

## Personal Income Tax Return Checklist 2023

PERSONAL INFORMATION			
Name:		SIN:	Date of Birth:
Apt./Suite - Street Name, City, Postal Code:			
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			
Is this your First Tax Return Filing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you need to file Last year Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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) <input type="checkbox"/> U.S. (If so, you may be required to file a U.S. tax return)			
SPOUSE'S INFORMATION			
Full Name:		SIN:	
Date of Birth:		Citizenship:	
If we are not preparing your spouse's tax return: Taxable income figure from line 10100 of their tax return: _____			
If you marital status changed during the year, please provide the date it changed(DD/MM/YYYY): _____			
MINOR, INFIRM, OR ELDERLY DEPENDANTS INFORMATION			
Name	SIN	Date of Birth	Net Income (from line 236)



INCOME	INCLUDED	INFORMATION REQUIRED
Employment Wages or Salary	<input type="checkbox"/>	T4, T4A Slips
Pension Income	<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
Income from Trust or Mutual Funds	<input type="checkbox"/>	T3 Slips
Partnership Income	<input type="checkbox"/>	T5013 Slips or Details
Income From CERB	<input type="checkbox"/>	T4ACERB, T4A CRB Slips
Tax Shelter Income	<input type="checkbox"/>	T5003 Slips
Social Assistance or Workers compensation etc.	<input type="checkbox"/>	T5007 Slips
Other Employment income (Stock options and elections form)	<input type="checkbox"/>	T1212 Slips
Taxable Capital Gains and Losses	<input type="checkbox"/>	T5008 Slips
Statement of Contract Payments	<input type="checkbox"/>	T5018 Slips
Rental Income and Expenses	<input type="checkbox"/>	Completely Table No.3
Self Employment, Business, Professional Income and Expenses	<input type="checkbox"/>	Complete Table 4,5 and 6
Spousal Support	<input type="checkbox"/>	Name & Address of Payer, Amount Received
Foreign Property worth over \$100,000	<input type="checkbox"/>	T1135 Slips
Sale/ Change of use of Principal Residence (Must now be reported)	<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
Labour Mobility Tax Credit	<input type="checkbox"/>	Travel and Relocation Expenses
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
Disability Tax Credit	<input type="checkbox"/>	T2201 Slips



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DEDUCTIONS, CREDITS AND OTHERS	INCLUDED	INFORMATION REQUIRED
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
Seniors Home Safety Credit	<input type="checkbox"/>	5006 - S12 Schedule
CERB/CRB Repayments	<input type="checkbox"/>	Support for any CERB/CRB Amounts Repaid
Canada Training Tax Credit	<input type="checkbox"/>	Training Fees Receipts
Home Accessibility Tax Credit	<input type="checkbox"/>	Receipt for Home Renovations

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.

RENTAL INCOME (TABLE NO. 3) (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)	
Expenses (Provide 100% of expenses)			
Advertising	\$	Maintenance/Repairs / Property Taxes/Others	\$
Insurance	\$	Renovation	\$
Interest	\$	Gross Rental Income	\$
Utilities	\$		
<b>Gross Rental Income (Provide 100% of income): \$</b>			



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**SELF-EMPLOYMENT/BUSINESS/PROFESSIONAL INCOME (TABLE NO. 4)**

(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>Expenses:</b>			
Accounting/Legal/Consulting	\$	Travel	\$
Advertising	\$	Equipment Rentals	\$
Automobile	Complete Table 5	Insurance	\$
Business Tax/Fees/License/Dues	\$	Interest/Bank Charges	\$
Maintenance/Repairs	\$	Utilities	\$
Management/Administration	\$	Office/Supplies	\$
Meals/Entertainment (100%)	\$	Property Tax(Business Premises)	\$
Private Healthcare Premiums	\$	Other( )	\$
Salaries and Benefits	\$	Other( )	\$
<b>Sales / Gross Revenue: \$</b>			

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

**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>
Insurance	\$	
Interest	\$	
Leasing Cost	\$	
Maintenance/Repairs	\$	
Other ( )	\$	
Business Use: _____ km		
Total Use: _____ km		

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

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

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



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**DIRECT DEPOSIT/TAX REFUND**

Has your direct deposit information already been provided to CRA?  Yes  No

If No: If you would like to have tax refunds directly deposited, provided us with either

A Void Cheque

Or

Branch Number (5 digits) \$ \_\_\_\_\_

Institution Number (3 digits) \$ \_\_\_\_\_

Account Number (maximum 12 digits) \$ \_\_\_\_\_

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