

PERSONAL INCOME TAX RETURN CHECKLIST - 2024

This document must be completed annually to ensure accuracy and due to increased compliance requirements



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Instructions:

- Review each section and answer each question carefully. Save/print document. Or come into the office to complete manually.
- Gather all slips/documents for areas for which you have selected 'YES'
- Once COMPLETE, provide us with this checklist and your slips/documents as soon as possible, or by **Friday April 11 2025 at the latest.**
- **Please don't send us information until it's complete as it is challenging to keep track of various documents, and we don't start work on a file until we have all information from you and your spouse/dependent children** (if we are preparing their returns).
- Retain copies of all slips/documents you send to us in case of CRA review. We retain copies of some items but will return originals to you.

| IDENTIFICATION | Taxpayer 1 | Taxpayer 2 (Spouse/Partner) |
|--------------------------|------------|-----------------------------|
| Full name | | |
| Email address | | |
| Date of birth MM DD YEAR | | |
| Phone number | | |
| Address | | |

| | | |
|--|--------|----------------------------------|
| Marital Status (Single Divorced Married Separated Widow Commonlaw) | | |
| Did your marital status change during the year? | YES NO | If YES, provide date of change |
| Are we preparing tax return for spouse/commonlaw partner? | YES NO | If NO, enter their net income \$ |

DEPENDENTS

If we are preparing a tax return for your dependent, submit a separate Checklist for that dependent.

Existing clients: provide details of new dependents. New clients: provide your dependent details

| Full name & relationship (daughter, son, child etc) | Date of birth MM DD YEAR | Disability Tax Credit? | Net Income \$ |
|---|--------------------------|------------------------|---------------|
| | | | |
| | | | |
| | | | |

GENERAL INFORMATION

Are you a Canadian citizen?
 Do you authorize CRA to provide information about you to Elections Canada to update the National Register of Electors?
 Did you own foreign assets any time in the year with a total cost exceeding CAD\$100,000?
If YES, provide report from your investment broker, or details of foreign assets
 Did you dispose of OR change the use of a housing unit? (besides a principal residence - see below)

| Taxpayer 1 | | Taxpayer 2 | |
|------------|----|------------|----|
| YES | NO | YES | NO |
| YES | NO | YES | NO |
| YES | NO | YES | NO |
| YES | NO | YES | NO |

Disposed of a principal residence? If YES, provide details below. If NO, continue to next section

Was it your principal residence for all years owned? (if NO, provide details at bottom of page 2)

Address (if lot size exceeds 1/2 hectare provide details at bottom of pg 2) Date of disposal

| | | | |
|-----|----|-----|----|
| YES | NO | YES | NO |
| YES | NO | YES | NO |

| Proceeds of disposal \$ | Year acquired |
|-------------------------|---------------|
| | |

INCOME

T4 employment income
 CPP & OAS income T4A(P), T4A(OAS)
 Pension/annuity/other income T4PS, T4A, T4RSP, T4RIF, T4FHSA
 Investment income T3, T5, T5013
 Capital gains/losses (disposal of stocks, real estate, crypto, etc) [outside of RSP/RIF/TFSA/FHSA]
Provide Realized Gain/Loss report from brokerage account(s)
Other items: provide cost, purchase date, sale proceeds, sale date
 Spousal support received If YES, how much received? \$
 Foreign pension income Provide country, income type, amount received, currency, foreign tax paid

| Taxpayer 1 | | Taxpayer 2 | |
|------------|----|------------|----|
| YES | NO | YES | NO |
| YES | NO | YES | NO |
| YES | NO | YES | NO |
| YES | NO | YES | NO |
| YES | NO | YES | NO |
| YES | NO | YES | NO |
| YES | NO | YES | NO |

Other income not included above? (tips, EI, WSIB, etc) If yes, provide details below

| | | | |
|-----|----|-----|----|
| YES | NO | YES | NO |
|-----|----|-----|----|

| Income continued | Taxpayer 1 | | Taxpayer 2 | |
|---|---|----|------------|----|
| RENTAL INCOME (see our note on the Rentals worksheet regarding non-compliant short-term rentals) ----- | YES | NO | YES | NO |
| -If the entire property is rented complete 'Rental Income ENTIRE PROPERTY' Worksheet for each property | lisaritchie.ca/resources | | | |
| -If only a portion of your property is rented complete 'Rental Income PORTION of home only' Worksheet | lisaritchie.ca/resources | | | |

| | | | | |
|---|---|----|-----|----|
| BUSINESS INCOME (sole proprietorships, partnerships. EXCLUDES corporations.) ----- | YES | NO | YES | NO |
| -NOT HST-registrant? complete our Business Income Worksheet TAB 2 'NO HST breakdown' | lisaritchie.ca/resources | | | |
| -HST-Registrant: Would you like us to prepare your HST Return? ----- | YES | NO | YES | NO |
| If YES, complete our Business Income Worksheet TAB 1 'Include HST breakdown' | | | | |
| If NO, complete our Business Income Worksheet TAB 2 'NO HST breakdown' (and provide copies of HST Return(s) filed to ensure consistency with your T1) | lisaritchie.ca/resources | | | |

| DEDUCTIONS AND CREDITS | Taxpayer 1 | | Taxpayer 2 | |
|--|--|----|------------|----|
| RRSP contributions Official RRSP slips including first 60 days of current year | YES | NO | YES | NO |
| FHSA contributions Official FHSA slips [EXCLUDES first 60 days of current year] | YES | NO | YES | NO |
| Union/professional dues (if not listed on T4) | YES | NO | YES | NO |
| Spousal support paid \$ <i>Provide recipient name/agreement date in Notes below</i> | YES | NO | YES | NO |
| Moving expenses 40km closer to work/school - contact us to discuss | YES | NO | YES | NO |
| Investment carrying charges: interest, counsel fees, etc | YES | NO | YES | NO |
| Medical expenses not reimbursed (must exceed \$2759 or 3% of net income if less) <i>Complete our 'Medical Expenses' worksheet lisaritchie.ca/resources</i> <i>For prescription expenses: obtain a printout from your pharmacy; do not send us individual receipts</i> | YES | NO | YES | NO |
| Disability Tax Credit (DTC) for self (if DTC transferred from dependent, enter details in Notes below) | YES | NO | YES | NO |
| Home Accessibility Provide receipts for renos to increase safety/functionality of those 65+ or with DTC | YES | NO | YES | NO |
| Multigeneration Home Reno Receipts to construct secondary suite for eligible person (65+/18+with DTC) | YES | NO | YES | NO |
| First-time home buyers tax credit | YES | NO | YES | NO |
| Educator Supply Credit, Tradesperson Tool/Labour Mobility, Vol. Firefighter/Search Rescue | YES | NO | YES | NO |
| Tuition for taxpayer T2202 or TL11 | YES | NO | YES | NO |
| Tuition amount to transfer from dependent <i>Provide signed copy of T2202/TL11 (and student's Schedule 11 if we're not preparing that tax return)</i> | YES | NO | YES | NO |
| Student loan interest | YES | NO | YES | NO |
| Charitable donations dated Jan 1 2024 to Feb 28 2025 - must have charity registration # | YES | NO | YES | NO |
| Political contributions | YES | NO | YES | NO |
| Child care <i>Provide receipts & identify overnight camps separately. Provide totals per child below:</i> | YES | NO | YES | NO |
| | *usually must be claimed by lower-income spouse* | | | |
| Property taxes/rent paid <i>Provide details below: amount paid, address, municipality/landlord</i> | YES | NO | YES | NO |
| | | | | |
| Other items <i>(Provide details: adoption expenses, digital news subscription, legals fees, etc)</i> | YES | NO | YES | NO |
| | | | | |

| EMPLOYMENT EXPENSES - T2200 required from employer | Taxpayer 1 | | Taxpayer 2 | |
|--|------------|----|------------|----|
| Workspace in home <i>Complete only the top portion of our 'Employment Expenses' worksheet</i> | YES | NO | YES | NO |
| Automobile/other <i>Complete our 'Employment Expenses' worksheet lisaritchie.ca/resources</i> | YES | NO | YES | NO |

| TAX INSTALLMENTS | Taxpayer 1 | | Taxpayer 2 | |
|---|------------|--|------------|--|
| Income tax installments paid for this tax year? If yes, provide amount paid | \$ | | \$ | |

| NOTES: ANYTHING ELSE WE SHOULD KNOW? |
|--------------------------------------|
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