



## PERSONAL INCOME TAX CHECKLIST

**Warning: This is not an official Canada Revenue Agency form and should not be filed with your tax return.**

### Personal Information:

Name:													
Address:													
Phone:					Email:								
Date of Birth: mm/dd/yyyy					SIN #:								
Marital Status:		Single:	<input type="checkbox"/>	Married:	<input type="checkbox"/>	Separated:	<input type="checkbox"/>	Divorced:	<input type="checkbox"/>	Widowed:	<input type="checkbox"/>	Common-Law:	<input type="checkbox"/>
If marital status has changed during the year provide date: mm/dd													
Spouse's Name:					SIN:								
Spouse's Net Income: (provide <u>only</u> if we are not preparing the return)													

### Wholly Dependant Persons:

Name:					SIN #:						
Relationship:			Birthdate: <small>(mm/dd/yyyy)</small>		Net income:						
Did dependant live with you in 2009?					Yes: <input type="checkbox"/>		No: <input type="checkbox"/>				
If "No" please provide address:											
Does dependent qualify for the disability amount?					Yes: <input type="checkbox"/>		No: <input type="checkbox"/>			Infirmity: <input type="checkbox"/>	

Name:					SIN #:						
Relationship:			Birthdate: <small>(mm/dd/yyyy)</small>		Net income:						
Did dependant live with you in 2009?					Yes: <input type="checkbox"/>		No: <input type="checkbox"/>				
If "No" please provide address:											
Does dependent qualify for the disability amount?					Yes: <input type="checkbox"/>		No: <input type="checkbox"/>			Infirmity: <input type="checkbox"/>	

Name:					SIN #:						
Relationship:			Birthdate: <small>(mm/dd/yyyy)</small>		Net income:						
Did dependant live with you in 2009?					Yes: <input type="checkbox"/>		No: <input type="checkbox"/>				
If "No" please provide address:											
Does dependent qualify for the disability amount?					Yes: <input type="checkbox"/>		No: <input type="checkbox"/>			Infirmity: <input type="checkbox"/>	

Name:					SIN #:						
Relationship:			Birthdate: <small>(mm/dd/yyyy)</small>		Net income:						
Did dependant live with you in 2009?					Yes: <input type="checkbox"/>		No: <input type="checkbox"/>				
If "No" please provide address:											
Does dependent qualify for the disability amount?					Yes: <input type="checkbox"/>		No: <input type="checkbox"/>			Infirmity: <input type="checkbox"/>	



**PLEASE CHECK THE ITEMS THAT YOU HAVE ATTACHED**

	Yourself	Spouse	Dependents
Copy of prior years Notice of Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income:**

	Yourself	Spouse	Dependents
T4 - Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4A - Pension, Retirement, Annuity & Other income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4A (OAS) - Old Age Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4A (P) - Canada Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4ARCA - Distributions from RCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4E - Employment insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4PS - Employment profit sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4RIF/T4RSP - RRSP and RRIF income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3 - Trust and Mutual Fund income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5 - Interest and Dividend income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5007 - Social Assistance and WCB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5008 - Securities transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5013 - Partnership income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RC62 - Universal Child Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital transactions not included on T5008 (Small Business shares, Farm property, Publicly traded stocks and bonds, Real Estate, Personal use property)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Payments (provide details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign employment, pension or investment income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employment income (please complete form provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Link to Summary of Unincorporated Business and Professional Activities</b>			
<b>Link to Summary of Unincorporated Farming Activities</b>			
Rental property income (please complete form provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Link to Summary of Real Estate Rentals</b>			

**Deductions:**

	Yourself	Spouse	Dependents
T2200 - Declaration of condition of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T777 - Employment expense (please complete form provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Link to Summary of Employment Expenses</b>			
T2201 - Disability tax credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2202/TL11 - Tuition and education credits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RRSP - RRSP Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Union, professional dues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying charges (Safety deposit box, Accounting fees, interest on investment loans, Investment management fees, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest on student loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Political donations			
Medical receipts			
Support Payments (provide details)			
Children's fitness amount			
Child care expenses			
Moving expenses			
Property taxes or rent paid during year (provide details)			
Instalments made during the year			

Other Items:		Yourself	Spouse	Dependents
Are you a Canadian Citizen?	Yes			
	No			
Provide information to Elections Canada?	Yes			
	No			
Did you own foreign property at any time during the year with a total cost of more than \$100,000 cdn?	Yes			
	No			

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