

2025 Tax Return Checklist

Your name	Your SIN #	Your birthdate (dd/mm/yyyy)	Your cell #	Your email
Spouse name	Spouse SIN #	Spouse birthdate (dd/mm/yyyy)	Spouse cell #	Spouse email
Address				
Number	Street	Apt.	City	PO Box RR Province/State Postal/ Zip code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Single				
Did your marital status change during the year? <input type="checkbox"/> Yes: date of change (dd/mm/yyyy) _____ <input type="checkbox"/> No				
If we are NOT preparing a tax return for your spouse, please provide the Net Income figure from of their 2025 tax return (line 23600): \$ _____				
How would you like your tax return(s) to be delivered? <input type="checkbox"/> iFirm Portal <input type="checkbox"/> Paper Copy				
Did you move in the year <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Table 8 (if applicable)				
List any dependents who were 18 years of age or under as of December 31, 2025:				
Name	Relationship	2025 Net Income	Birthdate (dd/mm/yyyy)	SIN #
_____	_____	\$ _____	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____
Do you, your spouse, or any of your dependents qualify for the disability tax credit? If so, please list: _____				

<i>NOTE: unless 'Yes' is selected, the default response will be 'No'</i>	You	Spouse
Are you a Canadian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Do you authorize the CRA to provide information about you to Elections Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Do you authorize the CRA to provide your name and email address to Ontario Health so that they may contact you regarding organ and tissue donation?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

<i>NOTE: unless 'Yes' is selected, the default response will be 'No' *If 'Yes' is selected, please provide details and/or reports</i>	You	Spouse
Do we have your permission to contact your investment advisor(s) to obtain the necessary reports to prepare your tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Investment advisor name	Phone number	Email
_____	_____	_____
Did you own/hold foreign assets with a cost (purchase price) of more than CAD 100,000 at any time during 2025?	<input type="checkbox"/> Yes *	<input type="checkbox"/> Yes *
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 *	<input type="checkbox"/> Yes *
Have you transferred property or made a loan to a trust that is not a resident in Canada in 2025?	<input type="checkbox"/> Yes *	<input type="checkbox"/> Yes *
Have you received a distribution or loan from a trust that is not resident in Canada in 2025?	<input type="checkbox"/> Yes *	<input type="checkbox"/> Yes *

<i>NOTE: unless 'Yes' is selected, the default response will be 'No'</i>	You	Spouse
Are you a US citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Were you born in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Are you a "green-card holder" (either currently, or at any time over the past 10 years)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Have you spent more than 120 days in the US in 2025, 2024, 2023? (business or pleasure; count partial days as 1 full day).	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
If yes, please provide the number of days for each year: 2025: You: _____ Spouse: _____ 2024: You: _____ Spouse: _____ 2023: You: _____ Spouse: _____		
Did either you or your spouse receive any wages or consulting income from US payers in 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
If yes, please provide the number of work-related travel days for 2025: You: _____ Your spouse: _____		
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"/> Yes

SOURCES OF INCOME (TABLE 1)

(Indicate if any of the following sources of income apply)

Source	Slip	You	Spouse
Employment income	T4	<input type="checkbox"/>	<input type="checkbox"/>
Taxable disability income	T4A	<input type="checkbox"/>	<input type="checkbox"/>
Profit-sharing income	T4PS	<input type="checkbox"/>	<input type="checkbox"/>
Commission income	T4, T4A	<input type="checkbox"/>	<input type="checkbox"/>
Old Age Security	T4(OAS)	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan	T4AP	<input type="checkbox"/>	<input type="checkbox"/>
CPP Death Benefit	T4AP	<input type="checkbox"/>	<input type="checkbox"/>
Other pensions/ annuities	T4A	<input type="checkbox"/>	<input type="checkbox"/>
RRSP income	T4RSP	<input type="checkbox"/>	<input type="checkbox"/>
RRIF income	T4RIF	<input type="checkbox"/>	<input type="checkbox"/>
RRSP/HBP withdrawal	T4RSP	<input type="checkbox"/>	<input type="checkbox"/>
FHSA taxable withdrawal	T4FHSA	<input type="checkbox"/>	<input type="checkbox"/>
EI Benefits	T4E	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Safety Insurance	T5007	<input type="checkbox"/>	<input type="checkbox"/>
Social assistance payments	T5007	<input type="checkbox"/>	<input type="checkbox"/>
Trust Income	T3	<input type="checkbox"/>	<input type="checkbox"/>
Dividends	T5	<input type="checkbox"/>	<input type="checkbox"/>
Interest	T5	<input type="checkbox"/>	<input type="checkbox"/>
Partnership income	T5013	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed income	Table 3	<input type="checkbox"/>	<input type="checkbox"/>
Rental income	Table 7	<input type="checkbox"/>	<input type="checkbox"/>
Sale of real estate	Table 8	<input type="checkbox"/>	<input type="checkbox"/>
Sale of securities	G/L Rprt*	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Income	Info	<input type="checkbox"/>	<input type="checkbox"/>
Support payments received		\$ _____	\$ _____
Alimony payments received		\$ _____	\$ _____
Tips & gratuities		\$ _____	\$ _____
Foreign currency gain		\$ _____	\$ _____
Foreign currency loss		\$ _____	\$ _____
Crypto income		\$ _____	\$ _____
Crypto gain/loss		\$ _____	\$ _____
Other _____		\$ _____	\$ _____
Other _____		\$ _____	\$ _____
Other _____		\$ _____	\$ _____
Other _____		\$ _____	\$ _____

* Realized Gain/Loss Report

** For prescriptions and medical expenses, please provide a summary (from pharmacy or an annual report from your insurance provider) rather than individual slips. For deceased individuals, medical expenses are permitted for the 24-month period prior to death. If you have other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.

DEDUCTIONS AND TAX CREDITS (TABLE 2)

(If applicable, indicate the amount and **INCLUDE RECEIPTS** in all cases.)

Source	You	Spouse
Investment management fees	\$ _____	\$ _____
Investment loan interest	\$ _____	\$ _____
RRSP Contributions - self	\$ _____	\$ _____
RRSP Contributions - spousal	\$ _____	\$ _____
FHSA Contributions	\$ _____	\$ _____
First-Time Homebuyer's credit	_____ %	_____ %
FHSA withdrawals	\$ _____	\$ _____
Homebuyer's Plan withdrawals	\$ _____	\$ _____
Homebuyer's Plan repayments	\$ _____	\$ _____
Lifelong Learning Plan withdrawals	\$ _____	\$ _____
Lifelong Learning Plan repayments	\$ _____	\$ _____
Moving expenses	\$ _____	\$ _____
Union dues (unreimbursed)	\$ _____	\$ _____
Professional fees (unreimbursed)	\$ _____	\$ _____
Child care expenses	\$ _____	\$ _____
Charitable donations	\$ _____	\$ _____
Federal political contributions	\$ _____	\$ _____
Provincial political contributions	\$ _____	\$ _____
Tuition - self	\$ _____	\$ _____
Tuition - spouse/child	\$ _____	\$ _____
Interest paid on student loans	\$ _____	\$ _____
Support payments paid	\$ _____	\$ _____
Alimony payments paid	\$ _____	\$ _____
Rent paid	\$ _____	\$ _____
Property tax paid	\$ _____	\$ _____
Senior's public transit costs	\$ _____	\$ _____
Educator school supplies paid	\$ _____	\$ _____
Home accessibility expenses	\$ _____	\$ _____
Multigenerational home renovation expenses	\$ _____	\$ _____
Medical expenses - self **	\$ _____	\$ _____
Medical expenses - spouse/child **	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Employment expenses	<i>Summarize in Table 6</i>	

SELF-EMPLOYED INCOME & EXPENSES (TABLE 3)

	You	Spouse
Name of business	_____	_____
Activity of business	_____	_____
Name of partner(s) if any	_____	_____
SIN # of partner	_____	_____
% owned by you	_____ %	_____ %
HST # (if applicable)	RT _____	RT _____
HST included in below amounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income	\$ _____	\$ _____
Expenses	\$ _____	\$ _____
Advertising	\$ _____	\$ _____
Licenses, dues, memberships, subscriptions	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Interest and bank charges	\$ _____	\$ _____
Meals and entertainment	\$ _____	\$ _____
Office supplies	\$ _____	\$ _____
Legal and accounting	\$ _____	\$ _____
Rent (other than home office)	\$ _____	\$ _____
Salaries	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Equipment purchases	\$ _____	\$ _____
Furniture purchases	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Automobile	<i>Summarize in Table 4</i>	
Home Office	<i>Summarize in Table 5</i>	

HOME OFFICE (TABLE 5)

	You	Spouse
Did you work from home more than 50% of the time for a period of at least 4 consecutive weeks in the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Did you use your home office exclusively to earn income AND to meet clients on a regular and ongoing basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If answered one Yes to one above, please fill out the remainder of the Table</i>		
Expenses	You	Spouse
Size of work space (sq. ft. or # rooms)	_____	_____
Size of home (sq. ft. or # of rooms)	_____	_____
Average hours worked from home in a week (or % WFH during year)	_____	_____
Is this a shared space?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heat	\$ _____	\$ _____
Hydro	\$ _____	\$ _____
Water	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Insurance*	\$ _____	\$ _____
Maintenance and repairs	\$ _____	\$ _____
Mortgage interest (self-employed only)	\$ _____	\$ _____
Property taxes*	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
<i>* applies for self-employed and commission employees only</i>		

AUTOMOBILE EXPENSES (TABLE 4)

Expenses	You	Spouse
Year of automobile	_____	_____
Make of automobile	_____	_____
Year of purchase or lease	_____	_____
Purchase price	\$ _____	\$ _____
MSRP if leased	\$ _____	\$ _____
Current year lease cost	\$ _____	\$ _____
Prior years' lease costs	\$ _____	\$ _____
Total kilometres driven in year	_____ KM	_____ KM
Business/ employment KMs driven	_____ KM	_____ KM
Fuel	\$ _____	\$ _____
Repairs and maintenance	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Licensing/ registration	\$ _____	\$ _____
Loan interest	\$ _____	\$ _____
407 ETR	\$ _____	\$ _____
Car washes	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

EMPLOYMENT EXPENSES (TABLE 6)

* Only include expenses that have *not* been reimbursed by your employer.
 ** Please provide an employer signed T2200 – *Declaration of Employment Conditions*.

	You	Spouse
Employer Name	_____	_____
Expenses		
Accounting	\$ _____	\$ _____
Advertising and promotion	\$ _____	\$ _____
Meals and entertainment	\$ _____	\$ _____
Lodging	\$ _____	\$ _____
Parking	\$ _____	\$ _____
Office supplies	\$ _____	\$ _____
Claiming GST Rebate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Automobile	<i>Summarize in Table 4</i>	
Home Office	<i>Summarize in Table 5</i>	

RENTAL PROPERTY INCOME & EXPENSES (TABLE 7)

	Property #1	Property #2	Property #3	Property #4
Address	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Are you a partner or co-owner?	<input type="checkbox"/> Partner <input type="checkbox"/> Co-owner			
Your ownership %	_____ %	_____ %	_____ %	_____ %
Spouse's ownership %	_____ %	_____ %	_____ %	_____ %
Other owner's name and SIN	_____	_____	_____	_____
Other ownership %	_____ %	_____ %	_____ %	_____ %
Annual Rental Income	\$ _____	\$ _____	\$ _____	\$ _____
Annual Expenses				
Heat	\$ _____	\$ _____	\$ _____	\$ _____
Hydro	\$ _____	\$ _____	\$ _____	\$ _____
Water	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Maintenance and repairs	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage interest	\$ _____	\$ _____	\$ _____	\$ _____
Property taxes	\$ _____	\$ _____	\$ _____	\$ _____
Management and administrative fees	\$ _____	\$ _____	\$ _____	\$ _____
Professional fees	\$ _____	\$ _____	\$ _____	\$ _____
Automobile	See below*	See below*	See below*	See below*
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
Claim depreciation against income? **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBD
Major renovations and purchases (i.e. furniture, appliances, etc.)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

* Fill out Table 4, ONLY if you meet the specific criteria outline by the CRA: <https://www.canada.ca/en/revenue-agency/services/tax/businesses/topics/rental-income/completing-form-t776-statement-real-estate-rentals/rental-expenses-you-deduct/motor-vehicle-expenses.html>.

** If a property was purchased during the year, provide the Agreement of Purchase and Sale, trust ledger, statement of adjustments, & solicitor's reporting letter. Claiming capital cost allowance (CCA) (i.e. tax depreciation) should be discussed with us to understand implications of either decision (i.e. select TBD).

Note: If you own more than 4 rental properties, attach the details in a separate sheet.

NOTES (IF APPLICABLE)

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