



Personal Income Tax Checklist

NAME:	DAYTIME PHONE:
D.O.B.(NEW CLIENTS):	EMAIL:
ADDRESS:	

OUR PREFERRED METHOD OF RECEIPT IS DIGITALLY VIA PORTAL. PLEASE READ OUR CLIENT LETTER FOR ADDITIONAL INFORMATION.

GENERAL INFORMATION:	
Has your marital status changed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES - DATE CHANGED:	
Has there been a change in address in the past year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please List any new Dependants Names, birthdays, SIN's and Gender details:	
Is this a final return due to death?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES PROVIDE THE FOLLOWING:	
Date of Death:_____	Copy of Probate <input type="checkbox"/> Copy of Will <input type="checkbox"/> Death Certificate <input type="checkbox"/>
Do you qualify for the disability tax credit?	YES <input type="checkbox"/> NO <input type="checkbox"/>
I have included all slips(ie; T4, T5, T3, T4A, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF NO NOTE DETAILS MISSING:	

PRINCIPLE RESIDENCE:	
Have you sold your principle residence this year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES please provide:	DATE OF PURCHASE: _____ DATE OF SALE: _____
COST OF PURCHASE: _____	PROCEEDS: _____

I HAVE RECEIPTS FOR THE FOLLOWING:	
-Medical Expenses <input type="checkbox"/>	-Donations <input type="checkbox"/> -Child care expenses <input type="checkbox"/>
-First time home buyer <input type="checkbox"/>	-RRSPs <input type="checkbox"/> -Support payments (made/received) <input type="checkbox"/>
-Political Contributions <input type="checkbox"/>	-Union Dues <input type="checkbox"/> -Volunteer Firefighter <input type="checkbox"/>
-Interest on student Loans Tuition/T2202A(if transferring from dependant)	<input type="checkbox"/>
FOR MEDICAL AND DONATIONS, WE REQUIRE THE ATTACHED SUMMARY FORMS COMPLETED	



CHECK OFF APPLICABLE INCOME FROM THE FOLLOWING:			
BUSINESS <input type="checkbox"/>	FARMING <input type="checkbox"/>	RENTAL <input type="checkbox"/>	COMMISSIONS <input type="checkbox"/>
Is Givens completing the GST return for your farm or business?			YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES - Reporting Frequency:		MONTHLY <input type="checkbox"/>	QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/>
GST Forms Enclosed?			YES <input type="checkbox"/> NO <input type="checkbox"/>

DETAILS OF OTHER INCOME AND EXPENSES APPLICABLE:			
-Employment Expenses(T2200 required) <input type="checkbox"/>	-Office in home expenses <input type="checkbox"/>	-Moving expenses <input type="checkbox"/>	
-Teacher supply credit <input type="checkbox"/>	-Any acquisitions/dispositions of assets <input type="checkbox"/>		

INVESTMENT DETAILS:	
Foreign Property (real estate and/or investments) with a total cost of more than \$100,000 Canadian?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you invest with a broker or have stocks purchased through an employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you sold any investments (rental/vacation properties etc.) outside of ones invested with a broker?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you involved with any cryptocurrency trading?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have investments in cryptocurrency worth more than \$100,000?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OTHER ITEMS OF NOTE:	
<p>We cannot guarantee your return will be completed if not received by our office <u>by the second Friday in April.</u></p> <p>All information gathered will be maintained in accordance with our privacy policy This checklist is a reminder to include everything for your personal income tax return. Upload all documents with your checklist to portal when ready for us to begin work</p> <p style="text-align: center;">***PLEASE KEEP YOUR TAX PACKAGE FOR 7 YEARS***</p>	
	