

Personal Tax Checklist

Complete this T1 checklist and attach all applicable slips, receipts, and other supplemental information required.

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Client Portal							
Do you have a client p	ortal?					lYes	□No
If yes, you can <u>https://wilkinsonroger</u>		checklist and tportal/account/log	the attached <u>son</u> .	information	to yo	our clie	nt portal:
If you have not been s	et up with a client	portal but would lik	e one, please email	office@wilkinsc	onrogers.	.com.	
If you prefer paper doo	cumentation and d	o not wish to be set	up on a client portal,	please indicate	e so by ch	ecking the	e box below.
		🗌 I prefer pa	per documentation.				
You can drop off this c	hecklist with your	paper documentati	on to the office, 214	-700 Richmond	l Street, L	ondon Ol	Ν.
1. Personal Inform	nation						
Your Name:			Your SIN:				
Address:				irth:			
Phone Numbers:			Home				
Mobile:			nome.				
Work:		Ext					
Email Address:							
Preferred Method of 0	Communication:	🗆 Email	□Phone:				
Citizenship:	Canadian	□Other:					
Marital Status: □Single	□ Married	□Common-law	Separated	Divorce	ed	□Widow	ved
If marital status chang	ed during the year	r, provide date of cl	hange:				
Spouse's Name:			Spouse's	SIN:			
Spouse's Date of Birth	:		_				
Spouse's Phone Numb	oers:						
Mobile:		Home:					
Work:		Ext					
Spouse's Email Addres	s:						
2. Residence							
Province/Territory of	residence on Dece	mber 31:					

Did you move during the year?

Tax Year: _____

Did you immigrate to Canada or emigrate from Canada during the year? $\hfill \Box$ Yes

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If yes, provide the date into Canada: _____

Or the departure date: _____

3. Foreign Reporting

Did you own or hold foreign property (including real estate) with a total cost between \$100,000 a	nd \$250,000	CAD at any
time during the year?	□Yes	□No

Did you own or hold foreign property (including real estate) with a total cost of more than \$250,000	CAD at any	time during
the year?	□Yes	□No

4. Dependents

Name	Relationship	Date of Birth	SIN	Physically or Mentally Infirm	Income		Child Care Expenses
If separated, are y	vou claiming an eli	gible dependent	?			□Yes	□No
5. General In	come/Deductio	ns					
T-slips (T4, T4A, T	4E, T5007)					□Yes	□No
Did you receive a	ny of the special e	mergency benefi	ts (CRSB, CRO	CB)?		□Yes	□No
Employment inco	me or taxable ber	efits not shown o	on T4 slip:				
If applicable, prov	ide the amount p	aid for union and	professional	dues as well as the na	mes of the or	rganiza	ations.
Do you have any income from the sharing economy such as Airbnb, VRBO, Uber, etc.?					□No		
List of childcare e	xpenses, with rece	eipts, for each chi	ld?			□Yes	□No
List of spousal sup	oport payments m	ade or received?				□Yes	□No
List of deductible	employment expe	enses?				□Yes	□No
Did you travel or	relocate for work	during the year?				□Yes	□No
Is a signed Form T	2200 (required fo	r employment ex	penses) atta	ched?		□Yes	□No
Did you work at home for any part of the tax year without a T2200 being signed? If <i>yes,</i> please enter the number of days you worked at home: Or claim max deduction of \$500					□Yes	□No	
RRSP contributior		J. J				□Yes	□No
6. Pension In	come						
T-slips (T4A, T4RII	⁼ , T4(OAS), etc.)					□Yes	□No
7. Investmen	t Income/Deduo	ctions					
T3 – Income from	Trust allocations	2				□Yes	□No
T5 – Investment i	ncome?					□Yes	□No

T4PS – Income from profit sharing plans?	□Yes	□No
T5013 – Partnership income?	□Yes	□No
T5008 – Income from securities transactions/ Realized gain/loss report?	□Yes	□No
Did you dispose of property or investments (including cryptocurrency) during the year (excludin principal residence) at any time in the year? If yes, provide details (i.e., broker tax reporting package).	ng residence des □Yes	signated as a □No
Interest paid to earn investment income? If <i>yes,</i> enter amount:	□Yes	□No
Management fees paid? If <i>yes,</i> provide statement.	□Yes	□No
Did you dispose of your principal residence during the year? If <i>yes,</i> Proceeds: Date acquired:	□Yes	□No
Did you dispose of any real property other than principal residence during the year? If <i>yes</i> , provide the legal package and the following: Proceeds: Adjusted Cost Base:	□Yes -	□No
8. Self-Employment/Business Income		
Financial statement(s)/schedule of revenue and expenses attached?	□Yes	□No
Did you receive the CEBA in a previous tax year?	□Yes	□No
Did you repay the CEBA during the year? (Note that the full balance must be repaid by December 31, 2023 to be eligible for the g	□Yes rant.)	□No
If you used a vehicle for business, are the vehicle expenses and both total and business mileage attach	ed? □Yes	□No
If you used a portion of your home for business, are the homes expenses and both total and bu square footage attached?	siness □Yes	□No
Is a list of all asset additions and disposals (including cars, equipment, etc.) attached?	□Yes	□No
9. Rental Income		
Did you own rental property? If <i>yes,</i> attach statement of rental income and answer the next question.	□Yes	□No
Did you also live in the rental property (in which case no CCA should be claimed)?	□Yes	□No
10. Other Credits		
T2202A – Tuition amount paid for you?	□Yes	□No
T2202A – Tuition amount claimed on transfer from dependent (second page signed)?	□Yes	□No
Receipt or amount for your student loan interest?	□Yes	□No
Receipts/listing of all medical expenses paid in the year for you, your spouse, and dependents?	□Yes	□No
Receipts/listing of alterations to your home to enhance mobility/safety?	□Yes	□No
Receipts for seniors' home safety expenses?	□Yes	□No
Receipts for charitable donations or donations made by way of gifting an item in kind?	□Yes	□No
Receipts for political contributions?	□Yes	□No
Receipts for digital news subscription?	□Yes	□No
Receipts for accommodation in Ontario? (Note: receipt must show the HST paid to be valid)	□Yes	□No

List of eligible teaching supplies purchased (for teach	ers and early childhood educators only)?	□Yes	□No
Public transit passes for travel for Ontario seniors (r	eceipts/details)?	□Yes	□No
Did you purchase your first home this year?		□Yes	□No
Did you pay property taxes/rent in the year? If <i>yes,</i> provide the following:		□Yes	□No
Amount paid:	Landlord/Municipality:		