Accalia Accounting Ltd. PO Box 55225 Temple RPO Calgary, AB T1Y 6R6 403-836-9326 mary@accaliaaccounting.ca www.accaliaaccounting.ca



Personal Income Tax Return Checklist

To ensure your tax return is complete and accurate please fill out and return this checklist. When you have completed the form, click on the "save" button on the last page to save the file and return to us via email or our portal. To access our secure document transfer portal click here:

portal click here: PERSONAL INFORMATION

PERSONAL INFORMATION		
Fields in red are required fields		
Name:		
SIN#:		
Date of Birth:		
Address:		
Primary Phone:		
Email:		
Marital Status December 31:		
Date of Change in Marital Status:		
Province of Residence December 31:		
Date of Change in Canadian Residency:		
FILING INFORMATION		
Are you a Canadian Citizen? Yes No		
Did you immigrate to Canada? Yes No		
If yes to previous, date of arrival:		
Do you own foreign property with a total value greater than 100,000?	Yes	No
Are you registered for Online Mail with CRA?	Yes	No
If no to previous, do you wish to be registered for online mail?	Yes	No

SPOUSE INFORMATION Name: SIN#: Date of Birth: Phone (if different): Email: Preparing Return for Spouse? Yes No If no, spouse's net income:

SPOUSE FILING INFORMATION

Are you a Canadian Citizen?	Yes	No
Did you immigrate to Canada?	Yes	No

If yes to previous, date of arrival:

Do you own foreign property with a total value greater than 100,000?	Yes	No
Are you registered for Online Mail with CRA?	Yes	No
If no to previous, do you wish to be registered for online mail?	Yes	Nο

DEPENDANT INFORMATION

Dependent Information #1

Relationship:	
Date of Birth:	
Net Income:	

Name:

SIN:

Qualify for Disability?

MYg
Bc

Tuition (if yes, provide receipts)? Childcare

MYg
Bc

Expenses (if yes, provide receipts)?

MYg
Bc

Dependent Information #2		
Name:		
SIN:		
Relationship:		
Date of Birth:		
Net Income:		
Qualify for Disability?	YES	NO
Tuition (if yes, provide receipts)?	YES	NO
Childcare Expenses (if yes, provide receipts)?	YES	NO
Dependent Information #3		
Name:		
SIN:		
Relationship:		
Date of Birth:		
Net Income:		
Qualify for Disability?	YES	NO
Tuition (if yes, provide receipts)?	YES	NO
Childcare Expenses (if yes, provide receipts)?	YES	NO
Dependent Information #4		
Name:		
SIN:		
Relationship:		
Date of Birth:		
Net Income:		
Qualify for Disability?	YES	NO
Tuition (if yes, provide receipts)?	YES	NO
Childcare Expenses (if yes, provide receipts)?	YES	NO

INCOME AND DEDUCTIONS

Upload your electronic copies of receipts and Slips (T4, T5, RRSP, Donation, Medical, etc.) securely by clicking the box below.

Deductions from Income (check all that apply)

Are you a participant in the Home Buyers Plan or Life Long Learning Plan?

Do you agree to split pension income with your spouse?

Did you make Union or Professional dues during the year?

Did you make or receive spousal or child support payments?

Did you incur costs including interest to earn investment income?

Did you incur moving costs for employment or to start a new business?

Did you incur unreimbursed expenses in the course of your employment?

Did you incur legal expenses to obtain or enforce a right to wages, pension or support from a former spouse?

Did you repay any social benefits to the government?

Tax Credits (check all that apply)

Did you incur costs for adoption?

Did you care for dependent other than a child?

Are you disabled?

If yes above, do you have a signed T2201?

Did you pay interest on student loans?

Did you pay tuition to a post-secondary institution?

Did you pay premiums to health insurance plan?

Did you pay for medical expenses for yourself or dependent?

Did you make any charitable contributions?

Did you make and political contributions?

Did you pay any tax via instalments?

Rental Property Income and Expenses

Property Address:
Number of rental units:
Joint Owner? (name and SIN):
Your percent of ownership:
Rental income:
<u>Expenses</u>
Advertising:
Bank Charges:
Insurance:
Interest:
Maintenance and Repairs:
Office expenses:
Professional fees:
Property taxes:
Utilities:
Other:
Capital Dispositions/Expenditures
Purchase price of rental property:
Land value:
Major renovations and purchases:
Proceeds of disposition:
Costs of disposition:

Self-employment Income and expenses

Business Name (operating as):		
Address:		
Joint Owner (name and SIN):		
If yes to previous, percent of ownership:		
Registered for GST?	YES	NO
If yes to previous, what is the filing frequency?		
If yes to previous, Do items below include GST in totals?	YES	NO
If yes to previous, Have you filed all returns?	YES	NO
If no to previous, do you need us to file your returns:	YES	NO
Business Income:		
Services Income		
Product Income		
Expenses (except auto and home office)		
Purchases of product/raw material:		
Subcontract expense:		
Advertising and promotion:		
Bad debts:		
Business taxes:		
Delivery, freight and postage:		
Business/Liability Insurance:		
Interest and bank charges:		
Maintenance and repairs:		
Meals and entertainment:		
Office expenses:		
Professional fees:		
Rent:		
Salaries and wages:		
Travel:		
Business and/or cellular phone:		
Internet:		
Private health plan (if not claiming as medical expense):		
Capital expenditures (provide copies of receipts):		

Automobile (Self-employed/employment) expenses

year and make of car:

If expenses are related to employment expenses please provide a copy of the T2200 provided by your employer.

Date pur	chased/lea	ased(ple	ase p	provide (docume	entatio	on):	
Total km	driven	during	the	year:		K	M	
Total km	driven to	earn inc	ome	:		K	M	
Fuel costs	;·							
	on vehicle	loan:						
Insurance		10011.						
	nd registra	ation						
	ntenance		airs:					
Home (Office(se	elf-emp	oloy	ed/em	ployn	nent) expenso	<u>es</u>
Area of h	ome used	for busi	ness	:	S	qft		_
Total area	of home	:			S	qft		
Expenses								
Utilities -	Electricity	' :						
Utilities -	GAS:							
Utilities -	WATER/W	VASTE/F	RECYC	CLE:				
Insurance	:							
Mortgage	interest:							
Property	taxes:							
Repairs a	nd mainte	nance:						
Condo fe	es:							
Security o	osts:							
Other:								