

2025 TAX RETURN CHECKLIST for 2024 INCOME TAX RETURN

Name: _____ Phone Number: (____) _____

INFORMATION FOR 2024 INCOME AND DEDUCTIONS (INDICATE # OF SLIPS)

Employment Income (T4)	_____	WCB/ Assistance Payments	_____
Old Age Security (T4AOAS)	_____	RRSP Contributions	_____
Canada Pension (T4AP)	_____	Union/ Professional Dues	_____
Foreign Pension Income	_____	Student Loan Interest	_____
Other Pension (T4A, T4RSP)	_____	Transit Passes (age 65+)	_____
RRIF Income (T4RIF)	_____	Investment Counsel Fees	_____
Investment Income (T5)	_____	Tuition Fees - Self (T2202A)	_____
Trust Income (T3)	_____	Tuition Fees - Dependant	_____
EI Income (T4E)	_____	Charitable Donations	_____
Universal Child Care Benefit	_____	Political Contribution	_____
Limited Partnership Income	_____	Investment Loan Interest Paid	_____
T5008	_____	Multigenerational Home Renovation	_____
Home Accessibility Expenses	_____		

Direct Deposit Banking Information. If not already provided, attach a VOID cheque. _____

Income Tax paid by *Quarterly* installment? If yes, include statement from Canada Revenue Agency) _____

Medical Expenses - If multiple prescriptions from the same pharmacy, please obtain a year-end print out showing all prescriptions in **2024 per patient**. _____

OTHER INFORMATION AND DETAILS REQUIRED

PLEASE ENCLOSE A COPY OF YOUR 2023 NOTICE OF ASSESSMENT FROM CANADA REVENUE AGENCY. NOTE: If you are registered for CRA online mail service, you will not have received a paper copy but instead must download it from your CRA online account. (Needed for carry forward information, RRSP limits, & Home Buyers Plan)

Did you dispose of any mutual funds, stocks, bonds, T-bills, real estate, or any other property in the year 2024? Did you have automatic withdrawals from mutual funds during 2024?

If yes, please provide details of proceeds, cost of acquiring the property, selling expenses and enclose supporting documents. Financial institution will now normally issue a T5008 but may not show the cost base.

Provide the following details:

Did your marital status change during **2024**? Yes ___ No ___

Net annual income of spouse, if not preparing their return. \$_____

Name, date of birth, and social insurance number [SIN] of any child(ren) born in **2024**. _____

Details of other Income for which no T-slips have been received (eg. other employment income, pension income, alimony, director fees, scholarships, bursaries, interest earned but not yet received etc.).

Details of other deductions (eg. moving expenses, alimony, pension plan contributions etc.).

Did you incur childcare expenses in 2024?

If yes, list amounts paid and name, address and SIN of person paid.

Did you pay rent or property taxes in 2024?

List amount paid in 2023, name of landlord or municipality.

Will you be claiming a credit for the education and tuition fees of a dependant? If yes, obtain signature of dependant on the back of form T2202A "Tuition and Education Credit Certificate" and provide details of dependant's income. The T2202A might not be mailed but instead may be found on the student's personal University or College on-line portal.

Did you make a repayment or withdrawal under RRSP Home Buyer's Plan or Life-Long Learning Plan during **2024**?

If yes, provide details. _____

Did you provide In-home care for a parent or grandparent (includes in-laws) 65 years of age or over?

Someone who is infirm or a dependant relative in **2024**? _____ What was the dependant's net income? \$ _____
State costs as a caregiver incurred, including training costs.

Did you co-sign on a child's mortgage, own part of a child's home or add joint ownership to your home or investments for estate planning purposes in **2023 or 2024?**

If yes, provide details. _____

Do you own an "In Trust For" account with a market value of \$50,000 or more?

If yes, provide details. _____

Did you receive/pay any alimony or maintenance allowance in **2024?**

If you are the Payer/Recipient, please provide name, social insurance number and address of recipient/payer.

Name _____ SIN# _____

Address _____

Did you earn rental income in **2024?** If yes please include property address, gross rental income and all rental related expenses. _____

Were you self-employed in **2024?** If yes, please include the gross revenue for the year and a statement listing all the related expenses incurred. You may deduct amounts paid for Private Health Services Plan coverage.

Did you incur employment expenses that were not reimbursed by your employer in **2024?** If yes, provide a list of expenses and Form T2200 signed by your employer.

If you answered yes to either of the two questions above, did you incur:

Automobile expenses? Yes ___ No ___ If yes, please provide the following details:

Total # Kilometres driven during year _____ Gas expense _____

Total # Kilometres driven to earn income _____ Insurance _____

Loan interest paid on auto loan _____ Licence _____

Repairs/Maintenance _____

Other Expenses (parking etc.) _____

Details of automobile bought or sold _____

Details of automobile lease _____

DISABILITY TAX CREDIT APPLICATION-Form T2201

If you or your dependents suffer from severe or prolonged mental or physical impairment, you may be entitled to a disability credit. Form T2201 must be completed by your physician to claim this credit.

Pension Income Splitting

Would you like your registered/pension income divided with your spouse if it is to your advantage? Yes ___ No ___

Sale of Principal Residence

Provide date of purchase, proceeds of disposition and a description of the property to claim the principal-residence exemption.

PLEASE KINDLY ANSWER THE FOLLOWING:

Would you like to E-file this year? Yes ___ No ___

Do you own a Tax-Free Savings Account (TFSA)? Yes ___ No ___

If yes, name(s) of registered owner(s): _____

Did you own more than \$100,000 of foreign property in **2024**? Yes ___ No ___

During the next 12 months, do you agree to Canada Revenue Agency (CRA) providing:

(1) your name, address, and date of birth to Elections Canada for the National Register of Electors? Yes ___ No ___

(2) your name and email address to Ontario Health for Ontario Health (Trillium Gift of Life) to contact you regarding organ and tissue donation? Yes ___ No ___

Are you registered for the CRA My Account? Yes ___ No ___

Are you registered for the CRA online mail service? Yes ___ No ___

If no, do you authorize registration to the CRA online mail service? Yes ___ No ___

If yes, to what email address? _____

NOTE: If you register for CRA online mail service you will not receive a paper Notice of Assessment.