



Personal Tax Checklist					
First & Last Name:					
Email Address:		☐ Sign Me up for the Newsletter			
Are you a Canadian Citizen? Did you arrive in Canada this past year?		Date Arrived:			
Province of residence on D	ecember 31 st :				
Full Mailing Address:	Please include apt#, city, p	rovince, and postal code			
Phone: D	ate of Birth (YYYY/MM/DD):				
S.I.N:	_ Marital Status:				
	Spouse's Information	ı (If applicable)			
First & Last Name:	S.I.	N:	_		
Are you a Canadian Citizer	Date of birth (MM/D	D/YYYY):			
Dependants					
First & Last Name	Date of birth (MM/DD/YYYY)		Net Income (if applicable)		
	TAX SLIP CHECKLIST – CHE	CK ALL THAT APPL	<u>Y</u>		
Personal Income			Investment Income		
☐ T4, T4A – Salaries, Employment, Pension		□ T3, T5, T	4PS – Interest and Dividends		
☐ Other Employment Benefits		☐ T5008 – Stater	ment of Security Transactions		
☐ T4A (P) – CPP Benefits		☐ Interest on 2015 Tax Refund			
☐ T4 (OAS) – Old Age Security Benefits		☐ T6000 – Canada Savings Bonds			
☐ T4RIF – RRIF Income		☐ T3 – Income from Mutual Funds			
☐ T4E – Employment Insurance Benefits		☐ Rental Income *			
☐ T5007 – Social Services		☐ T5013 – Net Partnership Income (Loss)			
	Account – Home Buyer's Plan		☐ Capital Gain/Losses *		
☐ T4RCA – Retirement Inc	come RC62 – Universal (Child Care Benefit			





Other Income ☐ Alimony Received ☐ Scholarship/Bursaries ☐ Professional Earnings Non-Refundable Credits ☐ Married Amount – Spouse ☐ Equivalent to Married Am	· · · · · · · · · · · · · · · · · · ·	·	Other Deductions RRSP Receipts Union, Professional Dues Alimony Paid Attendant Care Expenses Interest Carrying Charges on Investments	
☐ Disability Deductions*	ount	☐ Investn	nent Counsel/Accounting Fees	
☐ T2202 – Tuition Fees/Edu			☐ Employment Expenses *	
☐ T2202 – Tuition Fees/Edu dependent	ication Credit for		☐ E.I. Repaid	
Dependent's Net Income.	ome \$		☐ Deductible Legal Fees	
☐ Interest Paid on Student Loans		☐ T2200 Declaration of Condition of Employment *		
☐ Medical Receipts		☐ TL2 – Claim for Board & Lodging Expenses		
☐ Charitable Donations☐ Dependent Data (For GS)Benefit)☐ Family Caregiver (support		☐ Moving Expenses * ☐ Allowable Business Investment Loss ☐ Capital Losses Carry Forward ☐ Non-Capital Losses Carry Forward ☐ Limited Partnership Losses of Other Years		
physical or mental impairme	OTHER INFO	RMATION	·	
☐ 2015 Notice of Assessme			f principal residence in 2016 *	
☐ Details on Foreign Proper total cost exceeded \$100,000 This includes foreign shares	ty held in 2016 where 0 Canadian	☐ Summary	of 2016 Installment Payments	
* FULL DETAILS WILL BE R ALSO COMPLETE THE FOR		MS. SELF EMPLOYED	INDIVIDUALS PLEASE	
Child Fitness - Total:	Child Arts - Total:	Childcare E	xpenses - Total:	
Name of daycare or name ar				
Total transit passes (weekly, monthly, Presto): Total donations:				
When finished, please save send along with all relevant t	ax slips and documentation	(e.g. receipts).	ro for a secure link, and	
Any questions please contact	t us via e-mail: <u>info@YourN</u>	<u>lodernAccountant.ca</u>		

THANK-YOU!