



BIZ CONSULTANT  
GRAPHIC DESIGN  
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## TAX FILING CHECKLIST

To assist us in the preparation of your Personal and Self-Employment Income Tax Return, please complete this form and attach the supporting documents. (Optional - total receipts by category and attach a calculator tape.)

In the event of an audit, the one of proof is on taxpayer; unsupported claims may be denied.

### PERSONAL INFO

Name: \_\_\_\_\_ SIN: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### MARITAL STATUS

Married   
  Common-Law   
  Divorced   
  Separated   
  Widowed   
  Single

If Status changed in the year: \_\_\_\_\_ Date of Status Change: (yyyy/mm/dd) \_\_\_\_\_  
 Spouse: \_\_\_\_\_ SIN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Birthday: (yyyy/mm/dd) \_\_\_\_\_ Self-employed? Y or N \_\_\_\_\_

### DEPENDENTS

Name:	Birthday:	SIN:	Income:	MALE	FEMALE
_____	yyyy/mm/dd	xxx-xxx-xxx	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	yyyy/mm/dd	xxx-xxx-xxx	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	yyyy/mm/dd	xxx-xxx-xxx	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	yyyy/mm/dd	xxx-xxx-xxx	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	yyyy/mm/dd	xxx-xxx-xxx	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>



## TAX FILING CHECKLIST PAGE 2

### OTHERS

YES  NO Do you authorize CRA to provide your name, address and birthdate to Elections Canada?  
 YES  NO Did you own foreign property at any time in the year with a total of more than \$100K CDN?  
 YES  NO Do you want direct deposit for GST, Tax Refund and/or Child Tax Benefit? (need VOID Cheque)  
 YES  NO Has direct deposit information previously been supplied to CRA?  
 Initials: \_\_\_\_\_

### PLANNING

YES  NO Do you have a current will?  
 YES  NO Do you and your spouse have power of attorney for each other?  
 YES  NO Should you review your life insurance or disability insurance?  
 YES  NO Have you started a plan for retirement?

### DOCUMENTS NEEDED

Prior Year Notice of Assessment and Summary of current year instalment payments

### INCOME

<b>Personal Income</b> <input type="checkbox"/> T4 Employment Income <input type="checkbox"/> Other Employment Benefits (e.g.)Tips \$____ <input type="checkbox"/> T4A (OAS) Old Age Benefit <input type="checkbox"/> T4A (P) - CPP Benefits <input type="checkbox"/> T4A - Other Pension & Superannuation <input type="checkbox"/> T4E - Employment Insurance Benefits <input type="checkbox"/> T5007 - Social Assistance/WCB <input type="checkbox"/> T4 RSP - RRSP Income <input type="checkbox"/> T4 RIF - RRIF Income <input type="checkbox"/> Foreign Pensions - Country _____	<b>Investment</b> <input type="checkbox"/> T3 - Estate/Trust/Mutual Funds Income <input type="checkbox"/> T3/T5 - Interest and Dividend Income <input type="checkbox"/> Annual Statement(s) from Mutual Funds <input type="checkbox"/> T600 - Canada Savings Bonds <input type="checkbox"/> T5008 - Statement of Security Trans. <input type="checkbox"/> T5013 - Limited Partnership <input type="checkbox"/> Capital Gains/Losses* <input type="checkbox"/> Trading Summary from Broker(s) <input type="checkbox"/> Interest on Tax Refund(s) <input type="checkbox"/> Foreign Income
<b>Business</b> <input type="checkbox"/> Self-Employed Income	<b>Other</b> <input type="checkbox"/> Alimony <input type="checkbox"/> Taxable Child Support <input type="checkbox"/> T4A Scholarship/ Bursaries



## TAX FILING CHECKLIST PAGE 3

### DEDUCTIONS

<b>Employment</b> <input type="checkbox"/> RRSP Contribution (Official Receipts) <input type="checkbox"/> Union, Professional Dues <input type="checkbox"/> Employment Insurance Benefit Repayments <input type="checkbox"/> Accounting Fees <input type="checkbox"/> Deductible Legal Fees <input type="checkbox"/> Employment Expenses <input type="checkbox"/> Moving Expenses	<b>Investment</b> <input type="checkbox"/> Safety Deposit Box Charges <input type="checkbox"/> Interest and Carrying Charges <input type="checkbox"/> Investment Counsel and Accounting Fee <input type="checkbox"/> <b>Allowable Business Investment LOSS</b>
<input type="checkbox"/> Adoption Expenses <input type="checkbox"/> T2201 Disability Credit Certificate <input type="checkbox"/> CRA Eligibility Validated <input type="checkbox"/> T2202 (A) Tuition Fees / Education Credit <input type="checkbox"/> T2202(A) Tuition Fees/Education Credit Dependant(s)	<b>Other</b> <input type="checkbox"/> Alimony Paid <input type="checkbox"/> Deductible Child Support Paid <input type="checkbox"/> Child Care Expenses <input type="checkbox"/> Transit Pass <input type="checkbox"/> Medical Receipts - Include Insurance Reimbursement statement <input type="checkbox"/> Interest Paid on Student Loans <input type="checkbox"/> Charitable Donations <input type="checkbox"/> Political Donation

### TAX CREDITS

### BUSINESS INFO

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Main Services/Products: \_\_\_\_\_ Co-Ownership Name & SIN: \_\_\_\_\_  
 Sole Proprietorship Name: \_\_\_\_\_  
 Partnership SIN: \_\_\_\_\_  
 About to register business Percentage of Ownership: % \_\_\_\_\_

### BUSINESS INCOME TAXES

YES  NO Full Year \_\_\_\_\_ If No. Fiscal Period: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 YES  NO Is the Business registered for GST? BUSINESS # \_\_\_\_\_  
 Sales of Goods and Services: \_\_\_\_\_ Sales of Capital Assets: \_\_\_\_\_  
 PST Return for the year: \_\_\_\_\_ GST returns for the year: \_\_\_\_\_  
 NOTE: Must include statements and correspondence received



## TAX FILING CHECKLIST PAGE 4

### CAPITAL COST

Capital outlays are considered to be of lasting nature; the full amount cannot be deducted in the year acquired.  
 Computer Equipment: \_\_\_\_\_ Vehicle: \_\_\_\_\_  
 Computer Software: \_\_\_\_\_ Other: \_\_\_\_\_  
 Equipment, Furniture, and tools: (e.g. rainbow vacuum, dishwasher, catering utensils and tools)  
 Renovation: \_\_\_\_\_

### COST OF SALES

Closing Inventory at December 31 (at cost) : \_\_\_\_\_ Purchase of Goods for Resale: \_\_\_\_\_

### BUSINESS EXPENSES

Advertising:	Office Supplies:
Bad Debts:	Private Health Service Plan Premium:
Business Licenses, Dues & Membership:	Professional Fees:
Convention (max 2 per year):	Rent and Property Taxes (for leased premises):
Delivery and Freight:	Salaries & Benefits:
Insurance:	Supplies:
Interest and Bank Charges:	Telephone:
Maintenance and Repairs (except Vehicle):	Travel:(Airfare, Transit, taxi, lodging)
Management and Admin Fees:	Utilities (excluding home)
Meals and Entertainment:	Other

### MOTOR VEHICLE

Kilometer driven for business purposes: \_\_\_\_\_ Total KM Driven in the year: \_\_\_\_\_  
 Description of Vehicle: (year/model/Make) \_\_\_\_\_ Lease Costs: \_\_\_\_\_  
 Fuel \_\_\_\_\_ Parking: \_\_\_\_\_  
 Insurance and Interest \_\_\_\_\_ Maintenance and Repairs \_\_\_\_\_

### WORK SPACE IN HOME

Area used for business: 1 \_\_\_\_\_ Total area of home: 4 \_\_\_\_\_  
 Electricity (Hydro): \_\_\_\_\_ Maintenance (includes strata fees): \_\_\_\_\_  
 Gas (Terasen): \_\_\_\_\_ Property Taxes \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Utilities: \_\_\_\_\_  
 Interest: Include Mortgage statements: \_\_\_\_\_ Cable,ISP, Phone: \_\_\_\_\_