

**BEAUMONT ELDER ACCOUNTANTS, LLP
CHARTERED PROFESSIONAL ACCOUNTANTS**

2014 Tax Return Checklist

Your name _____	SIN # _____	Birthdate ____/____/____
Your spouse _____	SIN # _____	Birthdate ____/____/____
		DD MM YY
Address _____	Did you move in the year <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	Home telephone number (____) ____ - ____	
_____	Work telephone number (____) ____ - ____	
	Spouse work number (____) ____ - ____	

Marital Status

Married Widowed Divorced Common-law Separated Single

Did your marital status change during the year? Yes No If so, provide date _____

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

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

Net income figure from line 236 on page 2 of his/her 2006 tax return \$ _____

List any **dependents** who were 18 years of age or under as of December 31, 2014

Name	Relationship	2014 net income	Birthdate	SIN #
_____	_____	\$ _____	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____

DD MM YY

Do you, your spouse or any of your dependants qualify for the disability amount credit? _____ (if so, indicate whom)

DELIVERY OF RETURN AND OTHER IMPORTANT MATTERS (unless otherwise indicated we will assume the default response)

Do you want your return filed Electronically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Default YES
Do you own/hold foreign property with a cost of more than \$100,000?	<input type="checkbox"/> Yes (attach details)	<input type="checkbox"/> No	NO
Do you authorize CRA to provide information about you to Elections Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES
Do you want your tax refund deposited directly to your bank account?	<input type="checkbox"/> Yes (attach a void cheque)	<input type="checkbox"/> Direct deposit requested last year	<input type="checkbox"/> No
How do you want your tax return delivered once, it has been completed by our staff?			MAIL
<input type="checkbox"/> Hold for pick-up	<input type="checkbox"/> Mail to my home address via Canada Post	<input type="checkbox"/> Other (please specify) _____	
<input type="checkbox"/> Courier to my home address (There is a minimum handling charge of \$15.00 for this service)			

PLEASE PROVIDE A COPY OF YOUR 2005 NOTICE OF ASSESSMENT WITH THIS CHECKLIST

Are either you or your spouse a US citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were either you or spouse born in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are either you or your spouse "green-card holders" (either now or anytime in the past 10 years)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have either you or your spouse spent more than 120 days in the US in 2012, in 2013, in 2014 (business or pleasure; count partial days as 1 full day)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did either you or your spouse receive any wages or consulting income from US payers in 2014?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you and/or your spouse own a US vacation home or US rental property (either held jointly, or as tenants-in-common)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SOURCES OF INCOME

(Check if you have any of the following sources of income.)

Source	Slip to bring
<input type="checkbox"/> Employment income	T4
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Profit sharing income	T4PS
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Old Age Security	T4(OAS)
<input type="checkbox"/> Canada Pension Plan	T4AP
<input type="checkbox"/> Other pension/annuities	T4A
<input type="checkbox"/> RRSP income	T4RSP
<input type="checkbox"/> RRIF income	T4RIF
<input type="checkbox"/> Withdrawals from RRSP	T4RSP
<input type="checkbox"/> EI benefits	T4E
<input type="checkbox"/> Universal Child Care Benefit	RC62
<input type="checkbox"/> Workers Safety Insurance	T5007
<input type="checkbox"/> Social assistance payments	T5007
<input type="checkbox"/> Scholarships and bursaries	T4A
<input type="checkbox"/> Dividends	T3 or T5
<input type="checkbox"/> Interest	T5
<input type="checkbox"/> Limited partnership	T5013
<input type="checkbox"/> Rental income	Summarize on page 4
<input type="checkbox"/> Sale of real estate	Summarize on page 4
<input type="checkbox"/> Sale of securities	Summarize on page 4
<input type="checkbox"/> Self-employed income	Summarize on page 3
<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> Child support (taxable)	\$ _____
<input type="checkbox"/> Tips and gratuities	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

DEDUCTIONS AND TAX CREDITS AVAILABLE

(Check if you have any of the following deductions and **INCLUDE ORIGINAL RECEIPTS** in all cases.)

Source	Amount
<input type="checkbox"/> Investment loan interest	\$ _____
<input type="checkbox"/> Safety deposit box charges	\$ _____
<input type="checkbox"/> Investment counseling fees	\$ _____
<input type="checkbox"/> RRSP contributions	\$ _____
<input type="checkbox"/> Homebuyers Plan withdrawals/ pmts	\$ _____
<input type="checkbox"/> Lifelong Learning Plan withdrawals/ pmts	\$ _____
<input type="checkbox"/> Moving expenses	\$ _____
<input type="checkbox"/> Union dues and professional fees	\$ _____
<input type="checkbox"/> Child care expenses	\$ _____
<input type="checkbox"/> Charitable donations	\$ _____
<input type="checkbox"/> Political party contributions - FEDERAL	\$ _____
<input type="checkbox"/> Political party contributions - ONTARIO	\$ _____
<input type="checkbox"/> Labor-sponsored funds contributions	\$ _____
<input type="checkbox"/> Tuition fees - SELF	\$ _____
<input type="checkbox"/> Tuition fees – SPOUSE / CHILDREN	\$ _____
<input type="checkbox"/> Rent paid	\$ _____
<input type="checkbox"/> Property taxes paid	\$ _____
<input type="checkbox"/> Interest paid on student loans	\$ _____
<input type="checkbox"/> Fitness / Activity receipts for children	Provide receipts
<input type="checkbox"/> Tax instalments paid to government	\$ _____
<input type="checkbox"/> Transit passes	\$ _____
<input type="checkbox"/> Other _____	\$ _____

(Check if you have any of the following deductions and ensure that you have the receipts to support the following items. If unsure, attach receipts.)

<input type="checkbox"/> Employment expenses	Summarize on page 3
<input type="checkbox"/> Alimony payments made	\$ _____
<input type="checkbox"/> Child support (ONLY if deductible)	\$ _____
<input type="checkbox"/> Medical expenses	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

DEDUCTIONS AND TAX CREDITS AVAILABLE

If you have other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.

**T
EMPLOYMENT EXPENSES**

Please include a signed T2200 – Declaration of Employment Conditions from your employer.

Expense Amount

Accounting	\$ _____
Advertising and promotion	\$ _____
Food, beverages and entertainment	\$ _____
Lodging	\$ _____
Parking	\$ _____
Supplies (ex. postage, stationery, other)	\$ _____
Telephone	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Automotive expenses	Summarize below
Office in home expenses	Summarize below

**AUTOMOBILE EXPENSES
(for business and employment)**

Year and make of automobile _____

Year of purchase _____

Purchase price \$ _____

Total kilometres driven in year _____

Total kilometres driven in year (for business) _____

Expense Amount

Fuel	\$ _____
Repairs and maintenance	\$ _____
Insurance	\$ _____
Licensing or registration	\$ _____
Loan interest	\$ _____
Lease payments	\$ _____
407 ETR	\$ _____
Car washes	\$ _____
Other _____	\$ _____
Other _____	\$ _____

HOME OFFICE (for business and employment)

Percentage of home used for business _____

Source Amount

Heat	\$ _____
Hydro	\$ _____
Water	\$ _____
Insurance (*see below)	\$ _____
Maintenance and repairs	\$ _____
Mortgage interest (self-employed only)	\$ _____
Property taxes (*see below)	\$ _____
Rent	\$ _____
<input type="checkbox"/> Other _____	\$ _____

* apply for self-employed and commission employees only

SELF-EMPLOYED INCOME AND EXPENSES

Name of business _____

Type of business _____

Name of partner and % owned _____

SIN # of partner _____

Income \$ _____

Expenses

Advertising	\$ _____
Licenses, dues, memberships and subscriptions	\$ _____
Insurance	\$ _____
Interest and bank charges	\$ _____
Meals and entertainment	\$ _____
Office supplies	\$ _____
Legal and accounting	\$ _____
Rent	\$ _____
Salaries	\$ _____
Telephone	\$ _____
Other _____	\$ _____
Equipment and furniture purchases	\$ _____

HST Business number _____

Do above amounts include HST? _____

RENTAL PROPERTY

(if property was purchased during the year, please provide the Agreement of Purchase and Sale and the solicitor's reporting letter)

Address

Name of partner and % owned _____

SIN # of partner _____

Income

\$ _____

Expenses

Insurance \$ _____

Mortgage interest \$ _____

Repairs and maintenance \$ _____

Property taxes \$ _____

Utilities \$ _____

Advertising \$ _____

Management and administration \$ _____

Professional fees \$ _____

Other _____ \$ _____

Other _____ \$ _____

Major renovations and purchases (i.e. appliances)

_____ \$ _____

_____ \$ _____

SALE OF REAL ESTATE

(please provide the Agreement of Purchase and Sale and the solicitor's reporting letter for BOTH your sale and purchase)

Address

Name of partner and % owned _____

SIN # of partner _____

Date sold _____

Date purchased _____

Purchase price \$ _____

Legal and other costs on purchase \$ _____

Additions and/or major improvements

_____ \$ _____

_____ \$ _____

Sale price \$ _____

Legal and other costs on purchase \$ _____

Commissions paid on sale \$ _____

Other _____ \$ _____

Other _____ \$ _____

SALE OF SECURITIES (in non-RRSP or other registered plan) (please provide broker's statements for both purchase and sale)

Name of stock	US\$ (Y/N)	Date sold	Number of shares	Sale price	Purchase price	Commissions
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____
_____	___	___/___/___	_____	\$ _____	\$ _____	\$ _____

(Please ensure that the sale price and the purchase price is total for the number of shares sold)

The above summary should also include transfers or sales of mutual funds during the year. Transfers also include systematic withdrawal programs. Please provide the December 31st year-end statements for ALL non-RRSP or other registered mutual funds. These statements should have been sent to you by the mutual fund companies in January. The statements should show all the transactions for the year, including any sale, redemption or transfer of mutual funds during the year.

