

PERSONAL INCOME TAX – T1 CLIENT CHECKLIST

Tax Year: _____

1. PERSONAL & FAMILY INFORMATION

Full Name: _____ Date of Birth: _____

SIN: _____ Phone: _____

Email: _____ Address: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Net Income: $_____ Number of Dependants: _____

Spouse Email:_____ Spouse Phone number:_____

2. RESIDENCY INFORMATION

Date of Entry into Canada: _____ Date of Exit (if applicable): _____

Previous Country of Residence: _____ SIN Certificate: _____

3. INCOME DOCUMENTS – CHECK ALL THAT APPLY

☐ T4 – Employment ☐ T4A – Other Income ☐ T4E – EI

☐ T4RSP / T4RIF – Retirement ☐ T5 – Investments ☐ T3 – Trust Income

☐ T4A(P) – CPP ☐ T4A(OAS) – OAS ☐ T5007 – Benefits

☐ Rental Income ☐ Self-Employment / Business Income ☐ Foreign Income

☐ Other: _____

4. DEDUCTIONS & TAX CREDITS

☐ RRSP / FHSA Contributions ☐ Medical Expenses ☐ Charitable Donations

☐ Childcare Expenses ☐ Tuition (T2202) ☐ Student Loan Interest

☐ Employment Expenses (T2200) ☐ Union / Professional Dues

☐ Moving Expenses ☐ Disability Tax Credit ☐ Other: _____

5. FAMILY, PROPERTY & INVESTMENT CHANGES

☐ New Child / Adoption ☐ Dependants / Elderly Parents ☐ Shared Custody

☐ Bought / Sold Home or Property

☐ First-Time Home Buyer ☐ Other Changes: _____

6. OTHER DOCUMENTS

☐ Previous Year's Notice of Assessment

☐ Rent paid Monthly/Yearly amount

☐ Other Supporting Documents: _____

7. CLIENT RESPONSIBILITIES & DECLARATION

1. Review the completed tax return carefully before filing.
2. Retain all original receipts, slips and supporting documents and provide them to CRA if requested.
3. Provide complete, accurate and truthful information. MAPS is not responsible for omissions or inaccuracies in information supplied by the client.
4. Fees are agreed upon in advance. Refunds or fee renegotiations for completed services are not entertained, except where required by law or agreed in writing.
5. Abusive, threatening or unprofessional communication is unacceptable. MAPS reserves the right to discontinue services where appropriate and permitted by law.
6. Email is our primary communication method. Please email enquiries and updates first. Phone calls, where necessary, will be scheduled by appointment.

CLIENT DECLARATION

I confirm that the information and documents provided are accurate and complete to the best of my knowledge. I have reviewed and understood the client responsibilities stated above.

Print Name: _____ **Date:** _____

Client Signature: _____

Please provide complete and accurate information and retain all original supporting documents for your records.