

Personal Tax Checklist

PERSONAL INFORMATION				
Full name	S.I.N.	Birthdate	Are you a Canadian Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S Citizen or green card holder? YES <input type="checkbox"/> NO <input type="checkbox"/>
Apt/Suite – Building Number Street Name, City, Postal Code		Marital status	Primary phone	Secondary phone
Email	Any family member disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you authorize CRA to provide information about you to Elections Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>		
SPOUSE'S INFORMATION				
Full name	S.I.N.	Birthdate	Are you a Canadian Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S Citizen or green card holder? YES <input type="checkbox"/> NO <input type="checkbox"/>
If we are not preparing your spouse's tax return: Spouse's taxable income from line 26000 of their tax return: _____				
If your marital status changed during the year, please provide the date it changed (MM/DD/YYYY): / /				
CHILDREN'S INFORMATION				
Full name – Child 1	S.I.N.	Birthdate	Are you a Canadian Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S Citizen or green card holder? YES <input type="checkbox"/> NO <input type="checkbox"/>
Attending post-secondary institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - IF YES please attach T2202A				
Full name – Child 2	S.I.N.	Birthdate	Are you a Canadian Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S Citizen or green card holder? YES <input type="checkbox"/> NO <input type="checkbox"/>
Attending post-secondary institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - IF YES please attach T2202A				
Full name – Child 3	S.I.N.	Birthdate	Are you a Canadian Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S Citizen or green card holder? YES <input type="checkbox"/> NO <input type="checkbox"/>
Attending post-secondary institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - IF YES please attach T2202A				
SALE OF PRINCIPAL RESIDENCE				
Did you sell your principal residence during the year?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES: Year of acquisition: _____			Proceeds of disposition: _____	
Did you own any other properties that could qualify as a principal residence?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
FOREIGN REPORTING				
Do you own foreign assets with a cost greater than \$100,000 CAD?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
INCOME SOURCES CHECKLIST				
Employment (T4 or T4A)	<input type="checkbox"/>	RRSP, RRIF, RESP (T4RSP/T4RIF/T4A)	<input type="checkbox"/>	
Government pensions (T4A[OAS]/T4A[P])	<input type="checkbox"/>	Estates/trusts/mutual fund (T3)	<input type="checkbox"/>	
Employment Insurance (T4E)	<input type="checkbox"/>	Interest/dividends/capital gains (T3/T5/T5013)	<input type="checkbox"/>	
TAX DEDUCTIONS / CREDITS CHECKLIST (with official receipts)				
RRSP contributions	<input type="checkbox"/>	National Student Loan Interest	<input type="checkbox"/>	
FHSA contributions	<input type="checkbox"/>	Medical expenses (net of any reimbursements)	<input type="checkbox"/>	
Union/professional dues	<input type="checkbox"/>	Charitable or political donations (official receipts)	<input type="checkbox"/>	
Child care Expenses (include name and SIN of recipient)	<input type="checkbox"/>	First-time Home Buyer	<input type="checkbox"/>	
Moving expenses (if at least 40 kms closer to work)	<input type="checkbox"/>	Eligible educator who pays for their own supplies	<input type="checkbox"/>	
Accounting fees (other than Lohn Caulder's fees)	<input type="checkbox"/>	Tuition fees (T2202A – Signed by Student)	<input type="checkbox"/>	
Interest/fees paid on investments (non-registered accounts)	<input type="checkbox"/>	Government subsidy benefits (i.e. CERB / CRB) repaid	<input type="checkbox"/>	

OTHER IMPORTANT DOCUMENTS CHECKLIST			
Mutual fund investment summary statement	<input type="checkbox"/>	Tax shelters (T101/T5013/Annual Reports)	<input type="checkbox"/>
Sale of property: address, cost of property	<input type="checkbox"/>	T2200 Employer Authorization for Expenses (Please see Appendix C below)	<input type="checkbox"/>
Sale of property: Seller's Statement of Adjustments	<input type="checkbox"/>	Court-Ordered Spousal Support Payments <i>Paid</i>	<input type="checkbox"/>
Sale of shares: gain/loss summary from broker	<input type="checkbox"/>	Court-Ordered Spousal Support Payments <i>Received</i>	<input type="checkbox"/>
New clients: Notice of Assessment for prior year	<input type="checkbox"/>	New Clients: T1 Tax Return Filed for Prior Year	<input type="checkbox"/>
New clients: signed CRA authorization Form (included after Appendix C below)	<input type="checkbox"/>	All clients: signed T1 engagement letter	<input type="checkbox"/>

OTHER INFORMATION CHECKLIST (please provide if necessary)			
Rental income and expenses (please provide detail listing of rental income and expenses per property below in Appendix A)	<input type="checkbox"/>	List of foreign property owned, including:	
Self-employment income and expenses (please provide detail listing of the income and expenses below in Appendix B)	<input type="checkbox"/>	Country of origin	<input type="checkbox"/>
Employment/commission expenses (please provide detail listing of employment expenses in Appendix C)	<input type="checkbox"/>	Fair market value at Dec 31	<input type="checkbox"/>
		Highest fair market value for the year	<input type="checkbox"/>
		Total income and total capital gains	<input type="checkbox"/>
		Other:	<input type="checkbox"/>
		Other:	<input type="checkbox"/>

DECEASED TAXPAYER CHECKLIST			
Death certificate	<input type="checkbox"/>	Complete copy of will and probate	<input type="checkbox"/>
New mailing address for estate, if applicable _____			<input type="checkbox"/>

INSTALMENT PAYMENTS	
Have you made instalment payments for the tax year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES: how much for yourself?	\$ _____
IF YES: how much for your spouse?	\$ _____
IF YES: how much for each child?	\$ _____

DIRECT DEPOSIT/ TAX REFUND	
Has your direct deposit information already been provided to CRA?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF NO: if you would like to have tax refunds directly deposited, provide us with either:	
A void cheque	<input type="checkbox"/>
OR	
Branch Number (5 digits)	_____
Institution Number (3 digits)	_____
Account Number (maximum 12 digits)	_____

APPENDIX A: RENTAL PROPERTY SUMMARY *
 (Please prepare this form for EACH rental income-producing property)

DETAILS OF PROPERTY

Address of rental property: _____ City _____
 Province/State _____ Postal Code _____ Country _____
 Ownership percentage (%) _____
 Full name and SIN of co-owners _____
 Is your rental property a short-term rental (rented less than 90 consecutive days)? YES NO
IF YES, during which periods of 2025 was it a short-term rental? _____
IF YES, does this rental property comply with provincial or municipal registration, licensing, location or permit requirements in 2025? YES NO

<p><u>RENTAL INCOME</u> Gross rental income \$ _____</p> <p><u>RENTAL EXPENSES</u></p> <p>Advertising \$ _____ Insurance \$ _____ Mortgage interest \$ _____ Office expense \$ _____ Legal & accounting \$ _____ Management & admin fees \$ _____ Repairs & maintenance \$ _____ Property taxes \$ _____ Travel \$ _____ Utilities \$ _____ Other (please specify) _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____</p> <p><u>NET RENTAL INCOME</u> \$ _____</p>	<p>Did you pay for any major renovations or large purchases (i.e. appliances) during the tax year? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF YES, please provide the details of the renovations/purchase and provide the cost amount below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	Amount	Description	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	
Amount	Description													
\$ _____	_____													
\$ _____	_____													
\$ _____	_____													
\$ _____	_____													
\$ _____	_____													

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed. Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid. CRA also requires that automobile expense claims be supported by a mileage log.

Personal Tax Checklist

APPENDIX B: SELF-EMPLOYED INCOME AND EXPENSES *
 (Please provide this form for EACH Business)

DETAILS OF BUSINESS

Name of business _____ Type of business _____
 Names of partners and percentage (%) owned respectively _____

<u>REVENUE</u>	
Gross revenues/receipts/sales	\$ _____
<u>EXPENSES</u>	
Advertising	\$ _____
Meals and entertainment	\$ _____
Bad Debts	\$ _____
Insurance	\$ _____
Interest and bank charges	\$ _____
Licenses, dues, and memberships	\$ _____
Office expenses	\$ _____
Supplies	\$ _____
Professional dues	\$ _____
Rent	\$ _____
Repairs and maintenance	\$ _____
Salaries	\$ _____
Travel	\$ _____
Telephone and utilities	\$ _____
Total expenses:	\$ _____
Vehicle expenses	
Year, make, and model	_____
KM driven for business *	_____ KMs Business use %
Total KM driven *	_____ KMs
If leased, date lease began?	_____ (MM/DD/YYYY)
Purchase/sale price	\$ _____
Gas	\$ _____
Insurance	\$ _____
Repairs maintenance	\$ _____
Interest on auto loan	\$ _____
Leasing payments	\$ _____
Is your business registered for GST?	YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, your GST number? _____
Is GST included in the above amounts?	YES <input type="checkbox"/> NO <input type="checkbox"/>

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed. Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid. CRA also requires that automobile expense claims be supported by a mileage log.

APPENDIX C: EMPLOYMENT EXPENSES *

(Please attach a signed T2200-Declaration of Employment conditions from your employer)

Travel	\$ _____
Parking	\$ _____
Office supplies	\$ _____
Telephone	\$ _____
Office rent	\$ _____
Vehicle expenses (if applicable):	
Year, make, and model	_____
Purchase/sale price	\$ _____
Date of purchase/sale	_____ (MM/DD/YYYY)
If leased, Date Lease began?	_____ (MM/DD/YYYY)
KM driven for business *	_____ KMs Employment use %
Total KM driven during year *	_____ KMs
Fuel	\$ _____
Repairs & Maintenance	\$ _____
Insurance	\$ _____
Licensing & Registration Fees	\$ _____
Loan Interest	\$ _____
Lease payments	\$ _____
Car Washes	\$ _____
Parking	\$ _____
Other:	\$ _____
<u>COMMISSION EMPLOYEES ONLY</u>	
Accounting and legal fees	\$ _____
Advertising and promotion	\$ _____
Meals and entertainment	\$ _____
Rental of office equipment	\$ _____
Training	\$ _____

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed. Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid. CRA also requires that automobile expense claims be supported by a mileage log.

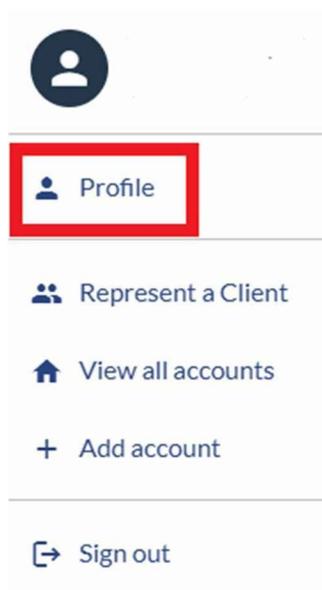
Providing Consent to Lohn Caulder LLP to act as an authorized representative with CRA

The CRA has announced that starting July 15, 2025, the Authorize a Representative service for individuals will no longer be available for individuals through the EFILE software.

Authorize Lohn Caulder as my representative

To authorize Lohn Caulder as your representative, please log in to your CRA “My Account” and then complete the following steps:

1. Click “**Profile**”.



2. Under “**Authorized representative(s)**” click “**Add**”



3. Click “**Start**” to begin

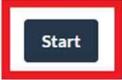
Authorize a representative

 Help

Before you begin

This authorization allows your representative to deal with the Canada Revenue Agency by internet, by telephone, by fax, in person or in writing.

Your representative will have access to all tax years as our online service does not yet have a year-specific option.

 Start

4. Enter in the Lohn Caulder LLP business number (**123713638**) and click “**Search**”

Enter representative information

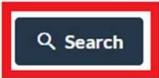
Fields marked with an asterisk (*) are required.

To authorize a representative to deal with the CRA on your behalf enter:

- **Representative identifier (RepID):** It is a 7-character alphanumeric code
- **Group identifier(GroupID):** It is a 6-character alphanumeric code, beginning with a G
- **Business number (BN) of a business:** It is a 9-digit identification number, if you enter a BN, you are authorizing CRA to deal with anyone from that business.

* RepID, GroupID or BN

 123713638

 Search



5. Review the “Name” and “BN” to ensure it matches our information and click “Next”

The following representative has been identified:

Representative information	
Name:	LOHN CAULDER LLP
BN:	123713638
Phone number:	
Fax number:	

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Next

6. Select the “Level 2 – Allow your representative access to information and to make certain account changes”, select “Yes”, check “Does not expire”. Click “Next”

2 Select authorization details

Fields marked with an asterisk (*) are required.

* Authorization level

Level 1 - Allow your representative access to information only.

Level 2 - Allow your representative access to information and to make certain account changes.

> Level 1

> Level 2

* Online access

Online access allows a representative to deal with the Canada Revenue Agency by internet, by telephone, by fax, in person or in writing.

Yes

No

* Expiry date

YYYY - MM - DD

Does not expire

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Next



7. Review the selections and check “**Confirmation**”. Then click “**Submit**”

3 Review and confirm

Fields marked with an asterisk (*) are required.

The following representative will be authorized:

Representative information

Name: LOHN CAULDER LLP

BN: 123713638

Phone number:

Fax number:

Representative authorization

 Edit

Online access: Yes

Authorization level: 2

Expiry date: Does not expire

* Confirmation



I confirm that the CRA may deal directly with the above named representative for the specified level of authorization. I acknowledge that these activities may occur without the CRA advising me.

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[Submit](#)

