



**Mark Schonewille, B.Acc., C.A**

CHARTERED ACCOUNTANT

**Personal Income Tax Return Checklist**  
**Part 1: Background Information**

*Please fill out all fields, unless otherwise indicated.*

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Phone *Home*: \_\_\_\_\_ *Work*: \_\_\_\_\_

Are you a Canadian citizen: Yes  No

Do you wish to register with Elections Canada: Yes  No

Do you own more than \$100,000 in foreign property: Yes  No

Marital Status      Married       Common Law       Widowed   
                         Divorced       Separated       Single

**CHANGE IN MARITAL STATUS** *(if applicable)*

Nature of change (married, divorced, separated): \_\_\_\_\_

Date: \_\_\_\_\_

**SPOUSAL INFORMATION** *(if applicable)*

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

**CHILDREN (UNDER 18) OR OTHER DEPENDENTS** *(if applicable)*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SIN: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SIN: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SIN: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SIN: \_\_\_\_\_

**DISABILITY** *(if applicable)*

Name of disabled person: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Have you claimed a disability credit for this person in the past:    Yes                No       

*No: you will need to submit form T2201 to the CRA, signed by a qualified medical practitioner.*

**NOTICE OF ASSESSMENT**

Please bring your previous year's notice of assessment.

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**www.schonewilleaccounting.com**

**Personal Income Tax Return Checklist**  
**Part 2: Income**

Source of Income	Slip	Received (if applicable)
Employment Income	T4	<input type="checkbox"/>
Old Age Security pension	T4A (OAS)	<input type="checkbox"/>
Canada Pension Plan benefits	T4A (P)	<input type="checkbox"/>
Other pensions & scholarship income	T4A	<input type="checkbox"/>
Universal Child Care Benefit	RC62	<input type="checkbox"/>
Employment Insurance	T4E	<input type="checkbox"/>
RRSP income	T4RSP	<input type="checkbox"/>
RRIF income	T4RIF	<input type="checkbox"/>
Investment income (dividend, interest)	T5	<input type="checkbox"/>
Mutual fund, Trust & Estate income	T3	<input type="checkbox"/>
Partner Income (limited or non-active)	T5013	<input type="checkbox"/>
Universal Child Care Benefit	RC62	<input type="checkbox"/>
Employment or commission expenses	T2200	<input type="checkbox"/>
Other:		<input type="checkbox"/>
<b>Other sources of income</b>		<b>Amount</b>
Rental Income		
Capital gains or losses		
Alimony or support payments received		
Self-employment income		

**Personal Income Tax Return Checklist**  
**Part 3: Deductions & Credits**

<b>Deductions &amp; Credits</b>	<b>Amount (if applicable)</b>	<b>Receipts/Slip (if applicable)</b>
RRSP contributions		<input type="checkbox"/>
Union & professional dues		<input type="checkbox"/>
Attendant care expenses		<input type="checkbox"/>
Child care expenses		<input type="checkbox"/>
Children's fitness amount		<input type="checkbox"/>
Spousal support amount		<input type="checkbox"/>
Rent paid		<input type="checkbox"/>
Property Taxes		<input type="checkbox"/>
Public transit amount		<input type="checkbox"/>
Moving expenses		<input type="checkbox"/>
Interest paid on student loans		<input type="checkbox"/>
Medical expenses		<input type="checkbox"/>
Charitable donations & gifts		<input type="checkbox"/>
Political party/candidate donations		<input type="checkbox"/>
Employment & commission expenses		T2200 (signed by employer)
Education, tuition & textbook amounts		T2202A
Other:		