



2024 PERSONAL TAX CHECKLIST

INSTRUCTIONS:

- 1. ****ONLY COMPLETE THIS CHECKLIST IF ANY OF YOUR INFORMATION HAS CHANGED.**** If your information has not changed, proceed with the following:
- 2. **Submit this checklist with all tax slips, receipts, and other tax documents to our office by MARCH 28TH, 2025.**

Note: T-183 forms will now be submitted through e-file. As such, we are no longer requesting pre-signed forms. We will contact you at the time of filing for further instructions.

TAXPAYER IDENTIFICATION:

First Name: _____
Last Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Social Insurance #: ____-____-____
Date of Birth: (YYYY/MM/DD) _____
Phone #: _____ Cell #: _____
Work #: _____
Email address: _____

SPOUSE/Common-LAW PARTNER INFORMATION:

First Name: _____
Last Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Social Insurance #: ____-____-____
Date of Birth: (YYYY/MM/DD) _____
Phone #: _____ Cell #: _____
Work #: _____
Email address: _____

PERSON DECEASED IN 2024:

If this tax return is for a deceased person, enter the date of death: (YYYY/MM/DD) _____

PERSON DECEASED IN 2024:

If this tax return is for a deceased person, enter the date of death: _____(YYYY/MM/DD)

ELECTIONS CANADA:

Are you a Canadian citizen? Yes No

If yes to the above, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors? Yes No

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Are you a Canadian citizen? Yes No

If yes to the above, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors? Yes No

MARITAL STATUS : Married Living Common-law Widowed Divorced Separated Single

Did your marital status change in 2023 ? Please provide the date of change: (YYYY/MM/DD) _____

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 PROFESSIONAL CORPORATION

FOREIGN REPORTING:

Did you own or hold foreign property at any time in 2024 with a total cost of more than CAN\$100,000? Yes No

PRINCIPAL RESIDENCE:

Did you sell your principal residence in 2024 ? Yes No

If yes, please provide the details: Year of Acquisition _____ Proceeds \$ _____

WORKING AT HOME DUE TO COVID-19: Yes No

-Flat rate

-Detailed method

DEPENDANTS:

NAME	RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)	SIN #	DISABILITY AMOUNT	INCOME	CHILD CARE EXPENSES	TUITION FEES

PERSONAL TAX CHECKLIST

Please check that all slips/receipts that pertain to you are enclosed in your tax package submitted to us:

INCOME:

- Canada pension plan benefits (T4AP)
- Employment Income from T4 slips (T4)
- Employment insurance income (T4E)
- Foreign Pension Income
- Income from trust allocations (T3)
- Interest on bonds & Canada Savings bonds/ other investment income (T600)
- Investment Income (T5)
- Joint election to split pension income (T1032)
- Old age security pension slip/foreign pensions (T4A (OAS))
- Pension, retirement, annuity income (T4A)
- Registered retirement income fund income (T4RIF)
- Registered retirement savings plan income (T4RSP)
- RRSP Home buyer’s plan (HBP) Date of withdrawal: (YYYY/MM/DD) _____

- ❑ Social assistance (T5007)
- ❑ Statement of employees profit sharing plan allocations and payments (T4PS)
- ❑ T-Bill income (T-BDI)

OTHER INCOME:

Details of Other Income for which no tax slip has been received:

- ❑ Other employment income (including stock option and election form T1212)
- ❑ Business, professional, or commission income
- ❑ Partnership Income
- ❑ Alimony, separation allowances, child maintenance
- ❑ Scholarships, Fellowships, Bursaries

DEDUCTIONS AND TAX CREDITS:

- ❑ Adoption expenses
- ❑ Annual union, professional or like dues
- ❑ Capital gains/losses
- ❑ Career extension tax credit
- ❑ Carrying charges and interest expenses (Management fees, accounting fees, safety deposit box rental, interest on money borrowed to earn other investment income, interest, dividend, and royalty income)
- ❑ Charitable donations
- ❑ Child care expenses (day care)
- ❑ Digital news subscription expenses
- ❑ Disability amount
- ❑ Donations
- ❑ Employment expenses (T777, Provide form T2200 Declaration of Conditions of Employment)
- ❑ (FHSA) Tax-free home savings account
- ❑ Home access expenses
- ❑ Home buyer's amount- First time amount
- ❑ Interest paid on student loans
- ❑ Medical expenses
- ❑ Multigenerational home renovation tax credit
- ❑ Moving expenses
- ❑ Office-in-home expenses
- ❑ Political contributions
- ❑ Property taxes or rent paid in year on principal residence
- ❑ RRSP contributions
- ❑ Sale or deemed sale of stocks, bonds or real estate
- ❑ Advanced Canada Workers Benefit (ACWB)
- ❑ Canada Carbon Rebate (CCR) – Formerly known as climate incentive payment
- ❑ Deduction for Tools (tradespersons and apprentice mechanics)



- ❑ Federal, provincial and territorial covid-19 benefit repayments
- ❑ First home savings account (FHSA)
- ❑ Multigenerational home renovation tax credit (MHRTC)
- ❑ Property flipping
- ❑ Return of fuel charge proceeds to farmers tax credit
- ❑ Temporary flat rate method for home office expenses
- ❑ Tool expenses (tradespersons)
- ❑ Tuition (T2202)
- ❑ Volunteer firefighters' amount

OTHER DOCUMENTATION:

- ❑ 2023 Notice of Assessment (and/or reassessment)
- ❑ Automobile/travel log books
- ❑ Business farm, or fishing income and expenses
- ❑ Capital gains/losses transactions/statements
- ❑ Declaration of Conditions of Employment (T2200)
- ❑ Rental income and expenses

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RENTAL INCOME

Address of property	Postal Code	Number of units	Gross rents

Taxpayer is: the sole-owner co-owner member of a partnership

Percentage of ownership: _____%

Type of property (i.e. condo, building unit): _____

Cost of Property \$ _____ Building portion \$ _____ Land portion \$ _____

EXPENSES:

Personal portion percentage _____%

	Total expense
Advertising	_____
Insurance	_____
Interest	_____
Office expenses	_____
Legal, accounting, and other professional fees	_____
Management and administration fees	_____
Maintenance and repairs	_____
Salaries, wages, and benefits	_____
Property taxes	_____
Travel	_____
Utilities	_____
Motor vehicle expenses	_____
Other expenses _____	_____
_____	_____



BUSINESS OR PROFESSIONAL ACTIVITIES

Business name: _____ Account number _____
 Address: _____ City: _____ Postal Code: _____
 Main product or service: _____

INCOME:	Total
Sales, commissions, or fees	_____
Purchases for the year	_____
Direct wage costs	_____
Subcontract costs	_____

EXPENSES	Total
Advertising	_____
Meals and entertainment	_____
Bad debts	_____
Insurance	_____
Interest	_____
Business tax, fees, licenses, dues, memberships, subscriptions	_____
Office expenses	_____
Supplies	_____
Legal, accounting, and other professional fees	_____
Management and administration fees	_____
Rent	_____
Maintenance and repairs	_____
Salaries, wages, and benefits	_____
Property taxes	_____
Travel	_____
Telephone and utilities	_____
Fuel costs (except motor vehicles)	_____
Delivery, freight, and express	_____
Motor Vehicle expenses:	
Fuel	_____
Repairs and maintenance	_____
Insurance	_____
License and registration	_____
Interest expense on money borrowed to purchase car	_____
Lease payments	_____
Car washes	_____
Parking	_____

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Other expenses _____

BUSINESS USE OF VEHICLE:

Who paid the operating costs of the automobile? Business Self

Cost of Automobile: \$ _____ (incl. Taxes) Date acquired (YY/MM/DD): _____

Lease cost of auto: \$ _____/mth Term of lease: _____ mths

Vehicle make: _____ Vehicle model: _____ Vehicle year: _____

Total km's driven to earn income _____ km Total km's driven in year _____ km

Allowable automobile expenses:	Amount
Fuel	_____
Repairs and maintenance	_____
Insurance	_____
License and registration	_____
Interest expense on money borrowed to purchase car	_____
Lease payments (if car is leased)	_____
Car washes	_____
Parking	_____

CALCULATION OF BUSINESS-USE-OF-HOME EXPENSES:

Total square footage of house: _____ sq. ft. Percentage used for business: _____%

	Amount
Heat	_____
Electricity	_____
Insurance	_____
Maintenance	_____
Mortgage Interest	_____
Property Taxes	_____
Other expenses (i.e. telephone)	_____

Details of other partners:

	Share of Net Income/loss	Percentage of Partnership
	_____	_____

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Partner's name: _____ \$ _____ %
 Partner's address: _____

Partner's name: _____ \$ _____ %
 Partner's address: _____

SALES PROCEEDS- CAPITAL GAIN (SCHEDULE 3-2, T2091/T1255)

Address of property	Postal Code	Number of units

Taxpayer is: the sole-owner co-owner member of a partnership

Percentage of ownership: _____ %
 Type of property (i.e. condo, building unit): _____
 Cost of Property \$ _____ Building portion \$ _____ Land portion \$ _____

COSTS:

Personal portion percentage _____ %

	Total expense
Advertising	_____
Insurance	_____
Interest	_____
Office expenses	_____
Legal, accounting, and other professional fees	_____
Management and administration fees	_____
Maintenance and repairs	_____
Property taxes	_____
Real Estate commissions	_____
Renovation cost	_____
Travel	_____
Utilities	_____
Motor vehicle expenses	_____
Other expenses _____	_____
_____	_____