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Tax checklist/Questionnaire

Name _____ S.I.N. _____ D.O.B. _____

Address _____

Phone(s): _____ Email: _____

Spouse's Name _____ S.I.N. _____ D.O.B. _____

Children's names and birth dates:

Did you receive the Universal child care benefit (RC62)? _____

Did you purchase any monthly transit passes (after June 30, 2006)? \$ _____

Do you have any eligible payments for your children's sports? \$ _____

Change in: Marital Status: _____ Residence: _____

Prior year Notice of Assessment (please provide copy):

If first year as client, please provide prior years tax returns (maximum three years).

RRSP Contribution room: _____ Education credits/interest C/F: _____

Other: _____

T4's Were you an employee of a company? Yes _____ No _____

T5's and T3's Did you receive dividend or interest income? Yes _____ No _____

Carrying charges or other expenses incurred to earn investment income

Accounting \$ _____

Interest \$ _____

Safety deposit box \$ _____

_____ \$ _____

Other income from pensions, E.I., taxable spousal support or other taxable income

OAS: _____ CPP: _____ EI: _____ Support: _____

RRSP: _____ RRIF: _____ Pension: _____ Other: _____

Self-employed

GST Number _____ Not registered _____

Do the income and expense amounts reflected in your statement of income include GST collected or paid? Yes _____ No _____

Do you want me to prepare your GST return? Yes _____ No _____

Income from self-employment

Net Sales, Commissions or Fees \$ _____

Does above amount include amounts on T4A slips? Yes ___ No ___

GST included in above (If known) \$ _____

Purchases of goods for manufacturing or resale \$ _____

Inventory: Beginning \$ _____ Ending \$ _____

Business expenses:

Advertising	\$ _____	Legal & accounting	\$ _____
Bad debts	\$ _____	Property tax	\$ _____
Business tax, fees		Wages and benefits	\$ _____
licenses, memberships	\$ _____	Travel	\$ _____
Freight & delivery	\$ _____	Telephone and utilities	\$ _____
Insurance	\$ _____		\$ _____
Interest and bank charges	\$ _____		\$ _____
Maintenance and repair	\$ _____		\$ _____
Meals	\$ _____		\$ _____
Office	\$ _____	(Note: The preceding excludes personal automobiles and office in home)	
Supplies	\$ _____		

Business portion of personal expenses

Automobile Expenses (If you sold or acquired an automobile during the year, please provide all details of sale or purchase and bring copy of purchase or lease agreement.)

Gas	\$ _____	Repairs	\$ _____
Insurance	\$ _____	Car loan interest	\$ _____
Washing	\$ _____	Lease	\$ _____
Licence/insurance	\$ _____	Parking	\$ _____
KM used for business	_____	Total KM driven	_____

Office/Studio in Home

Rent	\$ _____	Mortgage interest	\$ _____
Taxes	\$ _____	Insurance	\$ _____
Repairs	\$ _____	Utilities	\$ _____
Sq. ft. (rooms) of home office	_____	Total sq. ft. (rooms) of home	_____

Capital assets bought or sold (Automobile, Computer, Equipment etc):

Date	Description	Cost	Sale price
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Rental Income

(Please complete for each property separately)

If the property was acquired in the current tax year please ensure that:

1. Cost includes all legal, land transfer, mortgage and other costs;
2. Cost is allocated into its three components, land, building and equipment (appliances), and
3. Property taxes and utilities adjustments are included as expenses in the statement below.

	Property #1	Property #2
Address:		
Gross rental income	\$ _____	\$ _____
Expenses:		
Advertising	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Property taxes	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Capital additions

Description	Property #1	Property #2
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Securities, mutual funds or capital asset sales: Yes _____ No _____

(Bring annual summaries from broker(s) or fund companies)

Name of Security/Type of Capital Asset	NET Proceeds	GROSS Cost
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

RRSP contributions: Yes _____ No _____ Amount: \$ _____

Child care expenses: Yes _____ No _____

Child care provider(s) – Attach list and include SIN for individual providers

Tuition and Education expense deduction:

T2202: _____ Other tuition receipts: _____ Student loan interest \$ _____

Charitable donations: Receipts attached: _____

Medical expenses: Receipts attached: _____

More than one year: _____ Blue Cross or Travel Health: _____

Medical expense – Allowed to claim any amount greater than lesser of 3% of lower income earners income for any twelve month period ending in current tax year, e.g., if the largest total receipts are for period from Feb 1, 2002 to Jan. 31, 2003 this is the period for which the medical expense can be claimed. Attach all original receipts and any group insurance reimbursement statements. Receipts are not required for any medical insurance paid including travel insurance, e.g., Blue Cross.

Additional tax deductible expenses:

Description	Amount
Professional or union dues (Not included in self-employment)	\$ _____
_____	\$ _____
_____	\$ _____

Moving Expenses:

Contact R. J. Ladell, Chartered Accountant to obtain T1(M) and discuss.

Tax Instalments: Income Tax \$ _____ GST \$ _____

Property tax and rental credits:

Home Address	Landlord/Municipality	Months	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ATTACH ALL T4, T5, MEDICAL, DONATION and OTHER CRA SLIPS and CHILD CARE RECEIPTS (Expense invoices & rental receipts not required)

Please provide any additional notes or information that is required to complete your return:

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