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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):

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 \$ _____

_____ \$ _____

Pensions, E.I., taxable spousal support or other taxable income

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

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

Commission Income or Employment expenses (T2200): Yes _____ No _____

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

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

Expenses:

Advertising \$ _____ Meals \$ _____

Dues, licenses, memberships \$ _____ Office & Supplies \$ _____

Insurance \$ _____ Travel \$ _____

Legal & accounting \$ _____ Telephone and utilities \$ _____

Maintenance and repair \$ _____ \$ _____

Automobile Expenses

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	_____

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

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 expense (Largest amount for any 12 month period ending during year – if in doubt bring 2 years receipts. Receipts not required for personal, group or travel health insurance):

Receipts attached: _____ More than one year: _____ Blue Cross/Travel Health: \$ _____

Tax instalments: \$ _____

If you had any additional tax deductible expenses please provide details:

Description	Amount
Professional or union dues	\$ _____
_____	\$ _____
_____	\$ _____

Property tax and rental credits:

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

ATTACH ALL T4, T5, MEDICAL, DONATION and OTHER CRA SLIPS

(Expense invoices, Child care & rental receipts not required)