

2017 Income Tax Preparation Checklist

	Taxpayer #1	Taxpayer #2
Last Name, First Name:		
Name as it appears on CRA Documents		
Date of Birth:		
Email Address		
Phone:		
Address		
City		
Province		
Postal Code		
Spouse Name		
Dependents being claimed on your taxes (approved for DTC, under 18 or 65+)	Name: _____ Date of birth: _____ Relationship: _____ Name: _____ Date of birth: _____ Relationship: _____	Name: _____ Date of birth: _____ Relationship: _____ Name: _____ Date of birth: _____ Relationship: _____
**Note all dependents may be claimed on either spouse.		

Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Did this change during 2017: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of change: _____	<input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Did this change during 2017: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of change: _____
Support Payments	<input type="checkbox"/> N/A <input type="checkbox"/> Paid <input type="checkbox"/> Received If Yes, Amount \$ _____	<input type="checkbox"/> N/A <input type="checkbox"/> Paid <input type="checkbox"/> Received If Yes, Amount \$ _____
Medical expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____
Tuition fees	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____
Student loan interest	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____
Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____
Child Care Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____

Transit Expenses (Bus Passes)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____
RRSP cashed and Contributions (Need supporting documents)	<input type="checkbox"/> Cashed <input type="checkbox"/> Contribution Cashed Amount \$ _____ Contributed Amount \$ _____	<input type="checkbox"/> Cashed <input type="checkbox"/> Contribution Cashed Amount \$ _____ Contributed Amount \$ _____
Sale of principle (residence)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____ Date Acquired ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____ Date Acquired ____/____/____
Are you a 1 st time home buyer in 2017 (or buy a home due to a medical condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No (You have not had your name on property deed later than Dec 31, 2012)	<input type="checkbox"/> Yes <input type="checkbox"/> No (You have not had your name on property deed later than Dec 31, 2012)
Employment expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No Please supply T2200 with expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No Please supply T2200 with expenses
Rental incomes	<input type="checkbox"/> Yes <input type="checkbox"/> No Please supply rental statement	<input type="checkbox"/> Yes <input type="checkbox"/> No Please supply rental statement
Self employed	<input type="checkbox"/> Yes <input type="checkbox"/> No Please supply income/expense form	<input type="checkbox"/> Yes <input type="checkbox"/> No Please supply income/expense form
Did you pay property tax in Ontario in 2017 (for principle residence only)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____ Date acquired: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____ Date acquired: _____
Did you pay rent in Ontario in 2017 (for principle residence only)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount \$ _____
Do you or someone you care for have a prolonged illness or disability	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details on next page	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details on next page.
Are you a Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can we provide your information to Elections Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any foreign properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to register for online mail with the Canada Revenue Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the correct email address to register: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the correct email address to register: _____

You must provide all information related to your income.

Additional Information / Any documents to follow: _____ _____ _____
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