

CHECKLIST

REQUIRED	CLIENT 1 Name:		CLIENT 2 Name:	
	Birthdate:	Yr: Mo: Day:	Birthdate:	Yr: Mo: Day:
	<input type="checkbox"/> Phone <input type="checkbox"/> Cell:		<input type="checkbox"/> Phone <input type="checkbox"/> Cell:	
	Email:		Email:	
	Marital Status on Dec 31, 2020:	<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 2020. 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

My spouse's taxes are being prepared elsewhere. If so, please include the following:

Spouse's Name: _____ SIN: _____

Person claiming Self

Line 23600 of this year's income tax: _____ Carbon Action Incentive: Spouse

Dependants - may include dependant adults 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"/>

➔ Please flip sheet to complete page 2...

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 my house/condo (principal residence): Year acquired _____ Sold for \$ _____. <input type="checkbox"/> I had another residence during this time (eg. cottage) Physical address: _____	<input type="checkbox"/>	<input type="checkbox"/>
I (or an agent) sold for me: <ul style="list-style-type: none"> ● Real Estate (farmland, rental property, cabin, etc) ● Stocks or Mutual Funds (Outside a RRIF, RRSP or TFSA) <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"/>
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 I withdrew funds from my RRSP or RRIF	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
I contributed to Union dues	<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 – eg. insurance premiums & payouts, optical, hearing, dental. <i>Please provide prescription summary from pharmacy or authorize MTL to contact your pharmacy. Include a list of medical trips greater than 40 km.</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 worked from home for 50% of the time over 4 consecutive weeks due to Covid-19, and my employer did not reimburse me for expenses. Number of days: _____	<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:

REQUIRED I have reviewed this checklist. I 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