

Spigelman Chartered Professional Accountant  
Individual Tax Checklist (updated February 28, 2024)

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Birthday \_\_\_\_\_ SIN: \_\_\_\_\_ Marital status: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Birthday \_\_\_\_\_ SIN: \_\_\_\_\_

**General:**

- Y N Do you want CRA online mail service (digital notifications)?
- Y N Do you authorize CRA to provide your information to Elections Canada?
- Y N Did you experience a CRA review or audit in the prior year?
- Y N Did you pay 2022 instalments to CRA?
- Y N Are you a Canadian Citizen?

**Property:**

- Y N Did you move this year?
- Y N Are you a First-Time Home Buyer?
- Y N Did you incur moving expenses?
- Y N Did you sell any property?
- Y N Do you have rental properties?
- Y N perform a multi-gen renovation

**Dependants:**

- Y N Do you have dependants?
- Y N Did you pay fitness or arts expenses for your dependants?
- Y N Did you incur child care expenses?
- Y N Do you pay or receive spousal/ child support?

**Medical:**

- Y N Did you incur medical expenses (including premiums on a T4)? For pharmacy expenses please request **Annual** summary.
- Y N Do you have a disability tax credit?
- Y N Are you a primary caregiver?
- Y N Did you incur fertility treatment expenses (includes fees paid to clinics and donor banks)?

**Employment:**

- Y N Do you work from home at least 50%?
- Y N Did you incur employment expenses (salary/ commission)?
- Y N Are you self-employed?
- Y N Are you GST/ RST registered?

**Investments:**

- Y N Do you have non-registered investments?
- Y N Do you have RRSPs?
- Y N Did you make any contributions this year?
- Y N Do you own foreign property over \$100,000? (includes bank accounts or cryptocurrency)
- Y N Did you incur interest to earn investment income?
- Y N Did you buy, sell, exchange or stake Cryptocurrency this year?
- Y N Did you open a First-time Home Saving Account

**Federal credits:**

- Y N Do you pay union or professional dues (not reimbursed)?
- Y N Are you a volunteer firefighter or rescuer?
- Y N Did you make charitable donations?
- Y N Did you make any political donations?
- Y N Do you have student loans?
- Y N Did you incur tuition fees? T2202 Form provided?
- Y N Are you entitled to the educator school supply tax rebate?
- Y N Are you eligible for the Digital News Subscription tax credit?

**Provincial credits:**

- Y N Please provide property tax bill or receipt showing total rent paid.

**For every "Yes", please provide the total balance or information slip.  
If unsure of an item, please email me at dspigelmancpa@gmail.com.**

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Detailed expenses

1. Primary or secondary home sale  Primary  Secondary

Address: \_\_\_\_\_

Year bought: \_\_\_\_\_ Land tax: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Legal costs: \_\_\_\_\_

Realtor fees: \_\_\_\_\_ **Please provide statement of account/ adjustments**

2. Investments:

Trading summary: \_\_\_\_\_ All T5 and T3 Slips provided: \_\_\_\_\_

Broker fees: \_\_\_\_\_ Foreign Report: \_\_\_\_\_

Interest fees: \_\_\_\_\_ **Please provide annual statement**

3. Motor vehicle expenses

Gas: \_\_\_\_\_ Leasing: \_\_\_\_\_ Total Km: \_\_\_\_\_

Repairs: \_\_\_\_\_ Car washes: \_\_\_\_\_ Business Km: \_\_\_\_\_

Interest: \_\_\_\_\_ Parking: \_\_\_\_\_ New Vehicle Cost: \_\_\_\_\_

Motor League: \_\_\_\_\_ **Please provide purchase and sale documents**

4. Home office Expenses (x means eligible)

*(Please indicate business percent where indicated)*

Sole-      Commission      Salary  
proprietor      employee      employee

Total SqFt: \_\_\_\_\_ Office SqFt: \_\_\_\_\_

Heat: \_\_\_\_\_ x                      x                      x

Electricity: \_\_\_\_\_ x                      x                      x

Insurance: \_\_\_\_\_ x                      x                      x

Repairs: \_\_\_\_\_ x                      x                      x

Interest: \_\_\_\_\_ x                                                                x

Water: \_\_\_\_\_ x                      x                      x

Security: \_\_\_\_\_ x                                                                x

Property tax \_\_\_\_\_ x                      x                                           x

Condo fees/ rent \_\_\_\_\_ x                      x                                           x

Telephone \_\_\_\_\_ x                                                                                     x

Telephone %: \_\_\_\_\_ x                                                                                                          x

Internet: \_\_\_\_\_ x                      x                                                                x

Internet %: \_\_\_\_\_ x                                                                                                                               x

Dependants (add all , including those over 18 that still live at home):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SIN: \_\_\_\_\_

**Additional items:**

**Are you on TITLE for more than one residential property?**

**Please fill out and return through the secure TAXFOLDER portal, If you need the invite resent please email us.**