

| Personal Income Tax Checklist | |
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| 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"/> |
| <u>Rental Income</u> – was it a short term rental? (Under 90 days) | | | YES <input type="checkbox"/> NO <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: | |
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| <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>***PLEASE KEEP YOUR TAX PACKAGE FOR 7 YEARS***</p> | |

