

## **PERSONAL TAX CHECKLIST**

## PLEASE ENSURE THAT EMAIL ADDRESSES AND CELL PHONE NUMBERS ARE UNIQUE TO EACH TAX PAYER

| Primary Contact Information  |             | Spouse Information (if applicable) |                              |             |       |            |     |
|--|-------------|------------------------------------|------------------------------|-------------|-------|------------|-----|
| Name:  |             | Name:                              |                              |             |       |            |     |
| Social Insurance No.:  |             |                                    | urance No:                   |             |       |            |     |
| Date of Birth:   |             |                                    | irth:                        |             |       |            |     |
| Cell Phone:  |             |                                    | e:                           |             |       |            |     |
| Home Phone:  |             |                                    | one:                         |             |       |            |     |
| Email:   |             | Email: _                           |                              |             |       |            |     |
| How would you like to receive your tax return?   | □ Ele       | ectronically                       | by email                     |             |       |            |     |
| How do you prefer to sign your T183 and other forms?   | □ Ele       | ectronically                       | y via DocuSign ☐ Paper       |             |       |            |     |
| Current mailing address:   |             |                                    |                              |             |       |            |     |
| Did you move during the year? ☐ Yes ☐ No   |             |                                    |                              |             |       |            |     |
| Previous address if you moved during the year:   |             |                                    |                              |             |       |            |     |
| Date of move:  | !           | Province o                         | of Residence on December 31s | t:          |       |            |     |
| Did either of the following change during the year?  |             |                                    |                              |             |       |            |     |
| ☐ Marital Status:  | 🗆 L;        | ast Name:                          |                              |             |       |            |     |
| (If yes, provide date of change)   |             |                                    | (If yes, provide ne          | ew last n   | ame)  |            |     |
| Northern residents' deduction to claim: ☐ Full ☐ Hal   | f 🗆 N       | lone                               |                              |             |       |            |     |
| Dependent Name   | Relati      | ionship                            | Social Insurance No.         | ı           | Date  | of Birth   | 1   |
|  |             |                                    |                              | Year        | N     | lonth      | Day |
|  |             |                                    |                              |             |       |            |     |
|  |             |                                    |                              |             |       |            |     |
|  |             |                                    |                              |             |       |            |     |
|  |             |                                    |                              |             |       |            |     |
|  |             |                                    |                              | Drim        | 251   | Sno.       |     |
| Are you a Canadian citizen?  |             |                                    |                              | Prim<br>Yes | No No | Spo<br>Yes | No  |
| Do you authorize CRA to give your name, address, date o update the National Register of Electors?  | f birth and | d citizensh                        | ip to Elections Canada to    | Yes         | No    | Yes        | No  |
| Did you own foreign property with a cost of \$100,000 or property and investment portfolios with stocks or mutual  |             | •                                  | • ,                          | Yes         | No    | Yes        | No  |
| Did you sell property (principal residence, rental property  | , vacatior  | n home, et                         | c.) during the year?         | Yes         | No    | Yes        | No  |
| Were you the legal owner (i.e. your name is on title with other than your principal residence, on December 31, 202 one principal residence. You may be required to file form | 22? Pleas   | se also indi                       |                              | Yes         | No    | Yes        | No  |

| Do you have, or share custody of a child after a relationship breakdown?  Does this child live with you?   Yes   No  If yes, how often?   Full-time   Part-time    | Yes | No | Yes | No |
|--|-----|----|-----|----|
| Has your banking information changed since your last direct deposit from CRA? If yes, please provide a <b>VOID</b> cheque or a Direct Deposit form from your bank. | Yes | No | Yes | No |
| Did you pay personal tax installments during the year? If yes, \$  | Yes | No | Yes | No |
| Did you withdraw RRSP's to buy a home or to finance full-time education for you or your spouse?  | Yes | No | Yes | No |
| Did you earn any tips in 2022? If yes, \$  | Yes | No | Yes | No |
| Internet Business Activity: Do you have a webpage or websites from which you earn income?  | Yes | No | Yes | No |
| If yes, provide website address:   |     |    |     |    |
| Percentage of gross income generated from the website:   |     | %  |     | %  |
| Did you repay any COVID benefits in 2022? If so, please provide details.   | Yes | No | Yes | No |
|  |     |    |     |    |
| In 2022, have you spent more than 200 hours acting as a volunteer firefighter or a search and rescue volunteer?  | Yes | No | Yes | No |

## **Northern Residents Travel Benefit/Medical Travel**

Please include details for trips you and/or your family members took in 2022. Trips may include camping, weekend getaways, family vacations, travel for medical purposes, etc.

|        | Dates of Trip | Destination and reason for travel | Cost of total travel expenses | Cost of accommodation only | Names of family members<br>in your household who<br>travelled |
|--------|---------------|-----------------------------------|-------------------------------|----------------------------|---|
| Trip 1 |               |                                   | \$                            | \$                         |   |
| Trip 2 |               |                                   | \$                            | \$                         |   |
| Trip 3 |               |                                   | \$                            | \$                         |   |
| Trip 4 |               |                                   | \$                            | \$                         |   |
| Trip 5 |               |                                   | \$                            | \$                         |   |
| Trip 6 |               |                                   | \$                            | \$                         |   |
| Trip 7 |               |                                   | \$                            | \$                         |   |
| Trip 8 |               |                                   | \$                            | \$                         |   |

## Check the boxes below that are applicable to you and your spouse's tax return and include any additional details.

| Income   | Primary  | Spouse |
|--|----------|--------|
| T4 – Employment Income   |          |        |
| T4A – Other Income   |          |        |
| T4AP – CPP Benefits  |          |        |
| T4A OAS – Old Age Security   |          |        |
| T4E – Employment Insurance Benefits  |          |        |
| T4RSP – RRSP Income  |          |        |
| T4RIF – RRIF Income  |          |        |
| T5 – Interest and Dividend Income  |          |        |
| T3 – Estate / Trust / Mutual Funds Income  |          |        |
| T5007 – Social Assistance / WCB  |          |        |
| T5008 – Statement of Security Transactions – provide the cost when purchased   |          |        |
| T5013 – Limited Partnership Income   |          |        |
| Alimony / Spousal Support received   |          |        |
| Scholarship, Fellowship, Bursary   |          |        |
|  |          |        |
| Foreign sources  Capital Cains / Losses - provide an investment statement from your advisor  |          |        |
| Capital Gains / Losses – provide an investment statement from your advisor   |          |        |
| Bitcoin or other cryptocurrency transactions   |          |        |
| Income from sources of the sharing economy such as Skip the Dishes, Airbnb, VBRO, Uber, Tappcar or other   |          |        |
| online or social media activity  |          |        |
| Other slips:   |          |        |
| Deductions, Tax Credits and Expenses   | Primary  | Spouse |
| RRSP contribution receipts   |          | Сроилс |
| Union, professional and like dues  |          |        |
| Child care expense   |          |        |
| Employment expenses – T2200 required   |          |        |
| Moving expenses  |          |        |
| Spousal and/or child support paid  |          |        |
| Adoption related expenses  |          |        |
| Charitable and/or political donations  |          |        |
| Tradesperson's tools acquired by employee  |          |        |
| Tools acquired by apprentice mechanics   |          |        |
| T2201 Disability Tax Credit  |          |        |
| T2202 Tuition and education  |          |        |
| T2202 Tuition transferred from dependent   |          |        |
| Interest paid on Student Loans   |          |        |
| Are you a first-time home buyer?   |          |        |
| Caregiver amount   |          |        |
| Investment counsel and management fees   |          |        |
|  |          |        |
| Eligible educator school supply tax credit: Teachers / Early Childhood Educator school supplies  Interest on money borrowed to purchase investments                              |          |        |
|  |          |        |
| Pension Split: Spouses may jointly elect to split certain pension income reported by the other spouse  |          |        |
| Medical expenses  Promittees paid to a private health plan of a Alberta Plue Cross   |          |        |
| Premiums paid to a private health plan e.g. Alberta Blue Cross  Digital News Subscription Tax Credit: If you subscribe to a Qualifying Digital News Subscription, please provide |          |        |
|  |          |        |
| a receipt.  Canada Training Tax Credit: Provide details on tuition and your receipt if you took a course to improve your   |          |        |
|  |          |        |
| skills in an occupation.  Home Accessibility Tax Credit: Home renovations for disabled person or senior citizen  |          |        |
| New: Labour mobility deduction for eligible tradespeople and apprentices working in the construction   |          |        |
| industry at a temporary work location  |          |        |
| New: Purchase or upgrades to HVAC systems or purchases of stand-alone devices designed to filter air   |          |        |
| New: Costs paid for surrogate mothers and fertility treatments   |          |        |
| 146W. Costs paid for surrogate mothers and fertility treatments  | <u> </u> | l      |