

STERLING STANFORD

CHARTERED PROFESSIONAL ACCOUNTANTS

PERSONAL INCOME TAX RETURN ORGANIZER

NAME _____

SPOUSE NAME _____

EMAIL _____

EMAIL _____

PHONE _____

PHONE _____

SIN _____

SIN _____

BIRTH DATE (YYYY/MM/DD) _____

BIRTH DATE (YYYY/MM/DD) _____

<input type="checkbox"/> SAME AS LAST YEAR			
MAILING ADDRESS _____			
CITY/PROVINCE _____		POSTAL CODE _____	
PROVINCE OF RESIDENCE AT DECEMBER 31, IF NOT BC _____			
MARITAL STATUS (ON DEC 31)	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SEPARATED
	<input type="checkbox"/> COMMON LAW	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
IF MARITAL STATUS CHANGED THIS YEAR, ON WHAT DATE? _____			
DEPENDANT NAME	BIRTH DATE (YYYY/MM/DD)	SIN	NET INCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	TAXPAYER	SPOUSE
1. DO YOU, OR A DEPENDANT, QUALIFY FOR THE DISABILITY TAX CREDIT OR HAVE A PHYSICAL OR MENTAL IMPAIRMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. THE QUESTIONS BELOW MUST BE ANSWERED BEFORE YOUR RETURN CAN BE FILED:		
a) ARE YOU A CANADIAN CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) DO YOU AGREE TO PROVIDE YOUR INFORMATION TO ELECTIONS CANADA FOR THE NATIONAL REGISTER OF ELECTORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
c) DID YOU HOLD FOREIGN ASSETS WITH A COST IN EXCESS OF \$100,000, AT ANY TIME IN THE YEAR? IF YES, PROVIDE DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. DID YOU SELL (OR CHANGE USE) OF A HOUSING UNIT IN THE YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS IT EVER YOUR PRINCIPAL RESIDENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE PURCHASED _____ DATE SOLD _____		
SALE PROCEEDS _____		
<input type="checkbox"/> PAID RENT IN THE YEAR TO UNRELATED LANDLORD.		
IF YES: LANDLORD'S NAME _____		
ADDRESS RENTED _____		
RENT PAID _____ NO. OF MONTHS _____		

PERSONAL INCOME TAX RETURN CHECKLIST

INCOME

- T4 - EMPLOYMENT INCOME/TIPS
- T4A - PENSION; ANNUITY; OTHER INCOME
- T4A(OAS) - OLD AGE SECURITY INCOME
- T4A(P) - CPP BENEFITS
- T4E - E.I. AND OTHER BENEFITS
- T4RIF - PROCEEDS FROM RRIF
- T4RSP - PROCEEDS FROM RRSP
- T5 - BANK INTEREST; TAXABLE DIVIDENDS
- T3 - STATEMENT OF TRUST INCOME
- T5007 - WCB BENEFIT/SOCIAL ASSISTANCE
- T5013 - PARTNERSHIP INCOME
- FOREIGN PENSION INCOME
- SPOUSAL SUPPORT RECEIVED
- RENTAL PROPERTY INCOME AND EXPENSES
- SELF-EMPLOYMENT INCOME AND EXPENSES
- CAPITAL GAIN AND LOSS REPORTS
- TIPS, GRATUITIES \$ _____

OTHER INFORMATION

- NOTICE OF ASSESSMENT FROM LAST YEAR
- NOTICES OF REASSESSMENT (IF ANY)
- TAX INSTALMENT PAYMENT RECEIPTS
- DETAILS OF FOREIGN PROPERTY HOLDINGS
- SALE DOCUMENTS FOR PROPERTY SOLD

DEDUCTIONS AND CREDITS

- RRSP/FHSA CONTRIBUTION RECEIPTS
- MEDICAL RECEIPTS
- NURSING HOME/ATTENDANT CARE
- PRIVATE HEALTH INSURANCE PREMIUMS
- CHARITABLE/POLITICAL DONATIONS
- UNION OR PROFESSIONAL DUES
- MOVING EXPENSE RECEIPTS
- T2202A - STUDENT TUITION RECEIPTS
- INTEREST ON STUDENT LOANS
- CHILD CARE RECEIPTS
- INTEREST ON INVESTMENT LOANS
- SPOUSAL SUPPORT PAID
- INVESTMENT MANAGEMENT FEES
- HOME BUYERS PLAN REPAYMENT
- LIFE LONG LEARNING PLAN REPAYMENT
- FIRST TIME HOME BUYERS - PURCHASE DETAILS
- EMPLOYMENT EXPENSES
(T2200, MILEAGE LOG, HOME OFFICE)
- VOLUNTEER FIREFIGHTER
(OR SEARCH AND RESCUE)
- HOME ACCESSIBILITY / BC RENOVATION TAX CREDIT
- SCHOOL SUPPLIES TAX CREDIT
(FOR TEACHERS)
- TRADESPERSON TOOLS
- APPRENTICE LEVEL COMPLETED
- MULTIGENERATIONAL RENOVATION
- DIGITAL NEWS SUBSCRIPTION \$ _____
PAID TO _____