

## PERSONAL TAX CHECKLIST

The Small Business Accountants Ltd requires this checklist be filled out <u>every year</u> prior to commencing the preparation of your tax return. Please fill it out completely and return it to our office along with your tax information. You are responsible to ensure that the information stated on this form is factually correct as we will use this to file your tax returns.

| PERSONAL INFORMATIO                                | <u>N</u> Taxa     | tion Year: _2023           | (one form per year please)          |
|--|-------------------|----------------------------|-------------------------------------|
| Name:  |                   |                            |                                     |
| Do you authorize Revenue Canad                     | a to give your na | me, address and date of b  | irth to Elections Canada? ☐Yes ☐ No |
| Are you a Canadian Citizen, Non-                   | Resident, Reside  | ent? (Please circle one)   |                                     |
| Is this your first-time filing taxes in            | Canada?  Ye       | s ☐ No. If yes, what was   | your date entry?                    |
| Were your taxes prepared by The                    | Small Business    | Accountants Ltd last year? | Yes No, complete below              |
| Are there any changes to your per                  | sonal information | n detailed below?   Yes,   | complete below                      |
| Address:   |                   |                            |                                     |
| City: Postal Code:                                 |                   | E-mail:                    |                                     |
| Telephone #:                                       |                   | Work #:                    |                                     |
| Date of Birth:                                     |                   | S.I.N                      |                                     |
| Province of residence at December 31 <sup>st</sup> |                   | Other -                    |                                     |
| Marital status at December 31st?                   | ☐ Married         | ☐ Common –Law              | ☐ Widowed                           |
| Any change in the last year?                       | □ No              | ☐ Yes, When?               | _ 0                                 |
| Spouse's name:                                     |                   | Spouse's                   | Date of Birth:                      |
| Spouse's telephone number:                         |                   | Spouse's                   | e-mail:                             |
| Snouse's S.I.N.                                    |                   |                            |                                     |

\*\*If we are <u>NOT</u> preparing a tax return for your spouse you <u>MUST</u> provide a copy of their tax return for the current year. Without this we will go ahead and process your taxes without applying any credits that might apply to you. <u>NOTE</u>: Preparing tax returns together allows spouses to maximize credits and pension transfers to minimize taxes.



## **Dependent Information**

| If you are an existing tax client, are there any changes to the dependent information?   Yes  No  Details of Dependents (provide info for all dependents – children, parents, grandparents, etc.; this would also include the children over the age of 21 attending post-secondary school. |   |  |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| Do you have and child care expenses to claim?  | ☐ No (Provide receipt, Caregiver and SIN number)              |  |  |  |
| Any taxable spousal maintenance payment? \$  | _ / month receive or pay (Circle one)                         |  |  |  |
| (Please include copy of court order for payments made)   |   |  |  |  |
| Maintenance recipients name:   | S.I.N   |  |  |  |
|  |   |  |  |  |
| OTHER INFORMATION REQUIRED   | MOVING EXPENSES (\$60.00 per schedule)                        |  |  |  |
| ☐ Did you purchase your <b>first</b> home this year?   | ☐ Complete a MOVING EXPENSE CHECKLIST                         |  |  |  |
| INCOME FROM SELF-EMPLOYMENT (\$375.00)   | OTHER PROPERTY (\$60.00 per schedule)                         |  |  |  |
| ☐ Complete the <b>BUSINESS CHECKLIST</b>   | ☐ Have you bought or sold any house (including your           |  |  |  |
| RENTAL INCOME (\$60.00 per schedule)   | principal residence) or any luxury property?                  |  |  |  |
| ☐ Complete a RENTAL INCOME CHECKLIST   | ☐ Did you open an FHSA (First Home Savings Account)           |  |  |  |
|  | If yes: How much did you contribute?                          |  |  |  |
|  |   |  |  |  |
| PLEASE PROVIDE THE FOLLOWING:  |   |  |  |  |
|  | opy of your previous years Notice of assessment and/or Notice |  |  |  |
| of Reassessment (if any)   |   |  |  |  |
|  |   |  |  |  |
| Information slips for Income   | <u>Deductions</u>   |  |  |  |
| ☐ T4(s)  | Alimony   |  |  |  |
| ☐ Other employment income  | ☐ Union/Professional Fees                                     |  |  |  |
| ☐ Pension, annuity or other income (T4A)   | ☐ Tuition(T2202) Amounts over 100.00 for training             |  |  |  |
| ☐ Canada Pension Plan (T4AP)   | ☐ Employment expenses (completed and signed T2200)            |  |  |  |
| ☐ Old Age Security (T4OAS)   | (\$60.00 additional charge)                                   |  |  |  |
| ☐ RRSP withdrawals (T4RSP)   | ☐ Losses from Investments                                     |  |  |  |
| ☐ Employment Insurance (T4E)   | ☐ Carrying charges for Investments                            |  |  |  |
| ☐ Social Benefits received (T5007)   |   |  |  |  |

| THE SMALL BUSINESS |
|--------------------|
| <b>ACCOUNTANTS</b> |

| ☐ Investment income (T5)   | fees  |
|--|---|
| ☐ Trust income (T3) Mutual funds (\$20.00)   | Details of interest paid on money borrowed to earn            |
| ☐ Statement of Securities Transactions (T500   | 8) investment income  |
| (\$120.00 addition charge or \$60.00 addition  | onal Donations (Official receipts) Incl. unused from previous |
| charge if ACB is included with tax docu  | ments) years  |
| ☐ Statement of partnership income (T5013)  | ☐ Political Contributions (Official Receipt only)             |
| (\$120.00 additional charge)   | ☐ Medical Expenses-with receipts (More than 10 receipts       |
| ☐ Sale of Securities/Shares (trading summaries   | es from bank 60.00 additional charge)                         |
| or investment council) (\$120.00 additional cha  | rge) RRSP Contributions (Actual RRSP slips)                   |
| ☐ Statement of contract payments (T5018)   | ☐ Eligible Educator Supply Credit                             |
|  | ☐ Interest on Student Loans                                   |
| FOREIGN REPORTING REQUIREMENTS (T1   | 135-\$120.00 additional charge)                               |
| (Please indicate that this   | doesn't apply by drawing a line through and initialing)       |
| Received any funds from a foreign trust after 1995, or have ever transferred or loaned proforeign trust. <b>Provide full details</b> |   |
| Own over 1% of a foreign corporation or trus<br>Together with related parties own over 10%.<br>Provide full details                  |   |
| ☐ I do not wish to receive emails, newsletters   | or any promotional information from this company.             |
| ☐ Printed copy of your tax return <u>or</u>  | ☐ Portal  |
| Client Signature Da  | ate   |
| Client Signature Da  | ate   |



\*\*Please review this page to see if you may qualify for additional tax credits and even grants and bonds from the government.

Vision – 20/200 or field of vision is less than 20%? You may qualify

Hearing - Do you wear a hearing aid or are unable to hear otherwise? You may qualify

Speaking - Do you have to repeat yourself numerous times for people to understand you? You may qualify

Walking – Can you walk 100m without stopping to take a breath, or does it take you much longer than those around you? You may qualify

Elimination – Do you have Crohn's or issues with incontinence? You may qualify

Feeding - Does someone need to assist you in cutting your food? You may qualify

Dressing – Does it take you a long time to get dressed? No husbands, this does not mean your wife qualifies because it takes her 5 times longer than you to get ready.

Mental Functions for everyday living – Can you easily adapt to your changing surroundings, do you have difficulty memorizing your address and phone number, are you having issues making appropriate decisions and judgments? You may qualify

Life Sustaining Therapy – Are you a Type 1 Diabetic, or on dialysis? You may qualify

<sup>\*</sup>Please don't hesitate to call the office if you have any questions, we're here to help and make this as simple and efficient as possible.