

## 2023 TAX INFORMATION CHECKLIST

Please indicate the slips/receipts/statements that you have included, as well as the number if there are multiples.

Example: if you have 5 donation receipts then you would indicate: 5 ☒ Charitable donations

**NAME:** \_\_\_\_\_ (please fill in one checklist per person)

### INCOME

- \_\_\_\_\_ ☐ T4 - Employment income
- \_\_\_\_\_ ☐ T4OAS - Old age security
- \_\_\_\_\_ ☐ T4A - Pension, retirement, annuity income
- \_\_\_\_\_ ☐ T4AP - Canada pension plan
- \_\_\_\_\_ ☐ T4RIF - RRIF income
- \_\_\_\_\_ ☐ T4RSP - RRSP income
- \_\_\_\_\_ ☐ T4E - EI benefits
- \_\_\_\_\_ ☐ T5 - Investment income (if joint, list % split below)
- \_\_\_\_\_ ☐ T3 - Trust income (if joint, list % split below)
- \_\_\_\_\_ ☐ T5008 - Statement of Securities Transactions
- \_\_\_\_\_ ☐ Details of securities/mutual fund redemptions  
(Including Book Value of securities sold)
- \_\_\_\_\_ ☐ T5013 - Partnership income
- \_\_\_\_\_ ☐ Self-employment income  
Please complete the "Self-employment" checklist and  
the "Auto Expenses" checklist (if applicable)
- \_\_\_\_\_ ☐ Rental property  
Please complete the "Rental Property" checklist

### DEDUCTIONS

- \_\_\_\_\_ ☐ RRSP Contribution
- \_\_\_\_\_ ☐ Child care expenses
- \_\_\_\_\_ ☐ Professional or union dues
- \_\_\_\_\_ ☐ Support payments (spousal or child)
- \_\_\_\_\_ ☐ Student loan interest statement
- \_\_\_\_\_ ☐ T2200 - Declaration of Conditions of Employment  
Please complete the "Employee - Home Office" checklist  
if claiming home office expenses as an employee

### CREDITS

- \_\_\_\_\_ ☐ Final CRA tax installment statement
- \_\_\_\_\_ ☐ Medical receipts
- \_\_\_\_\_ ☐ Disability Tax Credit
- \_\_\_\_\_ ☐ T2202A - Tuition credit
- \_\_\_\_\_ ☐ Charitable donations
- \_\_\_\_\_ ☐ Claim teacher tax credit
- \_\_\_\_\_ ☐ Digital news subscription credit (max \$500)
- \_\_\_\_\_ ☐ Rent or property taxes paid

### OTHER

- ☐ I own foreign assets over \$100,000
- ☐ I sold my Principal Residence  
Sale price: \$ \_\_\_\_\_ Year of acquisition: \_\_\_\_\_
- ☐ I want to authorize CRA to share my name and email with Ontario Health to be  
contacted about organ and tissue donation. (Ontario Residents Only)

### PERSONAL INFORMATION

	No change	New	If new please provide:
Email address	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mailing address	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marital Status	<input type="checkbox"/>	<input type="checkbox"/>	_____
Province of residency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Country of residency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Banking information (for autodeposit of tax refund)	<input type="checkbox"/>	<input type="checkbox"/>	(attach void cheque)

### Dependant information (tax credits)

First Name	Last Name	DOB (dd/mm/yy)

### Change of information / additional details:

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