EDMONDSON BALL DAVIES LLP
Chartered Professional Accountants

IDENTIFICATION

2015 TAX RETURN CHECKLIST

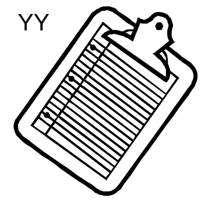
Your name: _______________________ SIN# ____ ___ ___ Date of Birth: ____/____/____

Your spouse: _______________________ SIN# ____ ___ ___ Date of Birth: ____/____/____

ADDRESS: ____ DD MM YY

____

____



Home Phone # (______)____________________ Work Phone # (______)____________________

Spouse Work # (______)____________________ e-mail address ____________________________

MARITAL STATUS

☐ Married ☐ Widowed ☐ Divorced ☐ Common-law [(1)] ☐ Separated ☐ Single

Did your marital status change during the year? ☐ Yes ☐ No If so, provide Date ______________

If we are **NOT** preparing a tax return for your spouse, please provide the following:

Net Income figure from line 236 on page 2 of his/ her 2015 tax return $_____________

(1) Includes same-sex relationships

List any **dependants** who were 18 years of age or under as of December 31, 2015

Name	Relationship	2015 net income	Date of birth	SIN#
____________________	____________________	$___________________	____/____/____	_______________
____________________	____________________	$___________________	____/____/____	_______________
____________________	____________________	$___________________	____/____/____	_______________
			DD MM YY	

Do you or your spouse or any of your dependants qualify for disability credit? ___________________________

Were you a first-time home buyer during the year? ____

Do you provide shelter and/or financial support to any other relatives (e.g. parents)? _________________________

DELIVERY OF RETURN AND OTHER IMPORTANT MATTERS

Did you own/hold foreign property with a cost of more than $100,000? ☐ Yes (attach details) ☐ No

Do you authorize CRA to provide information about you to Elections Canada? ☐ Yes ☐ No

Do you want your tax refund deposited directly to your bank account? ☐ Yes ☐ No

If yes: ☐ Direct Deposit requested last year ☐ First time - attach a void cheque

How do you want your tax return delivered once our staff has completed it?

☐ Hold for pick-up ☐ Mail to my home address via Canada Post

☐ Courier to my home address ☐ Courier to my office address. Provide address.

To guarantee that your return will be prepared by April 30th, we must have all of your data by April 16th.

(**WE WILL ADD A 15% SURCHARGE FOR THOSE WHO MISS THIS DEADLINE** – self-employed people excluded)

Scaborough Office
501- 10 Milner Business Court
Scarborough, Ontario
M1B 3C6

Toronto Beach Office
208-577 Kingston Road
Toronto, Ontario
M4E 1R3

Tel. 416-293-5560 / Fax 416-293-5377
Website: www.ebdcas.com

SOURCES OF INCOME

(Check if you have any of the following sources of income)

Source	**Slip to Bring**
❑ Employment income	T4
❑ Taxable disability income	T4A
❑ Profit sharing income	T4PS
❑ Commission income	T4 or T4A
❑ Old Age Security	T4A(OAS)
❑ Canada Pension	T4A(P)
❑ Other pension / annuities	T4A
❑ RRIF income	T4(RIF)
❑ Withdrawals from RRSP	T4(RSP)
❑ Employment Insurance benefits	T4(E)
❑ Workers Safety Insurance	T5007
❑ Social Assistance payments	T5007
❑ Scholarships and bursaries	T4A
❑ Dividends	T3 or T5
❑ Interest	T3 or T5
❑ Limited partnerships	T5013
❑ Universal Child Care Benefits	RC62
❑ Working Income Tax Benefit advances	RC210
❑ Rental income	Summarize on page 4
❑ Sale of real estate	Summarize on page 4
❑ Sale of securities	Summarize on page 4
❑ Self-employed income	Summarize on page 3
❑ Spousal support	$_______________
❑ Child support (taxable)	$_______________
❑ Foreign pensions	$_______________
❑ Tips and gratuities	$_______________
❑ Other _______________	$_______________
❑ Other _______________	$_______________

PLEASE PROVIDE **ALL** PARTS OF THE SLIPS TO US AND DO NOT SEPARATE THEM. WE WILL RETURN ONE COPY OF THE SLIPS TO YOU.

DEDUCTIONS AND TAX CREDITS AVAILABLE

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

❑ Investment loan interest	$____________
❑ Investment counselling fees	$____________
❑ RRSP contributions	$____________
❑ Moving expenses (if more than 40km)	$____________
❑ Medical expenses	$____________
❑ Adoption expenses	$____________
❑ Health insurance premiums	$____________
❑ Union dues and professional fees	$____________
❑ Child care expenses	$____________
❑ Children's fitness expenses	$____________
❑ Children's activity expenses (other than fitness)	$____________
❑ Charitable donations (let us know if you are first-time donor)	$____________
❑ Transit passes	$____________
❑ Political party contributions	$____________
❑ Qualifying "Healthy Homes Renovation" expenses – related to seniors only	$____________
❑ Tuition fees – SPOUSE / CHILDREN (provide **T2202A** from University or College)	$____________
❑ Interest on student loans	$____________
❑ Tax instalments paid to government	$____________
❑ Other _______________________	$____________

Check if you have any of the following deductions and ensure that you have the receipts to support the following items. If unsure, attach receipts.

❑ Employment expenses	Summarize on page 3
❑ Spousal support payments made	$____________
❑ Child support (ONLY if deductible)	$____________
❑ Rent paid	$____________
❑ Property taxes paid	$____________
❑ Other _______________________	$____________

PLEASE PROVIDE YOUR 2013 NOTICE OF ASSESSMENT.

EMPLOYMENT EXPENSES

Please include a signed T2200 – Declaration of Employment Conditions from your employer.

Expense	Amount
Accounting & legal fees	$__________
Legal fees	$__________
Food, beverages and entertainment	$__________
Lodging	$__________
Telephone	$__________
Supplies (e.g. postage, stationery, other)	$__________
Other ______________________	$__________
Other ______________________	$__________
Other ______________________	$__________
Automobile expenses	Summarize below
Office in home expenses	Summarize below

AUTOMOBILE EXPENSES
(for business and employment)

Year & make of automobile:	______________________
Year of purchase	__________
Purchase price	$__________
Total kilometres driven in year	__________
Total kilometres driven in year for business	__________

(If car purchased or leased in 2015, please provide copy of purchase or lease agreement.)

Expense (including HST):	Amount
Fuel	$__________
Repairs and maintenance	$__________
Insurance	$__________
Licensing or registration	$__________
Loan interest	$__________
Lease payments	$__________
407 ETR	$__________
Car washes	$__________
Parking	$__________
Other ____________________________	$__________
Other ____________________________	$__________

HOME OFFICE
(for business and employment)

Percentage of home used for business ________ %

Expense	Amount
Heat	$__________
Hydro	$__________
Water	$__________
Insurance	$__________
Maintenance & repairs	$__________
Mortgage interest (self-employed only)	$__________
Property taxes	$__________
Rent	$__________
Other ______________________	$__________

SELF-EMPLOYED INCOME AND EXPENSES

Name of business ______________________________

Type of business ______________________________

INCOME:

Revenue before HST	$____________	
HST collected	$____________	
Total collected		$____________

EXPENSES (including HST):	
Advertising	$____________
Licenses, dues, memberships & subscriptions	$____________
Insurance	$____________
Interest and bank charges	$____________
Meals & entertainment	$____________
Office supplies	$____________
Legal and accounting	$____________
Rent	$____________
Salaries	$____________
Telephone	$____________
Repairs and maintenance	$____________
Internet fees	$____________
Travel	$____________
Postage and courier	$____________
Other ______________________	$____________
Other ______________________	$____________
Equipment and furniture purchases: (please provide invoices)	
______________________________	$____________
______________________________	$____________
______________________________	$____________

HST Business Number ______________________

Please include HST in all of the expense items above

RENTAL PROPERTY

(if property was purchased during the year, please provide the Agreement of Purchase and Sale and the solicitor's reporting letter)

Address ____

Name of partner and % owned ______________________

SIN # of partner ______________________________

INCOME: $____________

EXPENSES:

Insurance $____________

Mortgage interest $____________

Repairs & maintenance $____________

Property taxes $____________

Utilities $____________

Advertising $____________

Management & administration $____________

Professional fees $____________

Other ______________________ $____________

Other ______________________ $____________

Major renovations and purchases (e.g. appliances)

________________________________ $____________

________________________________ $____________

SALE OF REAL ESTATE (not principal residence)

(please provide the Agreement of Purchase and Sale and the solicitor's reporting letter for BOTH your sale and purchase)

Address ____

Name of partner and % owned ______________________

SIN # of partner ______________________________

Date sold ______________________________

Date Purchased ______________________________

Purchase price $______________

Legal and other costs on purchase $______________

Additions and/or major improvements

________________________________ $______________

________________________________ $______________

Sale price $______________

Legal and other costs of sale $______________

Commission paid on sale $______________

Other ______________________ $______________

Other ______________________ $______________

SALE OF SECURITIES (other than those in RRSPs, RRIFs and TFSAs)

For each brokerage account, please provide the following:

- Transaction Summary for the year
- Investment Income and Expense Summary for the year
- The **December 31st monthly account statement**

Please also ask your broker for a **"REALIZED GAIN/LOSS REPORT".** This report is not routinely given to clients, but is very useful to us and is available at no charge from most brokers.

For non-registered **MUTUAL FUNDS**, please provide the December 31st year-end statement from the mutual fund company. These statements should show all mutual fund transactions for the year, including any sales, redemptions or transfers.