

T1 Personal Tax Return Year _____

TONI LEPORE INC.
CPA CGA CFP

The checklist should be completed and returned to us together with your financial information.

Personal Contact Information

Your Name: _____
 SIN #: _____
 Date of Birth: _____ (MM/DD/YY)
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 E-Mail: _____
 Address: _____
 City: _____ Prov: _____
 Postal Code: _____

Spouse Name: _____
 SIN #: _____
 Date of Birth: _____ (MM/DD/YY)
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 E-Mail: _____
 Address: _____
 City: _____ Prov: _____
 Postal Code: _____

Did you move in Year? YES NO Did you move in Year? YES NO

Marital Status: Married Common Law Widowed Separated Divorced Single

Did your marital status change during the year? YES NO If Yes, Provide Date: _____ (MM/DD/YY)

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.

Universal Child Care Benefit from Line 117 on page 2 \$ _____
 Income from Line 236 on page 3 \$ _____

List All Dependants

Name	Relationship	Birthdate (MM/DD/YY)	SIN #	Net Income
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Do you or your spouse or any of your dependants qualify for the Disability Tax Credit? Yes No If Yes, whom _____

Other important matters (otherwise we will assume the default response)

Do you own/hold foreign property with a total cost of more than CAN \$100,000? Yes No
 Are you a Canadian Citizen? Yes No
 Do you authorize CRA to provide information about you to Elections Canada? Yes No
 Have you made installment payments for the Tax Year? Yes No If Yes, how much? _____
 Did you sell your principal residence? Yes No If Yes, additional info required _____

Do you want your tax refund deposited directly to your bank account?
 Yes Attached Void Cheque Requested Last Year Yes No

How do you want your tax return delivered once it has been completed by our staff?* Check all that apply:

- Electronic PDF Copy sent to my email as above (includes PDF of all slips)
- Hold for pick-up
- Mail to my home address
- Courier to my home address
- Other, please specify: _____

* Please note that tax returns cannot be filed without signed authorization and payment for tax preparation services

Source of Income

Check if you have any of the following sources of income and INCLUDE RECEIPTS in all cases

Source	Slips to attach
Employment income	T4
Commission income	T4 or T4A
Pension Plan	T4A
Taxable disability income	T4A
Old Age Security	T4(OAS)
Canada Pension Plan	T4A(P)
Profit Sharing income	T4PS
Universal Child Care Benefit	RC62
Employment Insurance Benefits	T4E
Dividend income	T3 or T5
Interest income	T3 or T5
Limited partnership income	T5013
RRSP income	T4RSP
RRSP withdrawals	T4RSP
RRIF income	T4RIF
Capital Gains or Losses	See worksheet
Scholarships or Bursaries	T4A
Workers' Compensation benefits	T5007
Social Assistance payment	T5007
Self employed income	See worksheet
Rental income	See worksheet
Sale of Investments	See worksheet
Sale of real estate	See worksheet
Spousal Support received	\$ _____
Child Support - taxable	\$ _____
Child Support - non-taxable	\$ _____
Tips & gratuities	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Deductions and Tax Credits Available

Check if you have any of the following deductions and INCLUDE RECEIPTS in all cases

Source	
RRSP contributions	
Union dues & Professional fees	
Child care expenses	
Moving expenses	
Interest paid on investment loans	
Investment counselling fees	
Public transit passes (to June 30, 2017)	
Home Accessibility expenses	
Interest paid on student loans	
Tuition fees paid - self	
Tuition fees paid - spouse/children	
Medical expenses	
Charitable Donations	
Political Party contributions - federal	
Political Party contributions - provincial	
Adoption expenses	
First Time Buyers amount	
Home Buyers Plan withdrawals/payments	
Lifelong Learning Plan withdrawals/payments	
Tax Instalments paid to CRA	
Property Tax Paid - Ontario	
Rent Paid - Ontario	
Educator school supply tax credit - Ontario	
Seniors public transit credit - Ontario	
Employment expenses -T2200 Tradespersons tool expenses	See worksheet
Spousal/Child Support payments	See worksheet
Other _____	\$ _____
Other _____	\$ _____

Other Income and/or Deductions

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

Additional worksheets available, upon request

- | | |
|--|---|
| <input type="checkbox"/> Self-employment Schedule | <input type="checkbox"/> Sale of Real Estate |
| <input type="checkbox"/> Rental Income Schedule | <input type="checkbox"/> Moving Expenses |
| <input type="checkbox"/> Employment Expenses (T2200) | <input type="checkbox"/> Sale of Investments (not held in registered funds) |