

CHECKLIST

REQUIRED	Client 1 Name:		Client 2 Name:	
	Birthdate:	Year Month Day	Birthdate:	Year Month Day
	<input type="checkbox"/> Phone <input type="checkbox"/> Cell:		<input type="checkbox"/> Phone <input type="checkbox"/> Cell:	
	Email:		Email:	
	Marital Status on Dec 31, 2017:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Status changed in 2017. Date of change: _____		
	Mailing Address:	<input type="checkbox"/> Address is changed from last year		

- I am a returning client** from last year.
***IMPORTANT:** Please complete all shaded areas and update any changes from last year*
- I am a new client:** Please include last year's tax return and Notice of Assessment

If married or living common-law and Mennonite Trust is preparing only your tax return, please include the following:

Spouse's Name: _____ SIN: _____
 Line 236 of this year's income tax: _____

Dependants (may include dependant adults and parents if living with you)

Name: (first and last if different)	Relationship	Date of Birth (Year/Month/Day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS for each person submitting a return:

Check the following if the answer is "YES"

	Client 1	Client 2
REQUIRED I am a Canadian citizen.	<input type="checkbox"/>	<input type="checkbox"/>
I want my name added to the voters list through my tax return. (usually the selection is "YES")	<input type="checkbox"/>	<input type="checkbox"/>
I own foreign property worth over \$100,000 Canadian (attach list).	<input type="checkbox"/>	<input type="checkbox"/>
I have redeemed RRSPs under the Home Buyers Plan provision. <i>If yes, please submit to us your Notice of Assessment from the last tax year.</i>	<input type="checkbox"/>	<input type="checkbox"/>
I want to know more about registering for the CRA online mail service.	<input type="checkbox"/>	<input type="checkbox"/>
I paid tax by instalments last year.	<input type="checkbox"/>	<input type="checkbox"/>
I am a citizen of the United States	<input type="checkbox"/>	<input type="checkbox"/>

CHECKLIST

Check any of the following which are applicable to you, and provide ALL necessary slips, receipts or documentation.

Check the box if the answer is "YES"	Client 1	Client 2
I received a notice of re-assessment for unreported income in any of the past two tax years. <i>CRA penalties are severe for further unreported income!!!</i>	<input type="checkbox"/>	<input type="checkbox"/>
I sold, or an agent sold for me: <ul style="list-style-type: none"> ● Mutual Funds (non-registered account) ● Stocks (non-registered account) ● Real Estate (personal residence included) <i>If so, include all details of sale price & purchase price (or Adjusted Cost Base). Also include legal fees, real estate fees, and commissions if applicable.</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I bought my first home, OR bought and did not own a home in four calendar years prior.	<input type="checkbox"/>	<input type="checkbox"/>
I received tips/gratuities	<input type="checkbox"/>	<input type="checkbox"/>
I contributed to an RRSP	<input type="checkbox"/>	<input type="checkbox"/>
I withdrew funds from my RRSP or RRIF	<input type="checkbox"/>	<input type="checkbox"/>
I contributed to Union dues	<input type="checkbox"/>	<input type="checkbox"/>
I received the Universal Child Care Benefit	<input type="checkbox"/>	<input type="checkbox"/>
I paid childcare expenses	<input type="checkbox"/>	<input type="checkbox"/>
I had moving expenses (at least 40 kms closer to work or school)	<input type="checkbox"/>	<input type="checkbox"/>
I had carrying charges (interest expense to earn investment income)	<input type="checkbox"/>	<input type="checkbox"/>
I can claim the Clergy Residence deduction	<input type="checkbox"/>	<input type="checkbox"/>
I am claiming Employment Expenses (required: employer completed form T2200)	<input type="checkbox"/>	<input type="checkbox"/>
I have Tradesperson Tool Expenses	<input type="checkbox"/>	<input type="checkbox"/>
I have Tuition expenses to: <input type="checkbox"/> claim <input type="checkbox"/> transfer to Spouse/Parents <input type="checkbox"/> carry forward	<input type="checkbox"/>	<input type="checkbox"/>
I have Medical Expenses <i>Please provide prescription summary from pharmacy (or authorize MTL to contact your pharmacy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I have Charitable Donation receipts I have charitable amounts available from other years	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
I have a Disability Tax Credit Certificate	<input type="checkbox"/>	<input type="checkbox"/>
I have a Tax Free Savings Account	<input type="checkbox"/>	<input type="checkbox"/>
I wish to <input type="checkbox"/> change or <input type="checkbox"/> authorize new automatic deposit information for tax refunds. Please provide a VOID cheque.	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL NOTES:

I have reviewed this checklist, and acknowledge that all applicable income has been disclosed and all necessary slips submitted. I waive my rights to tax deductions and/or credits where I have not made MTL aware of my eligibility.

Signed: _____
 Client 1

 Client 2