



204-6465 Millcreek Drive, Mississauga, Ontario L5N 5R3
Telephone 905- 821-9215 Facsimile 905- 821-8212

2016 Tax Return Checklist

Your name _____ SIN # _____ Birthdate ____/____/____
 Your spouse _____ SIN # _____ Birthdate ____/____/____
 DD MM YY

Did you move in the year Yes No **If yes, please complete the principal residence section on page 4 (NEW FOR 2016)**

Address _____ Home telephone number (____) ____ - ____
 _____ Work telephone number (____) ____ - ____
 _____ Spouse work number (____) ____ - ____

Marital Status

Married Widowed Divorced Common-law Separated Single

Did your marital status change during the year? Yes No If so, provide date _____

Are we preparing a tax return for your spouse? Yes No

If we are **NOT** preparing a tax return for your spouse, please provide the following:
 Net income figure from line 236 on page 2 of his/her 2016 tax return \$ _____

List any **dependents** who were 18 years of age or under as of December 31, 2016

Name	Relationship	2016 net income	Birthdate	SIN #
_____	_____	\$ _____	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____

DD MM YY

Do you, your spouse or any of your dependants qualify for the disability amount credit? _____ (if so, indicate whom)

			Default
Did you own/hold foreign assets with a cost of more than \$100,000 at any time during 2016?	<input type="checkbox"/> Yes (attach details)	<input type="checkbox"/> No	NO
Do you, together with related persons (individuals/partnerships/trusts), own 10% or more of the shares of a company that is not resident in Canada (foreign affiliate)?	<input type="checkbox"/> Yes (attach details)	<input type="checkbox"/> No	NO
Have you ever transferred property or made a loan to a trust that is not resident in Canada?	<input type="checkbox"/> Yes (attach details)	<input type="checkbox"/> No	NO
Have you received a distribution or loan from a trust that is not resident in Canada in 2016?	<input type="checkbox"/> Yes (attach details)	<input type="checkbox"/> No	NO
Do you authorize CRA to provide information about you to Elections Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES
Are you a volunteer firefighter or search and rescue volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NO
Do you want your tax refund deposited directly to your bank account?	<input type="checkbox"/> Yes (attach a void cheque)	<input type="checkbox"/> Direct deposit requested last year	<input type="checkbox"/> No NO

PLEASE PROVIDE A COPY OF YOUR 2015 NOTICE OF ASSESSMENT WITH THIS CHECKLIST

Are either you or your spouse a US citizen? Yes No

Were either you or spouse born in the US? Yes No

Are either you or your spouse "green-card holders" (either now or anytime in the past 10 years)? Yes No

Have either you or your spouse spent more than 120 days in the US in 2016, in 2015, in 2014 (business or pleasure; count partial days as 1 full day)? Yes No

If yes, please provide the number of days for each year: 2016 _____ 2015 _____ 2014 _____

Did either you or your spouse receive any wages or consulting income from US payers in 2016? Yes No

If yes, please provide the work related travel days for 2016: _____

Do you and/or your spouse own a US vacation home or US rental property (either held jointly, or as tenants-in-common)? Yes No



SOURCES OF INCOME

(Check if you have any of the following sources of income.)

Source	Slip to bring
<input type="checkbox"/> Employment income	T4
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Profit sharing income	T4PS
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Old Age Security	T4(OAS)
<input type="checkbox"/> Canada Pension Plan	T4AP
<input type="checkbox"/> Other pension/annuities	T4A
<input type="checkbox"/> RRSP income	T4RSP
<input type="checkbox"/> RRIF income	T4RIF
<input type="checkbox"/> Withdrawals from RRSP	T4RSP
<input type="checkbox"/> EI benefits	T4E
<input type="checkbox"/> Workers Safety Insurance	T5007
<input type="checkbox"/> Social assistance payments	T5007
<input type="checkbox"/> Scholarships and bursaries	T4A
<input type="checkbox"/> Dividends	T3 or T5
<input type="checkbox"/> Interest	T5
<input type="checkbox"/> Limited partnership	T5013
<input type="checkbox"/> Universal Child Care Benefit	RC62
<input type="checkbox"/> Self-employed income	Summarize on page 3
<input type="checkbox"/> Rental income	Summarize on page 4
<input type="checkbox"/> Sale of real estate	Summarize on page 4
<input type="checkbox"/> Sale of securities	Summarize on page 5
<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> Tips and gratuities	\$ _____
<input type="checkbox"/> Foreign Currency gain/loss _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

DEDUCTIONS AND TAX CREDITS AVAILABLE

(Check if you have any of the following deductions and **INCLUDE ORIGINAL RECEIPTS** in all cases.)

Source	Amount
<input type="checkbox"/> Investment loan interest	\$ _____
<input type="checkbox"/> Investment counseling fees	\$ _____
<input type="checkbox"/> RRSP contributions	\$ _____
<input type="checkbox"/> First Time Homebuyer's credit	\$ _____
<input type="checkbox"/> Homebuyers Plan withdrawals/ pmts	\$ _____
<input type="checkbox"/> Lifelong Learning Plan withdrawals/ pmts	\$ _____
<input type="checkbox"/> Moving expenses	\$ _____
<input type="checkbox"/> Union dues and professional fees	\$ _____
<input type="checkbox"/> Child care expenses	\$ _____
First time charitable donations donor in 2016	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Charitable donations	\$ _____
<input type="checkbox"/> Political party contributions - FEDERAL	\$ _____
<input type="checkbox"/> Political party contributions - ONTARIO	\$ _____
<input type="checkbox"/> Tuition fees - SELF	\$ _____
<input type="checkbox"/> Tuition fees - SPOUSE / CHILDREN	\$ _____
<input type="checkbox"/> Rent paid	\$ _____
<input type="checkbox"/> Property taxes paid	\$ _____
<input type="checkbox"/> Interest paid on student loans	\$ _____
<input type="checkbox"/> Tax instalments paid to government	\$ _____
<input type="checkbox"/> Transit passes	\$ _____
<input type="checkbox"/> Children's Fitness Amount	\$ _____
<input type="checkbox"/> Children's Art Amount	\$ _____
<input type="checkbox"/> Educator school supplies paid	\$ _____
<input type="checkbox"/> Home Accessibility Expense/Ontario Healthy Home Renovation expenses (Please complete the attached schedule)	\$ _____
(Check if you have any of the following deductions and ensure that you have the receipts to support the following items. If unsure, attach receipts.)	
<input type="checkbox"/> Employment expenses	Summarize on page 3
<input type="checkbox"/> Alimony payments made	\$ _____
<input type="checkbox"/> Medical expenses	\$ _____
<input type="checkbox"/> Other _____	\$ _____

Do you elect to receive your 2017 Ontario Trillium Benefit (OTB) in one payment in June 2018

Yes No

If you have other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.

EMPLOYMENT EXPENSES

Please include a signed T2200 – Declaration of Employment Conditions from your employer.

Expense	Amount
Accounting	\$ _____
Advertising and promotion	\$ _____
Food, beverages and entertainment	\$ _____
Lodging	\$ _____
Parking	\$ _____
Supplies (ex. postage, stationery, other)	\$ _____
Telephone	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Automotive expenses	Summarize below
Office in home expenses	Summarize below



AUTOMOBILE EXPENSES (for business and employment)

Year and make of automobile _____	
Year of purchase / Lease _____	
Purchase price (or MSRP if leased) _____	\$ _____
Total kilometres driven in year _____	
Total kilometres driven in year (for business) _____	
Expense	Amount
Fuel	\$ _____
Repairs and maintenance	\$ _____
Insurance	\$ _____
Licensing or registration	\$ _____
Loan interest	\$ _____
Lease payments	\$ _____
407 ETR	\$ _____
Car washes	\$ _____
Other _____	\$ _____
Other _____	\$ _____

HOME OFFICE (for business and employment)



Percentage of home used for business _____	
Source	Amount
Heat	\$ _____
Hydro	\$ _____
Water	\$ _____
Insurance (*see below)	\$ _____
Maintenance and repairs	\$ _____
Mortgage interest (self-employed only)	\$ _____
Property taxes (*see below)	\$ _____
Rent	\$ _____
<input type="checkbox"/> Other _____	\$ _____

* apply for self-employed and commission employees only

SELF-EMPLOYED INCOME AND EXPENSES

Name of business _____	
Type of business _____	
Name of partner and % owned _____	
SIN # of partner _____	
Income	\$ _____
Expenses	
Advertising	\$ _____
Licenses, dues, memberships and subscriptions	\$ _____
Insurance	\$ _____
Interest and bank charges	\$ _____
Meals and entertainment	\$ _____
Office supplies	\$ _____
Legal and accounting	\$ _____
Rent	\$ _____
Salaries	\$ _____
Telephone	\$ _____
Other _____	\$ _____
Equipment and furniture purchases	\$ _____
HST Business number _____	
Do above amounts include HST? _____	

RENTAL PROPERTY

(if property was purchased during the year, please provide the Agreement of Purchase and Sale and the solicitor's reporting letter)

Address _____

Name of partner and % owned _____

SIN # of partner _____

Income \$ _____

Expenses

Insurance \$ _____

Mortgage interest \$ _____

Repairs and maintenance \$ _____

Property taxes \$ _____

Utilities \$ _____

Advertising \$ _____

Management and administration \$ _____

Professional fees \$ _____

Other _____ \$ _____

Other _____ \$ _____

Major renovations and purchases (i.e. appliances)

_____ \$ _____

_____ \$ _____

SALE OF REAL ESTATE

(please provide the Agreement of Purchase and Sale and the solicitor's reporting letter for BOTH your sale and purchase)

Address _____

Name of partner and % owned _____

SIN # of partner _____

Date sold _____

Date purchased _____

Purchase price \$ _____

Legal and other costs on purchase \$ _____

Additions and/or major improvements
_____ \$ _____

_____ \$ _____

Sale price \$ _____

Legal and other costs on sale \$ _____

Commissions paid on sale \$ _____

Other _____ \$ _____

Other _____ \$ _____

SALE OF A PRINCIPAL RESIDENCE

Did you sell your residence in the year? Yes No

If yes, please provide the following information:

Year of acquisition _____

Sale price \$ _____

Legal and other costs on sale (*see below) \$ _____

Commissions paid on sale (*see below) \$ _____

Purchase price (*see below) \$ _____

Legal and other costs on purchase (*see below) \$ _____

Additions and/or major improvements (*see below) \$ _____

Complete address _____

* only if you owned more than one property or already claimed the principal residence exemption on any other property during the time you owned the property that was disposed of in 2016

Did you already claim the principal residence exemption on any properties during the time you owned the property that was disposed during the year? Yes No

If yes, which years _____

Do you currently own any other properties that could qualify as your principal residence (i.e. cottage) for any years that you owned the residence that you sold during the year? Yes No

If yes, we will need to have a discussion with you in order to determine the appropriate principal residence designation.



SALE OF SECURITIES (in non-RRSP or other registered plan) (please provide broker's statements for both purchase and sale)

Name of stock	US\$ (Y/N)	Date sold	Number of shares	Sale price	Purchase price	Commissions
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____

(Please ensure that the sale price and the purchase price is total for the number of shares sold)

The above summary should also include transfers or sales of mutual funds during the year. Transfers also include systematic withdrawal programs. Please provide the December 31st year-end statements for ALL non-RRSP or other registered mutual funds. These statements should have been sent to you by the mutual fund companies in January. The statements should show all the transactions for the year, including any sale, redemption or transfer of mutual funds during the year.

HOME ACCESSIBILITY EXPENSES / ONTARIO HEALTHY HOMES RENOVATION TAX CREDIT

Date on sales slip or contract	Supplier or Subcontractor Name	Supplier or Subcontractor HST Number	Description of goods or work performed	Amount paid (including taxes)
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
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___/___/___	_____	_____	_____	\$ _____
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___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____
___/___/___	_____	_____	_____	\$ _____

Please ensure to keep your receipts in case the Canada Revenue Agency asks to see them.