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2020 PERSONALINCOME TAX RETURN CHECKLIST

Express Sign-off

Meeting requested

Returning clients, include changes in 2020.

New clients complete all sections.

SIN:	Birthdate:								
Address as it appears v	with the C	anada Revenue Age	ency:						
	Preferred method of contact			n	Marital Status				
Home telephone:				о	o Single	^o Separated			
Mobile telephone:				о	^o Common-law	^o Divorced			
Email Address:				o	^o Married	^o Widowed			
If your marital status c	hanged ir	1 2020, please suppl	y date of chan	ge:					
Spouse name:	Spouse SIN:								
Spouse birthdate:	Alternate telephone:								
Dependent children:	Name	Son/Daughter	Birthdate	9	SIN Disabilitie	s Y/N Income Y/N			

Are you a Canadian Citizen?				Yes	No
Do you authorize Canada Revenue Ag	ency (CRA) to provi	de your name,		
address and date of birth to Elections	Yes	No			
Did you own foreign property, or hold	foreign ir	nvestmen	ts at any time during 2020		
with a total cost of all holdings in exce	Yes	No			
Did you buy or sell a principal residen	Yes	No			
Did you buy or sell other real estate in	Yes	No			
Do you have a Disability Tax Credit ce	Yes	No			
Do you have a Will? Yes No	lf y	es, name	of executor:		
Do you have a Power of Attorney?	Yes	No	If yes, name of PoA:		

Ask us for our easy-fill forms for self-employment income, farm income, rental income and medical travel

Please supply slips or related documents for income and deductions.

If you purchased **RRSP's** for 2020, please include all slips including slips for the first 60 days of 2021.

We will prepare your 2020 personal income tax return based on the information that you provide to us. We will not audit or otherwise verify the data you submit, although we may ask you for clarification of some of the information. It is our responsibilioity to prepare your tax return correctly according to the law and the information that you have provided. It is your responsibility to provide us with all the information required to prepare complete and accurate returns.