

**CHECKLIST**

<b>REQUIRED</b>	<b>Client 1 Name:</b>		<b>Client 2 Name:</b>	
	<b>Birthdate:</b>	Year      Month      Day	<b>Birthdate:</b>	Year      Month      Day
	<input type="checkbox"/> Phone <input type="checkbox"/> Cell:		<input type="checkbox"/> Phone <input type="checkbox"/> Cell:	
	<b>Email:</b>		<b>Email:</b>	
	<b>Marital Status on Dec 31, 2018:</b>	<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 2018. Date of change: _____		
	<b>Mailing Address:</b>	<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
<b>REQUIRED</b> 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. <b>CRA penalties are severe for further unreported income!!!</b>	<input type="checkbox"/>	<input type="checkbox"/>
I <b>sold</b> , or an agent sold for me: <ul style="list-style-type: none"> <li>● My house/condominium (principal residence)</li> <li>● Real Estate (farmland, rental property, cabin, etc)</li> <li>● Stocks (non-registered account)</li> <li>● Mutual Funds (non-registered account)</li> </ul> <i>If so, include all details of sale price &amp; 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"/> <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 <b>tips/gratuities</b>	<input type="checkbox"/>	<input type="checkbox"/>
I contributed to an <b>RRSP</b>	<input type="checkbox"/>	<input type="checkbox"/>
I withdrew funds from my RRSP or RRIF	<input type="checkbox"/>	<input type="checkbox"/>
I contributed to <b>Union dues</b>	<input type="checkbox"/>	<input type="checkbox"/>
I paid <b>childcare</b> expenses	<input type="checkbox"/>	<input type="checkbox"/>
I had <b>moving expenses</b> (at least 40 kms closer to work or school)	<input type="checkbox"/>	<input type="checkbox"/>
I had <b>carrying charges</b> (interest expense to earn investment income)	<input type="checkbox"/>	<input type="checkbox"/>
I can claim the <b>Clergy</b> Residence deduction	<input type="checkbox"/>	<input type="checkbox"/>
I am claiming <b>Employment Expenses</b> (required: employer completed form T2200)	<input type="checkbox"/>	<input type="checkbox"/>
I have <b>Tradesperson Tool Expenses</b>	<input type="checkbox"/>	<input type="checkbox"/>
I have <b>Tuition</b> 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 <b>Medical Expenses</b> <i>Please provide prescription summary from pharmacy (or authorize MTL to contact your pharmacy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I have <b>Charitable Donation</b> receipts I have charitable amounts available from other years	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
I have a <b>Disability Tax Credit Certificate</b>	<input type="checkbox"/>	<input type="checkbox"/>
I have a <b>Tax Free Savings Account</b>	<input type="checkbox"/>	<input type="checkbox"/>
I wish to <input type="checkbox"/> change or <input type="checkbox"/> authorize new <b>automatic deposit information</b> 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