

## PERSONAL TAX CHECKLIST

Abn Beyond the Numbers Ltd requires this checklist be filled out every year prior to commencing the preparation of your tax return. Please fill it out completely and return it to our office along with your tax information. You are responsible to ensure that the information stated on this form is factually correct as we will use this to file your tax returns. **If you are not an existing client or if you own a business, have rental properties, have moved in the past year or are self-employed, please contact us** and we will send you the required additional checklists.

### PERSONAL INFORMATION

Taxation Year: \_\_\_\_\_ (one form per year please)

Name: \_\_\_\_\_

Were your taxes prepared by abn Beyond the Numbers last year?  Yes  No, complete below

Are there any changes to your personal information detailed below?  Yes, complete below  No, go to pg.2

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.I.N. \_\_\_\_\_

YYYY/MM/DD

Province of residence at December 31 AB Other - \_\_\_\_\_

Marital status at December 31<sup>st</sup>? \_\_\_\_\_

Any change in the last year?  No  Yes, When?

MM/DD

Spouse's name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Spouse's telephone number: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

Spouse's S.I.N. \_\_\_\_\_

Who claims the GST credit?  Me  Spouse

\* If we are **NOT** preparing a tax return for your spouse, provide full details of spouse's income for the year, S.I.N., credits claimed, etc. **NOTE:** Preparing tax returns together allows spouses to maximize credits and pension transfers to minimize taxes.



**DEPENDENT INFORMATION**

If you are an existing tax client, are there any changes to the dependent information?  Yes  No

**Details of Dependents (provide info for all dependents – children, parents, grandparents, etc; this would also include those children over the age of 21 attending post-secondary school.**

Dependents Name   Date of Birth   Relationship   Social Insurance Number   Income

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Do you have any child fitness expenses to claim?  Yes  No (Provide Slips)

Do you have and child care expenses to claim?  Yes  No (Provide receipt, Caregiver and SIN number)

Will you be claiming the \$2,234.00 credit for your child or do you and your (ex) spouse (if applicable) have a specific agreement? If so, please provide details

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Any taxable child maintenance payment? \$ \_\_\_\_\_ / month   receive or pay

(Circle one) (Please include copy of court order for payments made)

Maintenance recipients name: \_\_\_\_\_   S.I.N. \_\_\_\_\_

**OTHER INFORMATION REQUIRED**

\_\_\_\_\_ Home

Did you purchase your first home this year?

**INCOME FROM SELF-EMPLOYMENT**

\_\_\_\_\_ YES

Complete the BUSINESS CHECKLIST

**RENTAL INCOME**

\_\_\_\_\_ YES

Complete a RENTAL INCOME CHECKLIST

**MOVING EXPENSES**

\_\_\_\_\_ YES

Complete a MOVING EXPENSE CHECKLIST

**PLEASE PROVIDE THE FOLLOWING:**

- NOTICE OF ASSESSMENT – Please provide a copy of your previous years Notice of assessment and/or Notice of Reassessment (if any)**
- PREVIOUS YEARS TAX RETURN (if we did not prepare it for you)**

**Information slips for Income**

**Deductions**

- |   |   |
|---|---|
| <input type="checkbox"/> T4(s)  | <input type="checkbox"/> Alimony  |
| <input type="checkbox"/> Other employment income  | <input type="checkbox"/> Union/Professional Fees                                      |
| <input type="checkbox"/> Pension, annuity or other income (T4A)                                 | <input type="checkbox"/> Tuition (T2202) Amounts over 100.00 for training             |
| <input type="checkbox"/> Canada Pension Plan (T4AP)   | <input type="checkbox"/> Employment expenses (completed and signed form T2200)        |
| <input type="checkbox"/> Old Age Security (T4OAS)   | <input type="checkbox"/> Losses from Investments                                      |
| <input type="checkbox"/> RRSP withdrawals (T4RSP)   | <input type="checkbox"/> Carrying charges for Investments                             |
| <input type="checkbox"/> Employment Insurance (T4E)   | <input type="checkbox"/> Management or safe custody fees, Investment Council fees     |
| <input type="checkbox"/> Social Benefits received (T5007)                                       | <input type="checkbox"/> Interest paid on money borrowed to earn investment Income    |
| <input type="checkbox"/> Investment income (T5)   | <input type="checkbox"/> Donations(Official receipts)Incl. unused from previous years |
| <input type="checkbox"/> Trust income (T3) Mutual funds   | <input type="checkbox"/> Political Contributions(Official Receipt only)               |
| <input type="checkbox"/> Statement of Securities Transactions (T5008)                           | <input type="checkbox"/> Medical Expenses (All receipts)                              |
| <input type="checkbox"/> Statement of partnership income (T5013)                                | <input type="checkbox"/> RRSP Contributions (Actual RRSP slips)                       |
| <input type="checkbox"/> Sale of Securities (trading summaries from bank or investment council) |   |
| <input type="checkbox"/> Universal Childcare Benefit (RC62)                                     |   |
| <input type="checkbox"/> Registered Retirement Income Fund payments (T4RIF)                     |   |

Do you authorize Revenue Canada to give your name, address and date of birth to Elections Canada?  Yes  No

Anyone permanently disabled?  Yes  No Has a T2201 been filed previously?  Yes  No

Person with disability - \_\_\_\_\_

Have you paid personal tax installments this year?  Yes  No Amount paid  
\$\_\_\_\_\_ Please provide details of when installments were made throughout the  
year.

## FOREIGN REPORTING REQUIREMENTS

\_\_\_\_\_ Owned assets outside Canada with a cost in excess  
of \$100,000 (Canadian Funds) during year Full details – discuss situation

\_\_\_\_\_ Became or ceased to be a resident  
of Canada during the year Date of status change

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date