



Income Tax Return Organizer Checklist for Individuals

Personal Information

Name

Spouse (if applicable)

Address

Address (if Different)

Home Phone

Cell Phone

Home Phone

Cell Phone

Email

Email

Date of Birth

Citizenship

Date of Birth

Citizenship

- If I did not prepare your return last year, please ensure I have a copy of your previous year return.
- If I am not preparing your spouse's return and it will be filed separately, please enclose a copy of the return.

Important Questions

- Any changes in marital status since we last filed your taxes? Yes No Date of Change _____
- Did you or your spouse make tax installments for the current tax year? Yes No (If yes, please provide me with statements showing payment)
- **Are you set up with online access to CRA?** If not, consider registering as this will be necessary going forward
- If you are claiming any dependents, please provide name(s), date of birth(s) (attach a separate sheet if space is not sufficient) **Any new dependents? _____
- Do you wish to pension split with your Spouse? Yes No If yes, both need to initial: _____
- Did you pay property tax or rent during the tax year? Yes No If yes, Property Tax or Rent Amount paid was \$_____ and was paid to: _____
- Did you sell your home in 2025? Yes No If yes, contact me to discuss filing requirements.
- Are you an employee working from home in 2025? If yes, complete the employment expense worksheet.
- Did you open a First Home Savings Account? Yes No If yes, did you makes any contributions? Yes No
- Are you, your spouse or your dependent eligible for a Disability Credit? Yes No If this is new, please contact me to discuss form requirements.

Did you or your spouse hold or own foreign property or hold an interest in a Foreign Trust, at any time in the tax year, with a total cost of more than \$100,000.00(Cdn). (Foreign Investment held by a Canadian Broker are also included)

I DID ___ DID NOT ___ HOLD OR OWN FOREIGN PROPERTY COSTING MORE THAN \$100,000.00

Initials of Self (& Spouse if applicable)

PLEASE CHECK THE CORRECT WORDING AND INITIAL AT THE END OF THE DECLARATION.

Details of Income and Expenses

Please check if applicable:

| | Self | Spouse | |
|--|------------------------------|------------------------------|--------------------------------------|
| Business or Partnership Income | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Canada (or Quebec) Pension Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4A (P) |
| Canada Revenue Agency Refund Interest | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Tax Assessment Notice |
| Capital Gains (Losses) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Investment Income – Interest, dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T3, T5, T4PS, T5013, T5008 |
| Employment Insurance Income | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4E |
| Employment Income (Salary) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4, T4A |
| Foreign Pensions | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Guaranteed Income Supplements, Social Assistance, Worker’s Compensation Payments | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T5007/ Provide Details |
| Old Age Security | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4A(OAS) |
| Other Employment Income not on T4 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Other Pension or Superannuation | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4A |
| Rental Income | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details of income & expenses |
| RRSP/RIF Income | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4RSP or T4RIF |
| Spousal Support Payments | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Employee Profit Sharing Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| EXPENSES | | | |
| Allowable Business Losses | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Attendant Care Expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| CERB Canada Emergency Relief Benefit Repaid | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | |
| Charitable Donations/Political Donations | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Receipts |
| Child Care Expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Receipts |
| Digital News Subscription | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Receipts |
| Employment Expenses including GST/HST portion, i.e., car, office at home, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Receipts/Form T2200/Form GST370 |
| Interest Expense on monies borrowed to earn investment income or on Student Loans | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Management Fees paid for investments | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Medical Expenses (incl. insurance premiums) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Receipts |
| Pension Contributions | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4/T4A |
| First Home Savings Account | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4FHSA |
| RRSP Contributions (incl. Jan 1 to Feb 29, 2024) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Receipts |
| RRSP Homebuyer/Lifelong Learning Plan | | | |
| Withdrawal or Repayment Information | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T1137 |
| Seniors (over 65) home renos for healthy living | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Spousal Support Payments | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Provide Details |
| Tradespersons – Eligible Tool Expense | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Receipts |
| Tuition Fees (self, spouse, dependents) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Receipts/Form T2202 |
| Union or Professional Dues | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | T4 or Receipts |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Details |

NOTES
