

Tax Return Checklist

Name: _____ SIN #: _____

Address: _____ Date of Birth: _____

_____ Phone number: _____

email: _____

Marital status (circle): Single Widowed Separated Divorced Married Common-law

Notice of Assessment from prior year

T Slips (T3, T4, T4A, T4E, T4RSP, T4RIF, T5, T5007, T2202A, etc.)				
Type (ie. T4)	Name		Income	Tax Ded.

Other Income - Business, Professional, Farming, Rental Income, Spousal Support, etc.				
Type	Name		Income	

Business Use of Automobile Expenses Business Use of Home Expenses

Sale or Deemed Sales of Stocks, Bonds, Real Estate or other Property.		
Type	Reference	Bring supporting documents

RRSP Contributions				
Reg / Spousal	Name		Amount	Jan - Mar '07?

Installments Paid				
Date	Amount		Date	Amount

Deductions		Credits	
<input type="checkbox"/>	Carrying charges - interest paid to earn income	<input type="checkbox"/>	Caregiver credit
<input type="checkbox"/>	Carrying charges - accounting or inv council fees	<input type="checkbox"/>	Charitable Donations
<input type="checkbox"/>	Carrying charges - safety deposit box	<input type="checkbox"/>	Disability credit (1st time - form T2201)
<input type="checkbox"/>	Child Care Expenses (bring receipts)	<input type="checkbox"/>	Eligible Dependant Credit
<input type="checkbox"/>	Employment Expenses	<input type="checkbox"/>	Interest on Student Loans
<input type="checkbox"/>	Losses of Other Years	<input type="checkbox"/>	Medical Expenses (bring receipts)
<input type="checkbox"/>	Moving Expenses (bring receipts)	<input type="checkbox"/>	Political Contributions
<input type="checkbox"/>	RRSP contributions (bring receipts)	<input type="checkbox"/>	Property Taxes Paid
<input type="checkbox"/>	Union or Professional Dues	<input type="checkbox"/>	Rent Paid (bring receipts)
		<input type="checkbox"/>	Tuition & Education amts xferred from child

Other: _____