



# Personal Income Tax Return Checklist 2021

PERSONAL INFORMATION		
Name:	SIN:	Date of Birth:
Spouse Name:	SIN:	Date of Birth:
Address:		
Tel:	Email:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law		
Do you own foreign property with a cost base of more than \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do any of your family members qualify for the disability tax credit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please indicate the status of the signed T2201 from your medical professional: <input type="checkbox"/> We have a copy <input type="checkbox"/> Attached		
Citizenship: <input type="checkbox"/> Canadian (If so, do you allow the CRA to release information about you to Elections Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No)		
Information <input type="checkbox"/> U.S. (If so, you may be required to file a U.S. tax return)		

MINOR, INFIRM, OR ELDERLY DEPENDANTS INFORMATION			
Name	SIN	Date of Birth	Net Income (from line 236)

INCOME	INCLUDED	INFORMATION REQUIRED
Salaries, Commissions	<input type="checkbox"/>	T4, T4A Slips
Pension Income (Including OAS, CPP, RRSP, RRIF)	<input type="checkbox"/>	T4A, T4A(P), T4A(OAS), T4RSP, T4RIF Slips
Employment Insurance Benefits & Repayments	<input type="checkbox"/>	T4E Slips
Investment Income	<input type="checkbox"/>	T3, T5, T600 Slips
Partnership Income	<input type="checkbox"/>	T5013 Slips or Details
Self-employment, Business, Professional Income and Expenses	<input type="checkbox"/>	Complete Table No. 4, 5 and 6
Rental Income and Expenses	<input type="checkbox"/>	Complete Table No. 3
Taxable Capital Gains and Losses	<input type="checkbox"/>	Purchase Date & Costs, Sale Date, Proceeds, T5008 Slip
Spousal Support	<input type="checkbox"/>	Name & Address of Payer, Amount Received
Sale/Change of use of Principal Residence <b>(Must now be reported)</b>	<input type="checkbox"/>	Purchase Date, Sale Date and Proceeds

DEDUCTIONS, CREDITS AND OTHERS	INCLUDED	INFORMATION REQUIRED
Pension Plan, RRSP Contributions	<input type="checkbox"/>	T4, T4A Slips, Official Receipts
Union or Professional Dues	<input type="checkbox"/>	T4 Slips, Official Receipts
Moving Expenses	<input type="checkbox"/>	Details of Expenses, Total Expenses, Old Address
Spousal / Child Support	<input type="checkbox"/>	Name & Address of Payee, Amount Paid
Interest Expenses / Investment Expenses	<input type="checkbox"/>	Details & Purpose of the Loan
Child Care Expenses	<input type="checkbox"/>	Complete Table No. 1
Employment Expenses	<input type="checkbox"/>	Complete Table No. 2, 5, 6 and T2200 from Employer
Employment Expenses for Working at Home due to Covid-19 (Temporary Flat Rate Method)	<input type="checkbox"/>	Go <a href="#">here</a> to calculate your claim
Employment Expenses for Working at Home due to Covid-19 (Detailed Method)	<input type="checkbox"/>	T2200 Slip or T2200S Slip from Employer, Go <a href="#">here</a> to calculate your claim
Charitable / Political Donations	<input type="checkbox"/>	Official Receipts
Canada Caregiver Amount	<input type="checkbox"/>	Details
Home Accessibility Expenses for Seniors or Disabled Persons	<input type="checkbox"/>	Details and Renovation Receipts
Medical / Dental Expenses	<input type="checkbox"/>	Official Receipts (or Summary from Pharmacy) Provide Total Dollar Amount
Education Expenses / Tuition Fees / Exam Fees	<input type="checkbox"/>	T2202 (from Institution), TL11 (foreign), Receipts
Interest paid on Student Loans	<input type="checkbox"/>	Details
Home Buyer's / Volunteer Firefighter / Search & Rescue Amount	<input type="checkbox"/>	Details
Digital News Subscription Tax Credit	<input type="checkbox"/>	Official Receipt with QCJO Designation Number
Eligible Educator School Supply Tax Credit	<input type="checkbox"/>	Eligible Receipts, Certification from Employer

CHILD CARE EXPENSES (TABLE NO. 1) (Original or Copy of Receipts Must be Provided)		
Caregiver Name:	SIN (If Applicable):	Total Paid:
Address:		

EMPLOYMENT EXPENSES (TABLE NO. 2) (Completed T2200 from Employer. Original receipts not required. Please keep receipts for 7 years)			
Accounting / Legal Fees	\$	Parking	\$
Advertising / Promotion	\$	Supplies / Postage/ Stationery	\$
Automobile	Complete Table No. 5	Tools**	\$
Lodging	\$	Other ( )	\$
Meals / Entertainment	\$		

**\*\*NOTE:** This is only for tradespeople who are required by their employer to purchase tools. You must have spent over \$1000.



CHARTERED PROFESSIONAL  
ACCOUNTANT

Syed A. Raza Professional Corporation

<b>RENTAL INCOME (TABLE NO. 3)</b> (Original Receipts not required. Please keep receipts for 7 years)			
Address of the Property:		Co-Owners Name:	
		SIN:	%Ownership:
Personal Use %:		GST/HST Registrant: <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, Quick Method? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
<b>Gross Rental Income (Provide 100% of income):</b> \$			
<b>Expenses (Provide 100% of expenses)</b>			
Advertising	\$	Maintenance/Repairs	\$
Insurance	\$	Property Taxes	\$
Interest	\$	Other( )	\$
Lighting/Heating/Water	\$	Other( )	\$

<b>SELF-EMPLOYMENT/BUSINESS/PROFESSIONAL INCOME (TABLE NO. 4)</b> (Original Receipts not required. Please keep receipts for 7 years)			
GST/HST Registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you file your own GST/HST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Quick Method? <input type="checkbox"/> Yes <input type="checkbox"/> No		Registered to pay EI premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all of the figures you indicated GST/HST inclusive? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Sales / Gross Revenue:</b> \$			
<b>Expenses:</b>			
Accounting/Legal/Consulting	\$	Travel	\$
Advertising	\$	Equipment Rentals*	\$
Automobile	Complete Table 5	Insurance*	\$
Business Tax/Fees/License/Dues	\$	Interest/Bank Charges*	\$
Maintenance/Repairs	\$	Gas/Electricity/Water*	\$
Management/Administration	\$	Office/Supplies*	\$
Meals/Entertainment (100%)	\$	Property Tax(Business Premises)*	\$
Private Healthcare Premiums	\$	Other( )	\$
Salaries and Benefits	\$	Other( )	\$

**\*Note:** Complete Table No. 6 for Business Use of Home



CHARTERED PROFESSIONAL  
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# Syed A. Raza Professional Corporation

**AUTO EXPENSES (TABLE NO. 5)** (Original Receipts not required. Please keep receipts for 7 years)

Bought or sold a new vehicle last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Started to use your vehicle for business during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Started or stopped leasing a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please specify the estimated value at that point:	
If yes, please provide purchase/loan/sale/leasing documents		\$	
Fuel	\$	<b>Kilometers Needed:</b> Business Use: _____ km Total Use: _____ km	
Insurance	\$		
Interest	\$		
Leasing Cost	\$		
Maintenance/Repairs	\$		
Other ( )	\$		

**HOME OFFICE EXPENSES (TABLE NO. 6)** (Original Receipts not required. Please keep receipts for 7 years)

Gas	\$	Rent	\$	<b>Square Footage Needed:</b> Business Use: _____ ft <sup>2</sup> Total House: _____ ft <sup>2</sup>
Electricity	\$	Insurance <sup>^</sup>	\$	
Water/Sewer	\$	Property Taxes <sup>^</sup>	\$	
Maintenance	\$	Other ( )	\$	
Mortgage Interest <sup>^</sup>	\$	Other ( )	\$	

**^Note:** Insurance and Property Taxes are eligible deductions for commissioned employees and self-employed only.  
Mortgage Interest is for self-employed only.