

# Personal Tax Return

## 2021

### T1 Checklist

**IMPORTANT NOTICE TO CLIENTS:** In order for us to prepare your returns accurately and on a timely basis, we need you to carefully fill in the information below. If you are unsure if your situation applies, please provide the relevant information and we will assist you.

#### Taxpayer Information (For ALL clients)

How would you like your tax return delivered?

Courier  Pick Up  Electronically (PDF) If so, provide email address:

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Did you own foreign assets at any time during the year with a total cost of more than \$100,000? (See "Foreign Property Memo" for details of what would be included)
<input type="checkbox"/>	<input type="checkbox"/>	Did you dispose of any capital assets in the year? (E.g. shares, mutual funds, real estate property) If so, fill in "Capital Gains Worksheet".
<input type="checkbox"/>	<input type="checkbox"/>	Did you dispose of principal residence in the year? (If you moved, please provide details.)
<input type="checkbox"/>	<input type="checkbox"/>	Are you a Canadian Citizen?
<input type="checkbox"/>	<input type="checkbox"/>	**If you answered YES to the above question-Do you authorize CRA to provide your name, address and date of birth to Elections Canada?

**RETURNING CLIENTS:** Please review the lines below VERY CAREFULLY to determine if ANY changes have occurred in the year. If unsure, fill in the information and we will determine if anything needs to be done.

#### Taxpayer Information (cont'd)

**NEW CLIENTS:** Please fill in completely

**RETURNING CLIENTS:** Please fill any and all changes as well as all highlighted cells.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Are you a US Citizen (Green card holder)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you reside in the US for part of the year?

Mr.  Mrs.  Miss.  Dr.  Sir

First Name:		Home Phone:	
Last Name:		Work Phone:	
Street Address:		Fax:	
City, Province, Postal Code:		Email:	
Social Insurance Number:			
Birthdate:		Date of Death:	

Date of departure from or entry to Canada, if within the year

Marital Status:

Single  Married  Separated  Divorced  Widowed  Commonlaw

If marital status changed in the year, please indicate date of change:

#### SPOUSE (where applicable):

Mr.  Mrs.  Miss.  Dr.  Sir

First Name:		Home Phone:	
Last Name:		Work Phone:	
Street Address:		Fax:	
City, Province, Postal Code:		Email:	
Social Insurance Number:		Net Income:	
Birthdate:			

#### CHILDREN/ DEPENDENTS:

Name:				
Birthdate:				
SIN:				
Relationship:				
Tuition Fees:				
Net Income:				

**INCOME**

- |  |   |
|--|---|
| <input type="checkbox"/> T4 - Salaries and Employment Income                 | <input type="checkbox"/> T4A-COVID Benefits received (CERB,CRCB,CRSB,CRB,CESB)  |
| <input type="checkbox"/> T4A – Pension, Retirement, Annuity and other income | <input type="checkbox"/> T5, T4PS – Interest/Dividends/Profit Sharing   |
| <input type="checkbox"/> T4A (P) - Canada Pension Plan Benefits              | <input type="checkbox"/> Interest on Tax Refund (s)   |
| <input type="checkbox"/> T4A(OAS) - Old Age Security Benefits                | <input type="checkbox"/> T3 – Trust/Mutual Fund Income  |
| <input type="checkbox"/> T4RSP – RRSP Income                                 | <input type="checkbox"/> T5013 – Limited Partnership Income /(Loss)   |
| <input type="checkbox"/> T4RIF - RRIF Income                                 | <input type="checkbox"/> <a href="#">Foreign Income (e.g. foreign pensions, investment income)</a>  |
| <input type="checkbox"/> T4E- Employment Insurance Benefits                  | <input type="checkbox"/> <a href="#">Rental Income/Expenses (Full details required) *</a>   |
| <input type="checkbox"/> T5007 – WSIB, Social Services Benefits              | <input type="checkbox"/> Gratuities and tips  |
| <input type="checkbox"/> T5008 – Statement of Security Transactions          | <input type="checkbox"/> <a href="#">Self-Employed Income (Business, Professional, Commission)*</a><br><small>If you have self-employed income, provide details of income earned from website/webpages*</small> |
| <input type="checkbox"/> Scholarships/Bursaries (T4A)                        | <input type="checkbox"/> <b>Other-Specify</b>   |
| <input type="checkbox"/> Other Employment Benefits                           | <input type="text"/>  |
| <input type="checkbox"/> Spousal Support Payments Received (provide details) | <input type="text"/>  |

[Details of any property sold in the year \(real estate, non-registered investments, etc.\) \\*](#)  
 If you bought/sold any non-registered investments in the year provide trading summary/realized capital gains reports from your broker (review for accuracy).

**NON-REFUNDABLE CREDITS**

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse/Common-law Partner amount  | <input type="checkbox"/> Political Contributions Receipts (Federal & Provincial) |
| <input type="checkbox"/> Eligible Dependent amount   | <input type="checkbox"/> Caregiver Amounts                                       |
| <input type="checkbox"/> Disability Deductions (self/spouse/children) (include T2201 if first time claim)  | <input type="checkbox"/> Charitable Donation Receipts                            |
| <input type="checkbox"/> Home Buyers Tax Credit (for first time home buyers)   | <input type="checkbox"/> Adoption expenses                                       |
| <input type="checkbox"/> T2202A tuition receipts   | <input type="checkbox"/> Eligible educator school supplies (include receipts)    |
| <input type="checkbox"/> For students, receipts for rent paid while living away  | <input type="checkbox"/> Volunteer firefighter amount                            |
| <input type="checkbox"/> Interest Paid on Student Loans  | <input type="checkbox"/> Search and rescue volunteer's amount                    |
| <input type="checkbox"/> Attendant Care Expenses/Nursing home  | <input type="checkbox"/> Home accessibility expenses (federal)                   |
| <input type="checkbox"/> Medical Receipts (non-reimbursed amounts only)<br><small>Obtain one statement from the pharmacist, dentist, chiropractor, etc. for payments made in the year and have separate statements for each family member.</small> |  |
| <input type="checkbox"/> Senior's Public Transit Tax Credit (Ontario-age 65 and older)   |  |
| <input type="checkbox"/> Digital News Subscription Expenses (provide receipt giving-subscription, QCJO designation number, amount paid, date paid)   |  |

[\\* Please fill in additional schedules for further information required \(linked in Excel\)](#)

## DEDUCTIONS

- |   |  |
|---|--|
| <input type="checkbox"/> RRSP Contribution Receipts                               | <input type="checkbox"/> TL2 – Claim for Board and Lodging Expenses  |
| <input type="checkbox"/> Union, Professional Dues                                 | <input type="checkbox"/> Child Care Expenses (full details required) |
| <input type="checkbox"/> Spousal Support Paid (provide details)                   | <input type="checkbox"/> Moving Expenses (full details required)     |
| <input type="checkbox"/> Carrying Charges on Investments                          | <input type="checkbox"/> Allowable Business Investment Loss          |
| <input type="checkbox"/> Investment Counsel and Accounting Fees                   | <input type="checkbox"/> Capital Losses Carry Forward                |
| <input type="checkbox"/> Employment Expenses (full details required) *            | <input type="checkbox"/> Non-Capital Losses Carry Forward            |
| <input type="checkbox"/> Deductible Legal Fees (eg. to collect salary or support) | <input type="checkbox"/> Employment Insurance Benefits Repayments    |
| <input type="checkbox"/> T2200 – Declaration of Conditions of Employment          | <input type="checkbox"/> Clergy Residence Deduction Form T1223       |
| <input type="checkbox"/> Property taxes or rent paid on principal residence       | <input type="checkbox"/> <a href="#">Home Office Expenses</a>        |
| <input type="checkbox"/> <a href="#">Business Use of Vehicle</a>                  | <input type="checkbox"/> <a href="#">COVID Home Office Expenses</a>  |

## OTHER INFORMATION (where applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> Separation Agreement  | <input type="checkbox"/> Details of any change of use of your principal residence in the year (to/from rental property) |
| <input type="checkbox"/> 2020 Notice of Assessment   | <input type="checkbox"/> Copy of prior year tax return if first time client   |
| <input type="checkbox"/> Summary of Installment Payments   | <input type="checkbox"/> 2021 final property bill or rental receipts  |
| <input type="checkbox"/> <a href="#">Details of sale of your principal residence (address, sale price, owners, year of acquisition).</a> |   |
| <input type="checkbox"/> <a href="#">Read T1 Foreign Property Memo for details</a>   | <input type="checkbox"/> Details US IRA/401(K)  |

Have your brokers provide details of any foreign property held in your non-registered accounts (the total in multiple accounts could be more than \$100,000 so you should get for all your non-registered accounts).

- Inform us if you are a US Citizen or Green Card holder

**If you have any questions, please feel free to contact Trish - [trish@kenbell.ca](mailto:trish@kenbell.ca)**