 30, 1997 agreement or election, if changed or not previously provided)
Tax Shelter Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Reports/Receipts
Tradespersons – Eligible Tool Expense	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts
Tuition Fees (self, spouse, dependents)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Receipts/Form T2202
Union or Professional Dues	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	T4 or Receipts
Volunteer Firefighter - Did you complete at least 200 hours of eligible volunteer firefighting services with one or more fire departments	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Details

**Please attach a separate page if more space is required.**

<b>Note Section – additional comments, information and notable changes from prior tax years.</b>

I accept responsibility for the accuracy of the information provided to you.

Before signing this checklist, I reviewed it and have discussed with you items that require clarification or appear incorrect.

Client Name: \_\_\_\_\_

X: \_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date Signed