

## Personal Income Tax Checklist

In order to maximize your return, it is highly advisable that you complete this checklist. Any section that is not applicable can be left blank.

### Personal Contact Information:

*(If your contact information has changed, it is important that you provide us with this information. If there are no changes, please leave blank and proceed to [page 3](#))*

First Name

Last Name

Phone Number

Email Address

Address Line 1

Address Line 2

City

Province

Postal Code

**Do you have an investment advisor?** *(if yes, please provide their contact information)*

Yes

No

N/A

Company Name

First Name

Last Name

Phone Number

Email Address

Address Line 1

Address Line 2

City

Province

Postal Code

**Do you have a lawyer?** (if yes, please provide their contact information)Yes ☐ No ☐ N/A ☐

Company Name

First Name

Last Name

Phone Number

Email Address

Address Line 1

Address Line 2

City

Province

Postal Code

**Do you have a mortgage broker?** (if yes, please provide their contact information)Yes ☐ No ☐ N/A ☐

Company Name

First Name

Last Name

Phone Number

Email Address

Address Line 1

Address Line 2

City

Province

Postal Code

Province of residence on December 31st.      British Columbia

|                                                                                                                                                                      |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Do you live in a <a href="#">prescribed zone</a> for the Northern Residents Deductions?                                                                              | Yes | No |
| Do you own foreign property with a cost in excess of \$100,000CDN?                                                                                                   | Yes | No |
| Are you a Canadian citizen?                                                                                                                                          | Yes | No |
| Are you a U.S. citizen, Green Card Holder, or were you or your parents born in the US?                                                                               | Yes | No |
| Are you a Permanent Resident of Canada?                                                                                                                              | Yes | No |
| Did you reside within Nisga'a Lands on December 31st?                                                                                                                | Yes | No |
| Would you like us to provide info to update the National Register of Elections?                                                                                      | Yes | No |
| Would you like us to share your contact info with BC Transplant?                                                                                                     | Yes | No |
| Did you buy your first home this year? ( $\$10,000 \times 15\% = \$1,500$ tax credit)                                                                                | Yes | No |
| Do you have a rental property? (if yes, complete <a href="#">page 9</a> )                                                                                            | Yes | No |
| Do you have shared living income? (eg. VRBO or AirBNB, see <a href="#">page 8</a> )                                                                                  | Yes | No |
| Have you given more than 200 hours as a volunteer firefighter or search & rescue volunteer? (if yes, please provide your certification letter)                       | Yes | No |
| Did you make any charitable or political contributions? (If yes, complete schedule on <a href="#">page 16</a> )                                                      | Yes | No |
| Are you approved for the <a href="#">Disability Tax Credit</a> ?                                                                                                     | Yes | No |
| Are you a trades person in construction who works at temporary work locations? (Please <a href="#">click here</a> to read more about the Labour Mobility Deduction.) | Yes | No |
| Are you a trades person who purchased tools? (Max \$1,000) (If yes, please provide a summary of items purchased and certification from your employer.)               | Yes | No |
| Were you enrolled in a trade program during the year?                                                                                                                | Yes | No |
| If yes, what program and what level did you complete during the year                                                                                                 |     |    |
| <a href="#">Program</a>                                                                                                                                              |     |    |
| <a href="#">Level</a>                                                                                                                                                |     |    |

Are you a teacher who purchased eligible school supplies? (Max \$1,000) Yes No  
*(If yes, please provide a summary of items purchased and certification from your employer.)*

Are you a renter in BC with family net income less than \$83,000 who paid rent for at least 6 months? *(If yes, please complete the following)* Yes No

| Rental Address       | Rent Paid            | No. of Months        | Name of landlord or company |
|----------------------|----------------------|----------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>        |

Have you applied for the Canada Disability Benefit? Yes No  
*(If you are approved for the DTC, are between 18 and 64 years old and earn less than \$45k per year, you may be eligible - [click here to apply](#))*

Are you eligible for the Multi-generational Home Renovation Tax Credit? Yes No  
*([Click here to find out more about the tax credit](#))*

Please provide details for other income which no T-slips have been received, such as:

|                                                                                                                                                                                                                                                                              |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Other employment income (e.g. tips and stock options)                                                                                                                                                                                                                        | Scholarships, fellowships, and bursaries |
| Business (see page 10) and rental income (see page 9)                                                                                                                                                                                                                        | Spousal support received                 |
| Foreign income including pensions                                                                                                                                                                                                                                            | Director fees and Executor fees          |
| Investment activity reports including realized gains/losses and specified foreign property holdings                                                                                                                                                                          |                                          |
| Bitcoin or cryptocurrency transaction details including cost base and proceeds of disposition<br><i>(See apps for crypto portfolio reporting: Coinstats, Coin Market Manager, Kubera, Altrady, Sharesight, Pionex, Lunch Money, Coin Tracker, Coin Tracking, Blockfolio)</i> |                                          |

**Indicate your marital status on December 31st***\*Living together for 12 or more months as at December 31st*Married ☐ \*Living common-law ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐

If we are not preparing your spouse's return, please provide their Net Income (Line 23600)

Have you incurred any adoption related expenses this year?

Yes ☐ No ☐

Do you have any dependants that you have not previously informed us of?

Yes ☐ No ☐*(If yes, please add below)*

|                                     | Dependant #1                                             | Dependant #2                                             | Dependant #3                                             |
|-------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| First & Last Name                   | <input type="text"/>                                     | <input type="text"/>                                     | <input type="text"/>                                     |
| Birth date (mm/dd/yyyy)             | <input type="text"/>                                     | <input type="text"/>                                     | <input type="text"/>                                     |
| SIN                                 | <input type="text"/>                                     | <input type="text"/>                                     | <input type="text"/>                                     |
| Shared custody?                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Claim as eligible dependant?        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Attending University?               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Approved for Disability Tax Credit? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Did you sell or were you deemed to sell some or all of your principal residence?

Yes ☐ No ☐*Note: Deemed dispositions may include changing your home's use from principal residence to a rental property and vice-versa**If yes, please provide the following details:***Address of property sold**

Year residence acquired (mm/dd/yyyy)

Proceeds of disposition

Purchase price

Copy of statement of adjustment

Yes ☐ No ☐

Principal residence for all years owned? Yes No

Ownership %

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Did you sell within 365 days of purchasing the home?

Yes

No

If yes, do you meet exemption criteria for federal and B.C. provincial anti-flipping tax?

*\*Note, if you sold short-term rental property, or changed its use, there may be GST implications.*

Yes

No

If you are eligible for an exemption, please provide the reason:

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Please provide copies, receipts or details of:

Prior year tax return if return was completed elsewhere

Copies of other foreign tax returns filed during the year

Professional and Union dues

Carry-forward balances such as donations, RRSPs, losses

RRSP contributions

First Home Saving Account (FHSA)

Advisor or investment counsel fees on non-registered accounts

Political contributions

Medical expenses (see page 13)

Home Accessibility Renovation Expenses (*up to \$20,000 - must be 65+ or disabled*)

Spousal support paid or received

Digital news subscription receipts

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Moving expenses - please provide the following:

Previous residential address

New residential address

New work address

Date of move

Date you started work, full-time study, or running a business

Main reason for the move ☐ To work or run a business ☐ To study full-time

Transportation cost

Storage costs

Fees paid to moving company

Travel fees paid for accommodations

Travel meals (*please enclose receipts*)

Number of household members in move

Method of travel (*car, plane, train, etc.*)

Number of overnight stays while traveling

Number of days of travel

Name of new employer or education institution

Purchase and sale documents for new and old residence

**Individuals with rental properties:**

Were any of your properties rented as short term rentals (less than 90 days, ie Air BNB, VRBO)? If yes, [click here](#)

Yes

No

NOTE: If you have short-term rentals, Pacific CPA assumes you are compliant with Municipal, Provincial and Federal licensing, regulations, and permits unless advised otherwise in writing.

|                                   | Property #1          | Property #2          | Property #3          |
|-----------------------------------|----------------------|----------------------|----------------------|
| Address                           | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Sq. Ft. of rental space     |                      |                      |                      |
| Total Sq. Ft. of home             |                      |                      |                      |
| Number of months rented out       |                      |                      |                      |
| <b>Total annual rental income</b> |                      |                      |                      |
| Advertising                       |                      |                      |                      |
| Insurance                         |                      |                      |                      |
| Mortgage interest                 |                      |                      |                      |
| Office expenses                   |                      |                      |                      |
| Accounting & Legal                |                      |                      |                      |
| Property management fees          |                      |                      |                      |
| Repairs and maintenance           |                      |                      |                      |
| Property tax                      |                      |                      |                      |
| Travel                            |                      |                      |                      |
| Electricity (Hydro)               |                      |                      |                      |
| Heat (Gas, Wood, etc.)            |                      |                      |                      |
| Water / user fees                 |                      |                      |                      |
| City business licence             |                      |                      |                      |
| Strata fees                       |                      |                      |                      |
| Cleaning fees & supplies          |                      |                      |                      |
| <b>Total annual expenses:</b>     | 0                    | 0                    | 0                    |
| <b>TOTAL NET INCOME</b>           |                      |                      |                      |

### Self Employed Business Income Summary

|                           | Including tax | GST     | Before tax |
|---------------------------|---------------|---------|------------|
| <b>Revenue</b>            | \$ 0.00       | \$ 0.00 | \$ 0.00    |
| Opening inventory         | \$ 0.00       | \$ 0.00 | \$ 0.00    |
| Purchases during the year | \$ 0.00       | \$ 0.00 | \$ 0.00    |
| Direct wage cost          | \$ 0.00       | \$ 0.00 | \$ 0.00    |
| Subcontracts              | \$ 0.00       | \$ 0.00 | \$ 0.00    |
| Other direct costs        | \$ 0.00       | \$ 0.00 | \$ 0.00    |
| Less: Ending inventory    | \$ 0.00       | \$ 0.00 | \$ 0.00    |
| <b>Cost of Goods Sold</b> | \$ 0.00       | \$ 0.00 | \$ 0.00    |

Do you have an e-commerce business? If so, please enter the URL here:

**Self Employed Business Income Summary**

|                                                 | Including tax | GST                  | Before tax |
|-------------------------------------------------|---------------|----------------------|------------|
| Advertising                                     | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Meals & Entertainment <input type="text"/>      | \$ 0.00       | <input type="text"/> | \$ 0.00    |
| Bad debts                                       | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Insurance                                       | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Interest and bank charges                       | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Business licences and memberships               | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Office expenses                                 | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Office stationery and supplies                  | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Professional fees (Legal & Accounting)          | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Management and admin fees                       | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Rent                                            | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Repairs & maintenance                           | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Wages and benefits                              | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Property taxes                                  | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Travel expenses                                 | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Utilities                                       | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Fuel cost (non-motor vehicle related)           | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Courier & delivery                              | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Other <input type="text"/>                      | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Other <input type="text"/>                      | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| Other <input type="text"/>                      | \$ 0.00       | \$ 0.00              | \$ 0.00    |
| <b>Net Income before accountant adjustments</b> | \$ 0.00       | \$ 0.00              | \$ 0.00    |

**Work space in home expense:** *(please provide total annual expenses):*

|                        |                      |                          |                      |
|------------------------|----------------------|--------------------------|----------------------|
| Total sq. ft.          | <input type="text"/> | Sq. Ft. for business     | <input type="text"/> |
| Heat (Gas, Wood, etc.) | <input type="text"/> | Electricity              | <input type="text"/> |
| Insurance              | <input type="text"/> | Repairs and maintenance  | <input type="text"/> |
| Mortgage interest      | <input type="text"/> | Property taxes           | <input type="text"/> |
| Rent                   | <input type="text"/> | Utilities/City user fees | <input type="text"/> |
| Telephone (land-line)  | <input type="text"/> | Internet                 | <input type="text"/> |

**Business use of vehicle** *(please provide purchase documents, and enter below your total annual expenses):*

|                               |                      |                      |                      |
|-------------------------------|----------------------|----------------------|----------------------|
| Make, Model, Year             | <input type="text"/> | KM used for business | <input type="text"/> |
| Total KM driven in year       | <input type="text"/> | Estimated value      | <input type="text"/> |
| Fuel                          | <input type="text"/> | Insurance            | <input type="text"/> |
| Repairs and maintenance       | <input type="text"/> | Lease payments       | <input type="text"/> |
| Electricity (If electric car) | <input type="text"/> | Loan interest        | <input type="text"/> |

Have you completed a vehicle log?    Yes ☐    No ☐

*\*Employees are not entitled to claim mortgage interest and only commission employees are entitled to claim insurance and property taxes.*

**Employment expenses:**

Do you have a signed T2200? Yes ☐ No ☐ (If not, we cannot complete claim - [click here for more info](#))

If yes, name of employer to which the expenses apply:

**Expenditures required in the process of earning income:**

|                           |                                     |                             |                      |
|---------------------------|-------------------------------------|-----------------------------|----------------------|
| Accounting and legal      | <input type="text"/>                | Advertising and promotion   | <input type="text"/> |
| Meals and entertainment   | <input type="text"/>                | Lodging                     | <input type="text"/> |
| Parking                   | <input type="text"/>                | Supplies                    | <input type="text"/> |
| Telephone                 | <input type="text"/>                | Tradespersons tools         | <input type="text"/> |
| Apprentice mechanic tools | <input type="text"/>                | Musical instrument expenses | <input type="text"/> |
| Travel                    | <input type="text"/>                |                             |                      |
| <b>Total Expenses</b>     | <input type="text" value="\$0.00"/> |                             |                      |

Are you required to work from a home office more than 50% of the time? Yes No

*If yes, complete "work space in home expense" on [page 11](#)*

Are you required to use your personal vehicle to earn employment income? Yes No

*If yes, complete "business use of vehicle" on [page 11](#)*

NOTE: Commuting from home to your regular place of employment is not deductible

## Medical Expense Summary - Personal Tax Returns

|                                                                                                            |     |    |
|------------------------------------------------------------------------------------------------------------|-----|----|
| Did you incur surrogacy or fertility costs this year?                                                      | Yes | No |
| Did you incur dental expenses with a household income under \$90,000?<br><u>(Canada Dental Care Plan).</u> | Yes | No |

1. Miscellaneous Receipts:  
 (Eyecare, dental, RMT, chiropractor, osteopath, acupuncture, medical equipment, attendant care, non-cosmetic surgery, hearing aids, surrogacy or fertility treatment, etc.)

2. Prescriptions:

| Description                 |  | Amount  |       |  | Amount  | Amount |  |
|-----------------------------|--|---------|-------|--|---------|--------|--|
| 1                           |  |         | 1     |  | 21      |        |  |
| 2                           |  |         | 2     |  | 22      |        |  |
| 3                           |  |         | 3     |  | 23      |        |  |
| 4                           |  |         | 4     |  | 24      |        |  |
| 5                           |  |         | 5     |  | 25      |        |  |
| 6                           |  |         | 6     |  | 26      |        |  |
| 7                           |  |         | 7     |  | 27      |        |  |
| 8                           |  |         | 8     |  | 28      |        |  |
| 9                           |  |         | 9     |  | 29      |        |  |
| 10                          |  |         | 10    |  | 30      |        |  |
| 11                          |  |         | 11    |  | 31      |        |  |
| 12                          |  |         | 12    |  | 32      |        |  |
| 13                          |  |         | 13    |  | 33      |        |  |
| 14                          |  |         | 14    |  | 34      |        |  |
| 15                          |  |         | 15    |  | 35      |        |  |
| 16                          |  |         | 16    |  | 36      |        |  |
| 17                          |  |         | 17    |  | 37      |        |  |
| 18                          |  |         | 18    |  | 38      |        |  |
| 19                          |  |         | 19    |  | 39      |        |  |
| 20                          |  |         | 20    |  | 40      |        |  |
| Total misc medical expenses |  | \$ 0.00 | Total |  | \$ 0.00 |        |  |

Please attach additional sheets as needed to summarize all medical expenses for the year

**2. Travel medical insurance and extended health premiums:**
*(please note if your expense or your spouse's expense)*

|       | Description | Amount         | Mine                     | Spouse                   |
|-------|-------------|----------------|--------------------------|--------------------------|
| 1     |             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     |             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     |             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     |             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     |             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     |             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     |             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8     |             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Total |             | <b>\$ 0.00</b> |                          |                          |



**3. Medical travel:**

Requirements: Equivalent service not available near you  
 & over 80 km (one way) from home to medical facility

|    | Date<br>(mm/dd/yyyy) | #of<br>days | KMS driven<br>(return) | Mileage<br>rate | Meals<br>/day | Rate per<br>meal | Hotel<br>/Other costs | Cost of<br>med travel | Traveled<br>to location | Escort<br>required? |                          |                            |
|----|----------------------|-------------|------------------------|-----------------|---------------|------------------|-----------------------|-----------------------|-------------------------|---------------------|--------------------------|----------------------------|
| 1  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 2  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 3  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 4  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 5  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 6  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 7  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 8  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 9  | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 10 | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 11 | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |
| 12 | 01/01/2025           |             |                        | 0.595           |               | \$23             |                       | \$ 0.00               |                         | Y                   | <input type="checkbox"/> | N <input type="checkbox"/> |

 Total **\$ 0.00**


## Charitable & Political Donation Summary - Personal Tax Returns

### 4. Donation Summary

| Description | Receipt # | Amount  |
|-------------|-----------|---------|
| 1.          |           |         |
| 2.          |           |         |
| 3.          |           |         |
| 4.          |           |         |
| 5.          |           |         |
| 6.          |           |         |
| 7.          |           |         |
| 8.          |           |         |
| 9.          |           |         |
| 10.         |           |         |
| Total       |           | \$ 0.00 |

Prior year unclaimed carry forwards:

| Description | Receipt # | Amount  |
|-------------|-----------|---------|
| 1.          |           |         |
| 2.          |           |         |
| 3.          |           |         |
| 4.          |           |         |
| 5.          |           |         |
| 6.          |           |         |
| 7.          |           |         |
| 8.          |           |         |
| 9.          |           |         |
| 10.         |           |         |
| Total       |           | \$ 0.00 |



**PACIFIC**  
**CPA LLP**

## **CHARTERED PROFESSIONAL ACCOUNTANTS**

Do you certify that the information given is, to the best of your knowledge, true, correct and complete in every aspect.

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*Signature*

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*Date (mm/dd/yyyy)*