

PERSONAL TAX INFORMATION CHECKLIST
PLEASE COMPLETE THE FORM AS APPLICABLE

Section A

IDENTIFICATION

PLEASE CIRCLE Mr. Mrs. Ms. Miss or _____

NAME _____
LAST FIRST INITIAL SOCIAL INSURANCE NUMBER

DATE OF BIRTH _____
(YYYY-MM-DD)

PLEASE CIRCLE Mr. Mrs. Ms. Miss or _____

SPOUSE _____
LAST FIRST INITIAL SOCIAL INSURANCE NUMBER

DATE OF BIRTH _____
(YYYY-MM-DD)

ADDRESS

NUMBER AND STREET _____ APT or UNIT _____ CITY _____ PROV _____ POSTAL CODE _____

TELEPHONE _____ RESIDENCE _____ BUSINESS _____ E-mail address _____

MARITAL STATUS
 () SINGLE () WIDOWED () SEPARATED
 () MARRIED () DIVORCED () COMMON LAW

If marital status changed during 2009. Please provide change and date _____

DEPENDENTS

NAME	DATE OF BIRTH (YYYY-MM-DD)	Son/ Daugh Parent	INCOME - IF ANY	SIN NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section B

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Do you agree to Canada Revenue Agency providing, **APPLICABLE TO CANADIAN CITIZENS ONLY** your name, address and date of birth to Elections Canada? YES NO N/A
2. Did you own any Foreign Property such as stocks, bonds or rental property at any time in 2009 with a total cost of more than \$100,000.00 Canadian? If so, please provide details. YES NO
3. Have you provided a copy of your 2008 Income Tax Notice of Assessment? YES NO
4. If you are not already receiving your refund by direct deposit, do you wish to have direct deposit of your refund? If so, please provide a "VOID" cheque. If you have changed bank accounts, a "VOID" cheque is also necessary. YES NO
5. Do you have **qualified home renovations** costs you wish to claim? If so **Please detail the expenses as required by CRA on the Supplementary Worksheet** YES NO
6. Do you have **self employment income**? If so, please provide complete Income and Expense details on the supplementary work sheet. YES NO
7. Do you have **rental income and expenses**? If so, please provide a summary of income and expenses on the supplementary work sheet. YES NO
8. Are you able to claim **employment expenses**? If so, please provide summary details on the supplementary work sheet. YES NO

PLEASE SEE INCOME AND DEDUCTION CHECKLIST ON THE REVERSE AND SUPPLEMENTARY WORK SHEET.

INCOME AND DEDUCTION CHECKLIST

INCOME

Please check where applicable and provide an information slip or supporting documentation.

- Employment Income - T4 Slip
- Other Employment Income. If not a T4 - please provide details
- Pension Income - Old Age, CPP, Reg Pensions incl., US Social security & Foreign Pensions T4A/T4A(OAS)/T4A(P)
- RRSP, RRIF & Annuities - T4RSP/T4RRIF
- Employment Insurance Benefits - T4E
- Alimony and Separation Allowances **received**
- Pre May 1997 Agreement Post May 1997 Agreement
- Spousal Support \$ Child Support \$
- Received from: Social Insurance Number
- Rental Income and Expenses - Please provide details on the Work Sheet**
- Investment Income - Dividends from Canadian and Foreign Corporations - T5's etc.
- Interest Income (GIC, Bonds & Mortgages) - T5
- Estate & Trust Income including from Trust Units and REITS - T3
- Other Investment Income not listed such as flow through shares
- Capital Gain or Loss Transactions - Please provide Trading slips and Brokers statements as well as the cost of the sold securities.
- Include any Mutual Fund sales **outside** your RRSP/RRIF accounts.
- Self-Employment Income - Please provide a detailed listing of Income and Expenses**
- Workers Safety Insurance Board and Social Assistance payments - T5007
- Universal Child Care Benefit - RC62
- Other Income not listed - Please provide details

DEDUCTIONS AND CREDITS

Please check where applicable and provide an information slip, receipt or other supporting documentation.

- Adoption expenses (Please call our office for details)
- Alimony and Child support payments. Please check
- Pre May 1997 Agreement Post May 1997 Agreement
- Spousal Support \$ Child Support \$
- Paid to: Social Insurance Number
- Annual Union and Professional Dues Receipts
- Caregiver Credit information - Please provide name, birth date & net income of your qualified dependent
- Carrying Charges - Investment loan interest expense, Safe deposit box and accounting fees
- Charitable Contributions and Federal and Provincial Political donations receipts
- Child Care & Child Fitness Receipts
- Disability Claim - T2201 required for first time claimants
- Limited Partnerships & other Tax Shelter receipts.
- Medical Receipts
- Moving expenses (Please provide new and old work locations, addresses and total KMS travelled)
- Public Transit Weekly & Monthly Pass Receipts
- Rent or Property Taxes paid.
- Pension Split election amount (Please contact our office for details)
- RRSP - Home Buyers Plan receipts and documentation.
- RRSP Contribution Receipts
- Stock option information and contributions.
- Travel, Employment or Commission Expenses - Form T2200/TL2 as required.**
- Please provide details on the Work Sheet**
- Tuition Fees, education and textbooks as shown on the T2202, which is a required form
- Home renovation expenses (please detail on the Income and Expense worksheet)
- It is very important that you detail your costs as required by CRA See supplementary worksheet.**
- Other items. Please provide details on a separate sheet.

If you have any questions please contact our office at 905-686-2407 or email thomaschase@on.aibn.com

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SUPPLEMENTARY WORKSHEET

Please complete as applicable to your type of income and/or expense

YOU MAY FIND IT MORE CONVENIENT TO PROVIDE A SPREAD SHEET OF YOUR EXPENSES USING A SIMILAR FORMAT AS THIS WORKSHEET.

INCOME

Rental Income \$ _____
 Self employed income _____

EXPENSES

Advertising \$ _____
 Bad Debts _____
 Business tax, fees and dues _____
 Delivery and freight _____
 Insurance _____
 Interest and bank charges _____
 Maintenance and Repairs _____
 Meals _____
 Office expenses _____
 Supplies _____
 Legal and Accounting _____
 Property Taxes _____
 Rent _____
 Salaries, wages and benefits _____
 Subcontract _____
 Travel other than automobile _____
 Telephone _____
 Utilities _____
 Private health services plan premiums _____
 Other _____
 (Please provide details) _____
 Capital additions (Type) _____

VEHICLE EXPENSES

	Total Kms	<input type="text"/>	Bus. Kms	<input type="text"/>
Gasoline	\$	_____		
Repairs & Maintenance		_____		
License		_____		
Interest		_____		
Insurance		_____		
Lease costs		_____		
Purchase/lease of new vehicle (please provide purchase or lease agreement)				

WORK SPACE IN HOME

	Total Sq Ft	<input type="text"/>	Bus. Sq Ft	<input type="text"/>
Electricity and Water	\$	_____		
Heat		_____		
Maintenance		_____		
Insurance		_____		
Property Taxes		_____		
Mortgage interest		_____		
Other (Provide details)				

HOME RENOVATION EXPENSES (January 27,2009 to Feb 1, 2010)(If not sufficient space please use a separate sheet)

Date on sales slip	Supplier or Contractor	GST No. If applicable	Description	Amount
				\$