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2020 Tax Return Checklist

Your name _____ SIN # _____ Birthdate _____
 Your spouse _____ SIN # _____ Birthdate _____
 How would you like your tax return to be delivered? Electronic Delivery Paper Copy DD / MM / YY
 Did you move in the year Yes No **If yes, please complete the principal residence section on page 4**
 Address _____ Cell phone number _____
 _____ Work telephone number _____
 E-mail _____ Spouse cell phone 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 2020 tax return \$ _____
 List any **dependents** who were 18 years of age or under as of December 31, 2020

Name	Relationship	2020 net income	Birthdate	SIN #
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

 DD / MM / YY
 Do you, your spouse or any of your dependents qualify for the disability amount credit? _____ (if so, indicate whom)

			DEFAULT
Are you a Canadian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES
Do you authorize CRA to provide information about you to Elections Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES
Did you own/hold foreign assets with a cost of more than \$100,000 at any time during 2020?	<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 2020?	<input type="checkbox"/> Yes (attach details)	<input type="checkbox"/> No	NO
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 2019 NOTICE OF ASSESSMENT WITH THIS CHECKLIST

Are either you or your spouse a US citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were either you or spouse born in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are either you or your spouse "green-card holders" (either now or anytime in the past 10 years)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have either you or your spouse spent more than 120 days in the US in 2020, in 2019, in 2018 (business or pleasure; count partial days as 1 full day)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the number of days for each year: 2020 _____ 2019 _____ 2018 _____		
Did either you or your spouse receive any wages or consulting income from US payers in 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the work related travel days for 2020: _____		
Do you and/or your spouse own a US vacation home or US rental property (either held jointly or as Tenants-in-common)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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"/> 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	Realized Gain/Loss Report
<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	\$ _____
<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"/> Seniors Transit costs	\$ _____
<input type="checkbox"/> Educator school supplies paid	\$ _____
<input type="checkbox"/> Home Accessibility Expense	\$ _____
<input type="checkbox"/> Digital Subscription Expense	\$ _____
(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 _____	\$ _____

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

EMPLOYMENT EXPENSES (not reimbursed)

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	See table for detail
Home office expenses	See table for detail

AUTOMOBILE EXPENSES (for business and employment)

Year and make of automobile _____

Year of purchase / Lease _____

Purchase price (or MSRP if leased) \$ _____

Total kilometers driven in year _____

Total kilometers 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)**Simplified method (\$2 per day – Max \$400 deduction)**

Number of days work from home due to COVID-19 _____
(Not including stat. holiday, vacation, or sick days)

Detailed method (Please include signed T2200S from your employer)

Is this a shared space? (i.e. living room, bedroom) Y N

Average hours worked in a week _____ hrs/w

Size of work space _____ sq. ft.

Size of home (finished areas incl. work space) _____ sq. ft.

Source	Amount
Heat	\$ _____
Hydro	\$ _____
Water	\$ _____
Internet	\$ _____
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

See CRA guide: <https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/line-229-other-employment-expenses/work-space-home-expenses.html>

SELF-EMPLOYED INCOME AND EXPENSES (#1)

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? _____

SELF-EMPLOYED INCOME AND EXPENSES (#2)

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 RESIDENCEDid 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 _____

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.**

* 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 2020

NOTES