

**PERSONAL INCOME TAX RETURN CHECKLIST**

**2009**

**General information**

1. Name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_
2. Birth date \_\_\_\_\_ Marital status at Dec 31 \_\_\_\_\_
3. Email \_\_\_\_\_ Phone number \_\_\_\_\_
4. Address \_\_\_\_\_
5. Spousal information (if MacGillivray is preparing the spouse's return include on separate checklist)
 

Name _____	Social Insurance Number _____
Birth date _____	Net income for the year _____
6. Dependants (for each provide name, birth date, Social Insurance Number and net income)
 

_____
_____
_____
_____

- |  | <u>Check if Enclosed</u> |
|--|--------------------------|
| 7. Copy of prior year tax return           | _____                    |
| 8. Copy of prior year Notice of Assessment | _____                    |
| 9. Sign enclosed Consent Form T1013        | _____                    |

**Sources of income** *(please enclose T-slips and other income amounts)*

- |   | <u>Slip</u> |       |
|---|-------------|-------|
| 10. Employment income   | T4          | _____ |
| 11. Old Age Security pension  | T4A(OAS)    | _____ |
| 12. Canada Pension Plan benefits (regular benefits and death benefit) | T4A(P)      | _____ |
| 13. Other Pensions  | T4A         | _____ |
| 14. Scholarship income  | T4A         | _____ |
| 15. Universal Child Care Benefit (UCCB)                               | RC62        | _____ |
| 16. Employment Insurance and other benefits                           | T4E         | _____ |
| 17. Dividend, interest and other investment income                    | T5          | _____ |
| 18. Mutual Fund, Trust and Estate income                              | T3          | _____ |

**PERSONAL INCOME TAX RETURN CHECKLIST**

<b>Sources of income - continued</b>	<u>Slip</u>	<u>Check if Enclosed</u>
19. Partnership income – limited or non-active partners	T5013	_____
20. Rental income (enclose details of income, expenses, purchases and sales)		_____
21. Capital gains or losses – sale of stocks, bonds, or real estate etc.  (Provide details as to the original cost of the disposed items, the sales proceeds and any selling costs. If you deal with a broker, please provide the statement of securities transactions for the year. For any mutual funds held please provide annual statements with return of capital information)		_____
22. Alimony or support payments received		_____
23. Registered Retirement Savings Plan (RRSP) income	T4RSP	_____
24. Registered Retirement Income Fund (RRIF) income	T4RIF	_____
25. Self-employment income - business, professional, commission, farming, fishing (enclose details of revenues and expenses)		_____
26. Other income (enclose details)		_____
<b>Deductions and credits</b> <i>(please enclose receipts)</i>		
27. RRSP contributions		_____
28. Home Buyers' Plan (HBP) or Lifelong Learning Plan (LLP) repayments		_____
29. Annual union, professional or like dues		_____
30. Child care expenses  (include name and Social Insurance Number or business number of child care providers and indicate the number of weeks attended summer camps)		_____
31. Attendant care expense		_____
32. Moving expenses		_____
33. Alimony or support payments		_____
34. Carrying charges and interest expenses  (include investment council fees, prior year accounting fees, safety deposit box charges, and interest paid to earn income from investments)		_____
35. Employment or commission expenses	T2200	_____
36. Public transit amount		_____
37. Children's fitness amount		_____
38. Adoption expenses		_____

