

2025 TAX INFORMATION CHECKLIST

Please indicate the slips/receipts/statements included and enter the quantity if there are multiple. Complete one checklist per person.

Example: if you have 3 charitable donation receipts, enter 3 in the # column and check the box:

3	<input checked="" type="checkbox"/>	Charitable donations
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CLIENT NAME: _____

INCOME	DEDUCTIONS
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | T4 – Employment income |
| <input type="checkbox"/> | <input type="checkbox"/> | T4OAS – Old age security |
| <input type="checkbox"/> | <input type="checkbox"/> | T4A – Pension, retirement, annuity |
| <input type="checkbox"/> | <input type="checkbox"/> | T4AP – Canada Pension Plan (CPP) |
| <input type="checkbox"/> | <input type="checkbox"/> | T4RIF – RRIF income |
| <input type="checkbox"/> | <input type="checkbox"/> | T4RSP – RRSP income |
| <input type="checkbox"/> | <input type="checkbox"/> | T4E – Employment Insurance (EI) |
| <input type="checkbox"/> | <input type="checkbox"/> | T5 – Investment income
<i>If joint, note % split in comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | T3 – Trust income
<i>If joint, note % split in comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | T5008 – Securities transactions
<i>Include book value of securities sold</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | T5013 – Partnership income |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employment income
<i>Complete Self-Employment & Auto Expenses checklists</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Rental property income
<i>Complete Rental Property checklist</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | RDSP income |
| <input type="checkbox"/> | <input type="checkbox"/> | Foreign income (non-T-slip)
<i>Provide details in comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Lump-sum / retroactive payments
<i>T1198 if applicable</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other income (specify in comments) |

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RRSP contributions |
| <input type="checkbox"/> | <input type="checkbox"/> | Spousal RRSP contributions |
| <input type="checkbox"/> | <input type="checkbox"/> | FHSA contributions
<i>First Home Savings Account</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Carrying charges / investment interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Child care expenses
<i>Receipts required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Professional dues |
| <input type="checkbox"/> | <input type="checkbox"/> | Support payments (spousal or child) |
| <input type="checkbox"/> | <input type="checkbox"/> | Student loan interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Moving expenses
<i>Eligible moves only</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | T2200 – Conditions of employment
<i>Complete Employee – Home Office checklist</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability support deduction
<i>Expanded eligibility 2025</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | PRPP / SPP contributions |
| <input type="checkbox"/> | <input type="checkbox"/> | Business investment loss |
| <input type="checkbox"/> | <input type="checkbox"/> | Other deductions
<i>Specify in comments</i> |

CREDITS	
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Medical expenses / receipts
<i>Must exceed lesser of 3% of net income or \$2,834 to apply</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Charitable donations |
| <input type="checkbox"/> | <input type="checkbox"/> | Political contributions |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability Tax Credit (DTC)
<i>CRA Approved Disability Tax Credit required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Canada Caregiver Credit
<i>For spouse, partner, or dependant</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Canada Disability Benefit
<i>NEW 2025 – must qualify for DTC</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | T2202A – Tuition credit |
| <input type="checkbox"/> | <input type="checkbox"/> | Canada Training Credit
<i>Training credit required, verify 2024 CRA NOA</i> |

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | First-time home buyer's credit |
| <input type="checkbox"/> | <input type="checkbox"/> | Home accessibility tax credit
<i>Qualifying renovation receipts</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Multigenerational home renovation |
| <input type="checkbox"/> | <input type="checkbox"/> | Final CRA tax instalment statement |
| <input type="checkbox"/> | <input type="checkbox"/> | Teacher/educator school supply credit |
| <input type="checkbox"/> | <input type="checkbox"/> | Rent or property taxes paid
<i>Province-specific; provide amounts</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other credits
<i>Specify in comments</i> |

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OTHER SITUATIONS – PLEASE INDICATE IF ANY APPLY

- I own foreign assets with a total cost over \$100,000 (T1135 required)
- I received a lump-sum or retroactive payment
- I sold my Principal Residence in 2025 (Complete additional details below)
- I moved to a new province or territory in 2025
- I sold real-estate that was not my principal residence
- I moved for work or school (moving expenses may apply)
- I have rental property income or expenses
- I became a Canadian resident or non-resident in 2025
- I started or closed a business in 2025
- My marital status changed in 2025
- I am self-employed or have business income

If principal residence sold, please complete:

Sale price: \$ _____ Year acquired: _____ Years used as principal residence: _____

ORGAN & TISSUE DONATION AUTHORIZATION

I want to authorize the CRA to share my name and email with the provincial health authority regarding organ and tissue donation.

Yes – Ontario residents (Ontario Health) Yes – Alberta residents (AHS)

PERSONAL INFORMATION – CHANGES SINCE LAST RETURN

- | Field | No Change | Changed / New Value |
|-------------------------------|-----------|---------------------|
| Email address | | |
| Mailing address | | |
| Marital status | | |
| Province of residency | | |
| Country of residency | | |
| Banking info (direct deposit) | | |

If banking information is new, please attach a void cheque or provide transit/institution/account numbers.

DEPENDANT INFORMATION (NEW OR CHANGED)

First Name	Last Name	Date of Birth (dd/mm/yy)	Relationship

COMMENTS & ADDITIONAL DETAILS