J.G. SHORT
CHARTERED ACCOUNTANT

2010 INCOME TAX CHECKLIST

E-FILE? ______ YES ______ NO

ARE YOU A CANADIAN CITIZEN? ______ YES ______ NO

ELECTIONS CANADA? ___ **N/A** (IF ANSWERED 'NO' TO ABOVE QUESTION) ______ YES ______ NO
Do you authorize Canada Revenue Agency to release your name, address and birth date to Elections Canada?

FOREIGN PROPERTY GREATER THAN $100,000 CDN? ______ YES ______ NO
(IF YES, PLEASE PROVIDE DETAILS)

DIRECT DEPOSIT? ______ YES ______ NO ______ UNCHANGED FROM 2009
Do you want your refund deposited direct to your bank account? ***If yes, attach a "VOID" cheque.***

TAXPAYER'S INFORMATION:

SOCIAL INSURANCE NUMBER: ____________________ DATE OF BIRTH: ____/____/____
YYYY/MM/DD

NAME: DR./MR./MRS./MS./MISS: ______________________________

YOUR E-MAIL ADDRESS(ES): ______________________________

***** NEW CLIENTS COMPLETE SECTION BELOW *****

**** EXISTING CLIENTS COMPLETE SECTION BELOW ONLY IF CHANGED FROM LAST YEAR ****

NEW CLIENTS: We require your income tax return from last year, as well as your CRA Tax Assessment.
(This applies to yourself and spouse, if applicable).

ADDRESS: ______________________________
____

TELEPHONE NUMBER: (   ) ____________ (RES) (   ) ____________ (BUS)

MARITAL STATUS ON DECEMBER 31:	SINGLE ( )		WIDOWED ( )	
	MARRIED ( )		SEPARATED ( )	
	COMMON-LAW ( )		DIVORCED ( )	

**IF YOUR STATUS HAS CHANGED FROM 2009: DATE OF CHANGE: ____/____/____
YYYY/MM/DD

SPOUSAL INFORMATION:

SOCIAL INSURANCE NUMBER: ____________________ DATE OF BIRTH: ____/____/____
YYYY/MM/DD

NAME: DR./MR./MRS./MS./MISS: ______________________________

DEPENDANTS' INFORMATION: (SEE PAGE 3)

2 Orchard Heights Blvd., Unit 19, Aurora, Ontario, L4G 3W3
Tel. No. (905) 713-1173 Fax No. (905) 713-6692 Toll Free 1-800-363-2091

FROM CRA

		Self	Spouse
CRA Tax Assessments - 2009 Taxation Year		☐	☐
Home Buyer's Plan:	***(If applicable, we require a copy of your CRA notice)***	☐	☐
Lifelong Learning Plan:	***(If applicable, we require a copy of your CRA notice)***	☐	☐
Date(s) of Withdrawal:	______________________________		
Tax Instalments paid for 2010 ***(CRA Statement of Account as at January 2011 if possible)***		$________	$________

INCOME ITEMS RECEIVED

Description of Slips/Receipts:		**No. of Slips/Receipts Included** Self	Spouse
T3	- Statement of Trust Income	________	________
T4	- Statement of Remuneration	________	________
T4A	- Statement of Pension, Retirement, Annuity and Other	________	________
T4A(OAS)	- Old Age Security Pension	________	________
T4A(P)	- Canada or Quebec Pension Plan Benefits	________	________
T4E	- Employment Insurance Benefits	________	________
T4PS	- Statement of Profit Sharing	________	________
T4RIF	- Benefits from a Registered Retirement Income Fund	________	________
T4RSP	- Benefits from Registered Retirement Savings Plan	________	________
T5	- Statement of Investment Income	________	________
T5007	- Statement of Benefits	________	________
T5008	- Statement of Securities Transactions	________	________
T5013	- Statement of Partnership Income	________	________
T600	- Interest on bonds	________	________
No slips	- Foreign pension income, directors fees, etc.	________	________
Lump sum payments	- OAS (form 1198), CPP, QPP	________	________

DEDUCTIONS

Attach Receipts for the Following:	**No. of Slips/Receipts Included** Self	Spouse
RRSP Contribution Receipts	________	________
Pension Adjustment Reversal (T10)	________	________
Labour Sponsored Fund Receipts (T5006)	________	________
Medical Receipts: (see Tax Tips)	________	________
Charitable/Political Donations	________	________
Safety Deposit Box Fees	________	________
Interest Paid on Loans to Purchase Investments	________	________
Investment counsel fees: (excluding RRSP fees)	________	________
Professional fees and dues	________	________
Employment expenses: (Form T2200*), ask us if you're eligible	________	________
Moving expenses: (If you moved 40km closer to your workplace, contact us to see if you can claim moving expenses.)	________	________
Legal Fees: - Collection or revision of support payments	________	________
- Related to severance payments	________	________
- Related to appeal a tax assessment		

*** WE ARE ABLE TO SUPPLY THESE FORMS TO OUR CLIENTS**

DEPENDANTS (*) & CHILD CARE EXPENSES

Dependants Information: **(For existing clients, only changes from 2009)** **No Changes** ☐

	Y/M/D	(S OR D)		
(1) Name: ______	Date of Birth: ______	Relationship: ___	Income: ______	S.I.N.: ________
(2) Name: ______	Date of Birth: ______	Relationship: ___	Income: ______	S.I.N.: ________
(3) Name: ______	Date of Birth: ______	Relationship: ___	Income: ______	S.I.N.: ________
(4) Name: ______	Date of Birth: ______	Relationship: ___	Income: ______	S.I.N.: ________

*** For single parents, did your child live with you during 2010 and did they live with you on December 31, 2010? Yes/No**

Child Care Expenses: **(Attach official receipts)** Expenses include summer/winter camp, after school programs and day care.

ALIMONY / SUPPORT PAYMENTS

	Spousal Support	Name of Payer/Payee	S.I.N. of Payer/Payee	Child Support
Received	**$**		**- -**	**$**
Paid	**$**		**- -**	**$**

Agreement Date: ______________

(Please provide a copy of Agreement / Court Order)
(Please provide any changes since 2009, if any)

TAX CREDITS (PLEASE SUPPLY OFFICIAL RECEIPTS)

(Note: Amounts actually paid from January 1, 2010 to December 31, 2010 only)

			Receipts Attached
1.	Property taxes paid	$ ________	☐
2.	Rent paid	$ ________	☐
3.	Monthly Public Transit Passes	$ ________	☐
4.	Children's Fitness Credit	$ ________	☐

We require official receipts for all of the above items

DISABILITY (INCLUDING IN-HOME CARE, NURSING HOME AND EQUIVALENT)

Disability Deduction:

	Yes	1ST Year
Self	______	______
Spouse	______	______

Form T929 and/or Form T2201 is required for 1st time filers

Dependant * ______________________ *** (Includes children, parents, grandparents, siblings)**
Name

STUDENTS

Tuition fees paid - T2202/T2202A required ***(To transfer to parent, student must sign back of slip)*** $ ________

\# of months in attendance ________

Student loan interest paid ***(include statement)*** $ ________

Bursaries or Scholarships received ***(include T4A slips)*** $ ________

Did you live in residence during any part of 2010? Yes_____ No _____

(If not, did you pay any rent from January to December 2010? If yes, provide official receipts) $ ________

SPECIAL SITUATIONS

SCHEDULES:

(IF REQUIRED, DOWNLOAD FROM OUR WEBSITE AT WWW.JGSHORT.CA/OURFIRM/PUBLICATIONS)

1.	BUSINESS SELF-EMPLOYED INCOME:	**(BUSINESS)**
2.	RENTAL INCOME:	**(RENTAL)**
3.	HOME OFFICE EXPENSES:	**(HOME OFFICE)**
4.	BUSINESS USE OF AUTOMOBILE EXPENSES:	**(AUTOMOBILE)**

DETAILS OF THE SALE OF INVESTMENTS

1. Listing/summary of all investment purchases and sales	ENCLOSED	_____ Yes	_____ No
2. Brokers' Summary of Account Transactions for 2010	ENCLOSED	_____ Yes	_____ No
3. Security Buy & Sell Vouchers	ENCLOSED	_____ Yes	_____ No

UNITED STATES TAXATION

Are you an American Citizen? Yes _________ No __________

Do you have a Green Card? Yes _________ No __________

If you spent more than 183 days in the USA, (as calculated below), you are required to file a U.S. Tax Return:

Days spent in	2010	⟶			______
	2009	______	x 1/3	=	______
	2008	______	x 1/6	=	______
			Total Days		______

TAX TIPS – DID YOU KNOW?...

SENIORS:

1. OAS claw back starts when your Net Income exceeds $66,733.
2. Pension Income Splitting – we will calculate to see if this reduces your taxes.

DONATIONS:

1. Instead of giving cash, consider the donation of a stock which has a capital gain. Giving stocks directly creates an additional capital gain reduction of **100%** of the gain.
2. If you donate to a U.S. charity, the donation is **only** deductible if you have U.S. income.

MEDICAL EXPENSES: (FOR YOURSELF AND YOUR FAMILY)

1. The cost of a nursing home or attendant care expenses, in their entirety, **may** be deductible as a medical expense.
2. Include – hospital, dental, prescription drug, disability expenses, net of any reimbursements.
3. Insurance premiums for private healthcare plans, including Travel Healthcare plans.
4. Vitamins, supplements and non-prescription drugs are generally **not eligible** for the medical expense deduction.

AMERICAN CITIZENS:

1. All U.S. citizens, whether resident in the United States or not, **MUST** file a U.S. Tax Return (Form 1040).