



T1 Personal Tax Return Checklist

Prompt response to the clients is at the heart of our exceptional service

Year End:

Overview

To help you assemble your financial information for the preparation of your personal income tax return, please keep this checklist handy. The checklist should be completed and returned to us together with the financial information assembled.

Personal Information

Name: _____

SIN Number: _____

Date of Birth: ____ / ____ / ____ (MM/DD/YY)

Home Phone #: _____ Cell Phone #: _____ E-mail: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____ Country: Canada

If you emigrated from Canada, please provide the emigration date: ____ / ____ / ____ (MM/DD/YY)

If you immigrated to Canada, please provide the immigration date: ____ / ____ / ____ (MM/DD/YY)

Spouse Information (if applicable)

Name: _____

SIN Number: _____

Date of Birth: ____ / ____ / ____ (MM/DD/YY)

Home Phone #: _____ Cell Phone #: _____ E-mail: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____ Country: Canada

If you emigrated from Canada, please provide the emigration date: ____ / ____ / ____ (MM/DD/YY)

If you immigrated to Canada, please provide the immigration date: ____ / ____ / ____ (MM/DD/YY)

Other Information

Marital Status: ___ Single ___ Married ___ Common-Law ___ Separated ___ Divorced ___ Widowed

Did your marital status change from last year's tax return? ___ Yes ___ No

If yes please provide date status changed: ____ / ____ / ____ (MM/DD/YY)

Are we preparing a tax return for your spouse? ___ Yes ___ No

If we are NOT preparing a tax return for your spouse, please provide:

Income amount from Line 236 \$ _____

Please list all dependents below:

Name Relationship Date of Birth SIN # Net Income in T1TaxYear

_____ / ____ / ____ _____ \$ _____

_____ / ____ / ____ _____ \$ _____

_____ / ____ / ____ _____ \$ _____

_____ / ____ / ____ _____ \$ _____

_____ / ____ / ____ _____ \$ _____

Do you, your spouse or any of your dependents qualify for the Disability Tax Credit? ___ Yes ___ No

If yes, please indicate whom: _____

Please provide the following documents:

- Latest Notice of Assessment
 - Last year's tax return OR a copy of the last return you filed.
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