



PERSONAL INCOME TAX RETURN CHECKLIST

Administrative

How would you like your tax return package delivered to you? Email Electronic (PDF) Paper
We will be returning all original documents and receipts after preparation of your income tax return(s).

Basic Information - complete ONLY if there were changes

Name: _____
SIN: _____
Date of Birth: _____
Address: _____
Phone: () _____
Email: _____

Spouse's Information

Name: _____
SIN: _____
Date of Birth: _____
Address : _____
(If different) _____
Phone: () _____
Email: _____

Marital Status as at December 31
Single Separated
Married Common Law
Divorced Widow

Spouse's net income: _____
(Provide only if spouse T1 not prepared by Smythe - line 236 on page 3 of his/her tax return)

Marital status changed during the year? Yes No
If yes - date of change: _____

Do you, your spouse or any of your dependents qualify for the Disability Tax Credit? Yes No
If yes, provide the legal name of the person: _____

Dependent information

Name	SIN	Date of Birth (YY-MM-DD)	Relationship	Email/Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Residency

You are a Canadian citizen Yes No
You are a U.S. citizen or green card holder Yes No

Did you become (or cease to be) a resident of Canada for tax purposes during the year? Yes No
If yes, date of entry/departure: _____

As a Canadian citizen, can the CRA provide your name, address, date of birth and citizenship to Elections Canada? Yes No

Do you want your tax refund deposited directly to your bank account Yes No

Information to provide
Canadian and Foreign Sources of Income

Employment (T4) _____

Employment insurance (T4E) _____

Pension, retirement, annuity and other income (T4A) _____

Old Age Security (T4A(OAS)) _____

CPP/QPP (T4A(P)) _____

RRSP, PRPP, DPSP, RPP, RRIF (T4RSP/T4RIF) _____

Investment income (T5) _____

Mutual funds/estates/trusts (T3) _____

Partnership income (T5013) _____

Support payments received \$ _____

Interest on loans receivable \$ _____

Stock Options *Please provide agreements*

Deductions and Credits

Interest paid on student loans \$ _____

Union/professional membership dues \$ _____

Child care expenses \$ _____

Adoption expenses \$ _____

Moving expenses \$ _____

Accounting/legal/investment counsel fees \$ _____

Interest paid to earn investment income \$ _____

Spousal support payments \$ _____

Child support payments \$ _____

Charitable donations \$ _____

Political/municipal contributions \$ _____

RRSP contributions \$ _____

Home Buyers Plan withdrawals or repayments \$ _____

Lifelong Learning Plan withdrawals or repayments \$ _____

First time homebuyer

Tuition fees (T2202A)

Flow through shares(T101)

Nursing home/attendant care costs \$ _____

Medical/other paid disability expense *(net of reimbursements from extended benefit plan)* \$ _____

Other sources of income (please provide details):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other expenses/deductions/credits (please provide details):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

The following schedules are provided in the following pages. Complete the applicable schedules or provide the necessary documents

- Schedule 1: Employment expenses
- Schedule 2: Business/professional income/expenses
- Schedule 3: Vehicle expenses (for Business & Employment)
- Schedule 4: Home office expenses (for Business & Employment)
- Schedule 5: Rental Property
- Schedule 6: Sale of Real Estate
- Schedule 7: Sale of Investments/Assets (other than real estate) - not including RRSP, TFSA or other registered plans
- Schedule 8: Foreign Investments (foreign property/assets with a total cost greater than Canadian \$100,000?)

Schedule 1
EMPLOYMENT EXPENSES
Expenses you are required by your employer to pay to earn employment income which have not been reimbursed.

Your employer should provide you with T2200-Declaration of Employment Conditions. Please include a signed copy and keep one on file.

Did you earn commissions, salary or both?

Commission
Salary
Both

Travel \$ _____
Parking \$ _____
Supplies (stationery, other) \$ _____
Telephone \$ _____
Salaries paid to an assistant \$ _____
Office rent \$ _____
Accounting & legal* \$ _____
Advertising & promotion* \$ _____
Meals & entertainment* \$ _____
Rental of office equipment* \$ _____
Training* \$ _____
Vehicle expenses Complete Schedule 3
Home office expense Complete Schedule 4
Other (please provide details): \$ _____

** Applies to commission employees only.*

Schedule 3
VEHICLE EXPENSES (used for Business/Employment)

If purchased, leased or sold in the year, include relevant agreements.

Year & make of vehicle _____
Purchase/sale price _____
Date of purchase/sale _____
Date lease began/ended _____

Kms driven for business purposes _____
Total Kms driven _____

Expense

Fuel \$ _____
Repairs & maintenance \$ _____
Insurance \$ _____
Licensing & registration fees \$ _____
Loan interest \$ _____
Lease payments \$ _____
Parking \$ _____
Other _____ \$ _____
Other _____ \$ _____

Schedule 2 - complete for each separate business
BUSINESS (Self-employed) INCOME & EXPENSES

Name of business (other than personal name) _____

Type of business _____

Did you generate income from a website? Yes No

If yes, please provide:
Website address: _____
Website address: _____
% of Gross income earned from websites _____ %

Did you have partners in your business?
If yes, please provide:

Partner Name	SIN	% Owned
_____	_____	_____
_____	_____	_____

GST business number _____

Are we preparing your GST return? Yes No

	Pre-GST	GST	Total
Revenue	\$ _____	\$ _____	\$ _____
Expenses	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____
Meals & entertainment	\$ _____	\$ _____	\$ _____
Bad debts	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Interest & bank charges	\$ _____	\$ _____	\$ _____
Licenses, dues, memberships & subscriptions	\$ _____	\$ _____	\$ _____
Office expenses	\$ _____	\$ _____	\$ _____
Accounting, legal & other professional fees	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____
Repairs & maintenance	\$ _____	\$ _____	\$ _____
Salaries	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
Vehicle expenses			Complete Schedule 3
Home office expenses			Complete Schedule 4
Capital equipment purchases (computer, desk, etc)			
Item	Pre-GST	GST	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Schedule 4
HOME OFFICE (for Business & Employment)

Total square footage of area used for business? _____
Total square footage of home? _____

Utilities (Heat/Hydro/Water)	\$ _____
Repairs & maintenance	\$ _____
Insurance	\$ _____
Property tax	\$ _____
Internet (cable excluded)	\$ _____
Rent	\$ _____
Mortgage interest	\$ _____
Other	\$ _____

Real Estate - Please complete the following schedules for each property

Did you change the use of a property during the year (rental to personal use or vice versa)?

Yes No

If yes, we will contact you. We will need the address, date of change, and possibly the fair market value on the date of change.

Schedule 5 RENTAL PROPERTY

Was the property used for short-term rentals (Airbnb)? Yes No

Did you own the property with partners? If yes, please provide:
 Partner Name SIN % Owned

Include the Statement of Adjustments if purchased in the year

Address _____

Rental income \$ _____

Expenses

Advertising \$ _____

Insurance \$ _____

Mortgage interest \$ _____

Office expenses \$ _____

Accounting, legal & other professional fees \$ _____

Management & administration/strata fees \$ _____

Repair & maintenance \$ _____

Salaries, wages & benefits \$ _____

Property taxes \$ _____

School Taxes \$ _____

Travel \$ _____

Utilities \$ _____

Other _____ \$ _____

Major renovations & purchases (ie: appliances)

_____ \$ _____

_____ \$ _____

Schedule 6 SALE OF REAL ESTATE

Was the property ever your principle residence? Yes No *If yes, we will contact you.*

Did you own the property with partners? If yes, please provide:
 Partner Name SIN % Owned

Include the Statement of Adjustments for BOTH the sale and purchase OR
If the statements are not available, complete the remaining schedule as follows:

Address _____

Date Purchased _____

Purchase price \$ _____

Property transfer tax \$ _____

Legal costs paid on purchase \$ _____

Additions and/or major improvements
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Date Sold _____

Sale price \$ _____

Legal costs paid on sale \$ _____

Commission paid on sale \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Schedule 7 SALE OF INVESTMENTS AND ASSETS (OTHER THAN REAL ESTATE) (Not including investments held in your RRSP, TFSA or other registered plans)

Sale of investments includes: shares, conversion of loans/notes to shares, sale of cryptocurrency, share for share exchanges, etc.

Investment advisor contact information:
 Advisor's Name: _____
 Financial Institution: _____
 Phone #: _____
 Email: _____

Option 1: Please provide the following documents for ALL NON-RRSP or NON-registered plans:

1: December 31st investment statements
 2: Realized gain/loss report covering the period from Jan to Dec, OR
 Brokers' statement for both purchases and sale (only if realized gain/loss report is not available)

Option 2: For self-managed investment accounts or if the above information is not available, please provide information in the format below:

Name of Stock	Purchase Date MM / DD / YY	Sale Date MM / DD / YY	US \$ (Y/N)	Shares Sold #	Sale Proceeds \$	Commissions \$	Cost of Shares \$
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	____/____/____	_____	_____	_____	_____	_____

Schedule 8 FOREIGN INVESTMENTS

At any time in the year, did you own foreign property/assets with a total cost greater than Canadian \$100,000?
 If your investments include shares held with your investment advisor, you will receive appropriate reporting information from your advisor. Provide this information to us.
 If your investments are not held with your investment advisor, you will need to provide further details. For assistance, refer to the attached excerpt of Form T1135.

Did you own shares of a foreign corporation during the year (outside of your investment account(s))? If yes, please provide the following:
 Name of corporation _____
 Country of residence _____
 % of Shares owned _____