

## 2016 PERSONAL INCOME TAX RETURN CHECKLIST

Name: _____ Date of Birth: _____ Instalments paid for the year \$ _____  Mailing address: _____ _____ _____ E-mail _____	Spouse: _____ Date of Birth: _____ Instalments paid for the year \$ _____  Company name: _____ Phone (home) _____ Phone (Business) _____ Fax _____ E-mail _____
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**WE INTEND TO ELECTRONICALLY FILE ("E-FILE") YOUR RETURN.**

Did you hold foreign property at any time in 2016 with a total cost of more than CAN\$100,000?      Yes       No

Are you a **US citizen** or **green-card holder**, or do you **regularly conduct business in the US**?      Yes       No

Do you authorize CRA to provide your name, address and date of birth to **Elections Canada** to update your information on the National Register?      Yes       No

**Tax slips for the following income:**

Employment income (T4)	<input type="checkbox"/>
Pension (T4A, T4 OAS, T4AP)	<input type="checkbox"/>
Statement of Partnership income (T5013)	<input type="checkbox"/>
Employment insurance benefits (T4E)	<input type="checkbox"/>
Dividends/Interest/Capital Gains (T5)	<input type="checkbox"/>
Investments (T5013/T5008)	<input type="checkbox"/>
RRSP, DPSP, RRP, RRIF (T4RSP/T4RIF)	<input type="checkbox"/>
Estates/Trusts/Mutual Funds (T3)	<input type="checkbox"/>
Universal Child Care Benefit (RC 62)	<input type="checkbox"/>
RRSP contribution slips	<input type="checkbox"/>
Tuition fees (T2202, signed by student)	<input type="checkbox"/>
Statement of resource expenses (T101)	<input type="checkbox"/>
Pension Adjustment Reversals (T10 Slip)	<input type="checkbox"/>
Scholarships & bursaries (T4A)	<input type="checkbox"/>
Social Assistance/Workers Compensation (T5007)	<input type="checkbox"/>
Profit sharing income (T4PS)	<input type="checkbox"/>
Other _____	<input type="checkbox"/>
Other _____	<input type="checkbox"/>
Other _____	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

**Summary of other items:**

Charitable donations	\$ _____
Political donations	\$ _____
Public transit passes	\$ _____
Union/Professional dues	\$ _____
Child care expenses	\$ _____
Child recreation/fitness expenses	\$ _____
Child artistic/cultural expenses	\$ _____
Interest paid to earn investment income	\$ _____
Investment counselor fees	\$ _____
Student Loan interest paid	\$ _____
Medical expenses	\$ _____
Support payments paid or received	\$ _____
Teacher's school supply credit	\$ _____
Home Buyers' Plan withdrawal/payments	\$ _____
Lifelong Learning Plan withdrawal/payments	\$ _____
First-time Home Buyer's amount	\$ _____
Moving expenses	\$ _____
BC Senior Home Renovation credit	\$ _____
Other _____	\$ _____
Other _____	\$ _____

**Documents for the following transactions:**

Last year's Notice of Assessment	<input type="checkbox"/>
Investment summary statement	<input type="checkbox"/>
Sale of Real Estate	<input type="checkbox"/>

**Schedules to be attached:**

Employment expenses	<input type="checkbox"/>
Rental income and expenses	<input type="checkbox"/>
Self employment income/expenses	<input type="checkbox"/>

**Marital Status:**

Marital status as at December 31:

Single       Separated/Divorced   
 Married       Common-law

If marital status changed during the year, please provide date (YY-MM-DD): \_\_\_\_\_

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**Dependants:**

Dependants not listed on your prior years' return:

Name \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Relationship \_\_\_\_\_  
SIN \_\_\_\_\_  
e-mail \_\_\_\_\_

Name \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Relationship \_\_\_\_\_  
SIN \_\_\_\_\_  
e-mail \_\_\_\_\_

**Did you sell your principal residence during the year?** Yes  No   
*If yes, please provide purchase and sale information and inform us if you have more than one personal use property*

**Do you provide in-home care for a parent or grandparent 65 or older?** Yes  No   
*If yes, please provide the above information.*

**Did you incur any adoption related expenses during the year?** Yes  No   
If yes, please indicate amount: \_\_\_\_\_

**Spouse's Tax Return Information:**

If Johnsen Archer is not preparing your spouse's return, please provide the following:

Spouse's net income from line 236 of his/her 2016 tax return \$ \_\_\_\_\_  
Universal Child Care Benefit from line 117 of his/her 2016 tax return \$ \_\_\_\_\_

**Other Information:**

**Do you, your spouse or any of your dependents qualify for the disability tax credit?** Yes  No   
If yes, please indicate whom: \_\_\_\_\_  
Please provide a copy of Form T2201 *Disability Tax Credit Certificate* (if available).

**Did you complete a minimum of 200 hours of volunteer fire-fighting/ search and rescue services in the year? (ie responding to or being on call, attending meetings and training related to prevention and suppression of fire.)** Yes  No

**Have you registered to be eligible for Employment Insurance Special benefits?** Yes  No

**Unless otherwise indicated, we will assume the default response to the questions below:**

**Do you want your tax refund deposited directly to your bank account? If yes, please attach a void cheque.** Yes  No  **Default No**  
Direct deposit has been setup previously

**Do you authorize for the registration for the CRA online mail service? If yes, all future notices and correspondence from CRA will be delivered online through CRA My Account. Must be registered for CRA My Account.** Yes  No  **Default No**  
Setup previously

**Comments (continue on back or attach a separate sheet if required):**  
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