

PERSONAL TAX CHECKLIST

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

Primary Contact Information

Name: _____
 Social Insurance No: _____
 Date of Birth: _____
 Cell Phone: _____
 Home Phone: _____
 Email: _____

Spouse Information (if applicable)

Name: _____
 Social Insurance No: _____
 Date of Birth: _____
 Cell Phone: _____
 Home Phone: _____
 Email: _____

How would you like to receive your tax return? Electronically by email Paper

How do you prefer to sign your T183 and other forms? Electronically via DocuSign Paper

Current Mailing Address _____

Did you move during the year? Yes No Date of move: _____

New mailing address: _____

Province of Residence on December 31st _____

Northern residents' deduction to claim: Full Half None

Did either of the following change during the year? Marital Status: _____
(if yes, provide date of change)

Last Name: _____
(if yes, provide new last name)

Dependent Name	Relationship	Social Insurance No.	Date of Birth		
			Year	Month	Day
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

	Primary	Spouse
Are you a Canadian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize CRA to give your name, address, date of birth and citizenship to Elections Canada to update the National Register of Electors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have, or share custody of a child after a relationship breakdown? Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your banking information changed since your last direct deposit from CRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you already changed your direct deposit details using CRA's My Account for Individuals or your online banking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay personal tax installments during the year? If yes, \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you open a <i>First Home Savings Account</i> (FHSA) in 2024? If so, did you make any contributions, transfers, or withdrawals in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you withdraw RRSP's or FHSA's to purchase a home for you or your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you withdraw RRSP's to finance full-time education for you or your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you earn any tips in 2024? If yes, please provide total tips recieved \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet Business Activity: Do you have a webpage or websites from which you earn income? If yes, provide website address: _____ Percentage of gross income generated from the website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In 2024, did you spend more than 200 hours acting as a volunteer firefighter or a search and rescue volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you own foreign property with a cost of \$100,000 or more at any time during the year? (includes U.S. property and investment portfolios with stocks or mutual funds with U.S. or International holdings)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you sell bitcoin or any other cryptocurrency during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you sell property (principal residence, rental property, vacation home, etc.) during the year? Date of sale: _____ Date of sale: _____ Selling price: \$ _____ Selling price: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to CRA's My Account for Individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Northern Travel Deduction

Please include details for trips you and/or your family members took in 2024. Trips may include camping, weekend getaways, family vacations, etc.

	Dates of Trip		Destination	Cost of accomodation only	Names of family members in your household who travelled
	Start	End			
Trip 1	_____	_____	_____	\$ _____	_____
Trip 2	_____	_____	_____	\$ _____	_____
Trip 3	_____	_____	_____	\$ _____	_____
Trip 4	_____	_____	_____	\$ _____	_____
Trip 5	_____	_____	_____	\$ _____	_____
Trip 6	_____	_____	_____	\$ _____	_____
Trip 7	_____	_____	_____	\$ _____	_____
Trip 8	_____	_____	_____	\$ _____	_____

Medical Travel

Please include details for medical trips you and/or your family members took in 2024. Where equivalent medical services were not available near your home.

	Dates of Trip		Name of Patient	Destination and Reason for Trip	Accomodation Costs	Parking Fees	Reason patient required a driver (if applicable)
	Start	End					
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	<input type="checkbox"/>	<input type="checkbox"/>
T4A - Other Income	<input type="checkbox"/>	<input type="checkbox"/>
T4AP - CPP Benefits	<input type="checkbox"/>	<input type="checkbox"/>
T4A OAS - Old Age Security	<input type="checkbox"/>	<input type="checkbox"/>
T4E - Employment Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>
T4RSP / T4FHSA - RRSP / FHSA Income	<input type="checkbox"/>	<input type="checkbox"/>
T4RIF - RRIF Income	<input type="checkbox"/>	<input type="checkbox"/>
T5 - Interest and Dividend Income	<input type="checkbox"/>	<input type="checkbox"/>
T3 - Estate / Trust / Mutual Funds Income	<input type="checkbox"/>	<input type="checkbox"/>
T5007 - Social Assistance / WCB	<input type="checkbox"/>	<input type="checkbox"/>
T5008 - Statement of Security Transactions - provide cost when purchased	<input type="checkbox"/>	<input type="checkbox"/>
T5013 - Limited Partnership Income	<input type="checkbox"/>	<input type="checkbox"/>
Alimony / Spousal Support received	<input type="checkbox"/>	<input type="checkbox"/>
Scholarship, Fellowship, Bursary	<input type="checkbox"/>	<input type="checkbox"/>
Foreign sources	<input type="checkbox"/>	<input type="checkbox"/>
Capital Gains / Losses - provide an investment statement from your advisor	<input type="checkbox"/>	<input type="checkbox"/>
Bitcoin or other cryptocurrency transactions	<input type="checkbox"/>	<input type="checkbox"/>
Income from sources of the sharing economy such as <i>Skip the Dishes, Airbnb, VBRO, Uber</i> , or other online or social media activity	<input type="checkbox"/>	<input type="checkbox"/>
Other sources of income: _____	<input type="checkbox"/>	<input type="checkbox"/>
Deductions, Tax Credits and Expenses	Primary	Spouse
RRSP / FHSA contribution receipts	<input type="checkbox"/>	<input type="checkbox"/>
Union, professional and like dues	<input type="checkbox"/>	<input type="checkbox"/>
Child care expense	<input type="checkbox"/>	<input type="checkbox"/>
Employment expenses – T2200 required	<input type="checkbox"/>	<input type="checkbox"/>
Moving expenses	<input type="checkbox"/>	<input type="checkbox"/>
Spousal and/or child support paid	<input type="checkbox"/>	<input type="checkbox"/>
Adoption related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Charitable and/or political donations	<input type="checkbox"/>	<input type="checkbox"/>
T2201 Disability Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
T2202 Tuition and education	<input type="checkbox"/>	<input type="checkbox"/>
T2202 Tuition transferred from dependent	<input type="checkbox"/>	<input type="checkbox"/>
Interest paid on Student Loans	<input type="checkbox"/>	<input type="checkbox"/>
Are you a first-time home buyer?	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver amount	<input type="checkbox"/>	<input type="checkbox"/>
Investment counsel and management fees	<input type="checkbox"/>	<input type="checkbox"/>
Eligible educator school supply tax credit: Teachers / Early Childhood Educator school supplies	<input type="checkbox"/>	<input type="checkbox"/>
Interest on money borrowed to purchase investments	<input type="checkbox"/>	<input type="checkbox"/>
Pension Split: Spouses may jointly elect to split certain pension income reported by the other spouse	<input type="checkbox"/>	<input type="checkbox"/>
Medical expenses	<input type="checkbox"/>	<input type="checkbox"/>
Premiums paid to a private health plan e.g. Alberta Blue Cross	<input type="checkbox"/>	<input type="checkbox"/>
Costs paid for surrogate mothers and fertility treatments	<input type="checkbox"/>	<input type="checkbox"/>
Digital news subscription tax credit	<input type="checkbox"/>	<input type="checkbox"/>
Canada Training Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Home Accessibility Tax Credit: Home renovations for disabled person or senior citizen	<input type="checkbox"/>	<input type="checkbox"/>
Labour mobility deduction for eligible tradespeople and apprentices working in the construction industry at a temporary work location	<input type="checkbox"/>	<input type="checkbox"/>
Multigenerational home renovation tax credit	<input type="checkbox"/>	<input type="checkbox"/>
Tools acquired by tradespersons and eligible apprentice mechanics	<input type="checkbox"/>	<input type="checkbox"/>
Travel costs for tradespersons and apprentices engaged in construction activity at a job site at least 120km away from ordinary place of residence	<input type="checkbox"/>	<input type="checkbox"/>