



Syed A. Raza Professional Corp.

Licensed Public Accountant

Personal Income Tax Return Checklist 2020

| PERSONAL INFORMATION | | |
|--|--------|----------------|
| Name: | SIN: | Date of Birth: |
| Spouse Name: | SIN: | Date of Birth: |
| Address: | | |
| Tel: | Email: | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law | | |
| Do you own foreign property with a cost base of more than \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do any of your family members qualify for the disability tax credit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, please indicate the status of the signed T2201 from your medical professional: <input type="checkbox"/> We have a copy <input type="checkbox"/> Attached | | |
| Citizenship: <input type="checkbox"/> Canadian (If so, do you allow the CRA to release information about you to Elections Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No) | | |
| Information <input type="checkbox"/> U.S. (If so, you may be required to file a U.S. tax return) | | |

| MINOR, INFIRM, OR ELDERLY DEPENDANTS INFORMATION | | | |
|--|-----|---------------|----------------------------|
| Name | SIN | Date of Birth | Net Income (from line 236) |
| | | | |
| | | | |

| INCOME | INCLUDED | INFORMATION REQUIRED |
|--|--------------------------|--|
| Salaries, Commissions | <input type="checkbox"/> | T4, T4A Slips |
| Pension Income (Including OAS, CPP, RRSP, RRIF) | <input type="checkbox"/> | T4A, T4A(P), T4A(OAS), T4RSP, T4RIF Slips |
| Employment Insurance Benefits & Repayments | <input type="checkbox"/> | T4E Slips |
| Investment Income | <input type="checkbox"/> | T3, T5, T600 Slips |
| Partnership Income | <input type="checkbox"/> | T5013 Slips or Details |
| Self-employment, Business, Professional Income and Expenses | <input type="checkbox"/> | Complete Table No. 4, 5 and 6 |
| Rental Income and Expenses | <input type="checkbox"/> | Complete Table No. 3 |
| Taxable Capital Gains and Losses | <input type="checkbox"/> | Purchase Date & Costs, Sale Date, Proceeds, T5008 Slip |
| Spousal Support | <input type="checkbox"/> | Name & Address of Payer, Amount Received |
| Sale/Change of use of Principal Residence (Must now be reported) | <input type="checkbox"/> | Purchase Date, Sale Date and Proceeds |



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| DEDUCTIONS, CREDITS AND OTHERS | INCLUDED | INFORMATION REQUIRED |
|--|--------------------------|--|
| Pension Plan, RRSP Contributions | <input type="checkbox"/> | T4, T4A Slips, Official Receipts |
| Union or Professional Dues | <input type="checkbox"/> | T4 Slips, Official Receipts |
| Moving Expenses | <input type="checkbox"/> | Details of Expenses, Total Expenses, Old Address |
| Spousal / Child Support | <input type="checkbox"/> | Name & Address of Payee, Amount Paid |
| Interest Expenses / Investment Expenses | <input type="checkbox"/> | Details & Purpose of the Loan |
| Child Care Expenses | <input type="checkbox"/> | Complete Table No. 1 |
| Employment Expenses | <input type="checkbox"/> | Complete Table No. 2, 5, 6 and T2200 from Employer |
| Employment Expenses for Working at Home due to Covid-19 (Temporary Flat Rate Method) | <input type="checkbox"/> | Go here to calculate your claim |
| Employment Expenses for Working at Home due to Covid-19 (Detailed Method) | <input type="checkbox"/> | T2200 Slip or T2200S Slip from Employer, Go here to calculate your claim |
| Charitable / Political Donations | <input type="checkbox"/> | Official Receipts |
| Canada Caregiver Amount | <input type="checkbox"/> | Details |
| Home Accessibility Expenses for Seniors or Disabled Persons | <input type="checkbox"/> | Details and Renovation Receipts |
| Medical / Dental Expenses | <input type="checkbox"/> | Official Receipts (or Summary from Pharmacy) Provide Total Dollar Amount |
| Education Expenses / Tuition Fees / Exam Fees | <input type="checkbox"/> | T2202 (from Institution), TL11 (foreign), Receipts |
| Interest paid on Student Loans | <input type="checkbox"/> | Details |
| Home Buyer's / Volunteer Firefighter / Search & Rescue Amount | <input type="checkbox"/> | Details |
| Digital News Subscription Tax Credit | <input type="checkbox"/> | Official Receipt with QCJO Designation Number |
| Eligible Educator School Supply Tax Credit | <input type="checkbox"/> | Eligible Receipts, Certification from Employer |

| CHILD CARE EXPENSES (TABLE NO. 1) (Original or Copy of Receipts Must be Provided) | | |
|---|----------------------|-------------|
| Caregiver Name: | SIN (If Applicable): | Total Paid: |
| Address: | | |

| EMPLOYMENT EXPENSES (TABLE NO. 2) (Completed T2200 from Employer. Original receipts not required. Please keep receipts for 7 years) | | | |
|---|----------------------|--------------------------------|----|
| Accounting / Legal Fees | \$ | Parking | \$ |
| Advertising / Promotion | \$ | Supplies / Postage/ Stationery | \$ |
| Automobile | Complete Table No. 5 | Tools** | \$ |
| Lodging | \$ | Other () | \$ |
| Meals / Entertainment | \$ | | |

****NOTE:** This is only for tradespeople who are required by their employer to purchase tools. You must have spent over \$1000.

| RENTAL INCOME (TABLE NO. 3) (Original Receipts not required. Please keep receipts for 7 years) | | | |
|---|----|---|-------------|
| Address of the Property: | | Co-Owners Name: | |
| | | SIN: | %Ownership: |
| Personal Use %: | | GST/HST Registrant: <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, Quick Method? <input type="checkbox"/> Yes <input type="checkbox"/> No) | |
| Gross Rental Income (Provide 100% of income): \$ | | | |
| Expenses (Provide 100% of expenses) | | | |
| Advertising | \$ | Maintenance/Repairs | \$ |
| Insurance | \$ | Property Taxes | \$ |
| Interest | \$ | Other() | \$ |
| Lighting/Heating/Water | \$ | Other() | \$ |

| SELF-EMPLOYMENT/BUSINESS/PROFESSIONAL INCOME (TABLE NO. 4) (Original Receipts not required. Please keep receipts for 7 years) | | | |
|---|------------------|---|----|
| GST/HST Registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you file your own GST/HST? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, Quick Method? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Registered to pay EI premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are all of the figures you indicated GST/HST inclusive? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Sales / Gross Revenue: \$ | | | |
| Expenses: | | | |
| Accounting/Legal/Consulting | \$ | Travel | \$ |
| Advertising | \$ | Equipment Rentals* | \$ |
| Automobile | Complete Table 5 | Insurance* | \$ |
| Business Tax/Fees/License/Dues | \$ | Interest/Bank Charges* | \$ |
| Maintenance/Repairs | \$ | Gas/Electricity/Water* | \$ |
| Management/Administration | \$ | Office/Supplies* | \$ |
| Meals/Entertainment (100%) | \$ | Property Tax(Business Premises)* | \$ |
| Private Healthcare Premiums | \$ | Other() | \$ |
| Salaries and Benefits | \$ | Other() | \$ |

***Note:** Complete Table No. 6 for Business Use of Home

