



2016 TAX RETURN CHECKLIST

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Please include the following information along with this completed checklist:

A copy of your 2015 Notice of Assessment. WE NEED THIS FOR ANY PERTINENT CARRY FORWARD INFORMATION.

Please provide a copy of your previous tax return if this is the **FIRST** year we are preparing your return.

We have included worksheets with the checklist to assist you if you sold stocks, mutual funds or real estate in 2016 or if you had a rental property, business income or employment expenses in 2016.

1. Your Name: _____ SIN#: _____ Birthdate: _____

2. Your Spouse: _____ SIN#: _____ Birthdate: _____
dd mm yyyy

3. If your address has changed during the year please indicate:
Street: _____ City: _____ Postal Code: _____

4. Your home phone #: _____ Your work phone #: _____ E-mail address: _____

5. Do you own a home for the first time since 2010? Yes No

6. Your Marital Status: Married Widowed Separated Common-law Divorced Single

If marital status changed in the year, date of change: _____

7. List any dependents as of December 31, 2016:				Are we preparing the return?	
Name	SIN #	2016 Net Income	Birthdate	yes	no
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

8. Does any family member have a disability? Yes No

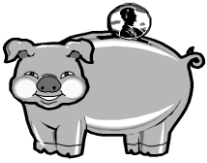
9. Is any family member a U.S. Citizen, Green Card Holder or parents born in the United States? If so you likely have U.S. filing obligations.

10. Did you own/hold foreign property with a cost totalling more than \$100,000? Yes (attach details) No

11. Do you authorize CRA to provide information about you to Elections Canada? Yes No

12. Do you want your tax refund deposited directly to your bank account?
 Yes (attach void cheque) Direct deposit requested last year (no change in bank account) No

13. How do you want your tax return delivered once it has been completed by us?
 Hold for pick-up at our office.
 Mail to my home address via Canada Post.
 Courier to my home address.
Other _____
(please indicate)



Your 2016 Income

Check if you have any of the following income items:

Item	Slips to Bring
<input type="checkbox"/> Employment income	T4
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Profit sharing income	T4PS
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Old Age Security income	T4A
<input type="checkbox"/> Canada Pension Plan income	T4AP
<input type="checkbox"/> Other pension/annuity income	T4A
<input type="checkbox"/> RRSP income	T4RSP
<input type="checkbox"/> RRIF income	T4RIF
<input type="checkbox"/> Withdrawals from RRSP	T4RSP
<input type="checkbox"/> EI Benefits	T4E
<input type="checkbox"/> Worker's Compensation (WSIB)	T5007
<input type="checkbox"/> Social assistance payments	T5007
<input type="checkbox"/> Dividend income	T3s and T5s
<input type="checkbox"/> Interest income	T3s and T5s
<input type="checkbox"/> Limited partnership income	T5013
<input type="checkbox"/> Rental property income	See page 3
<input type="checkbox"/> Sale of real estate	See page 3
<input type="checkbox"/> Sale of non-RRSP stocks	See page 3
<input type="checkbox"/> Sale of non-RRSP mutual funds	See page 3
<input type="checkbox"/> Self-employed income	See page 4
<input type="checkbox"/> Alimony income	\$ _____
<input type="checkbox"/> Other income:	
Universal child care benefit	\$ _____
_____	\$ _____

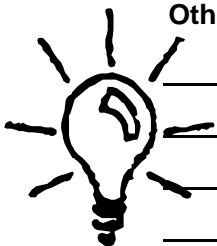
Your 2016 Deductions/Credits

Check if you have any of the following:
Please include receipts.



Item	Amount
1 RRSP - contributions	\$ _____
2 Labour -sponsored fund contributions	\$ _____
3 Union Dues, professional fees	\$ _____
4 Child care expenses	\$ _____
5 Moving expenses	\$ _____
6 Alimony payments made	\$ _____
7 Legal fees for investment loan	\$ _____
8 Investment loan interest paid and details	\$ _____
9 Rent paid	\$ _____
10 Property taxes paid	\$ _____
11 Public transit amounts	\$ _____
12 Child fitness payments max \$1,000/child	\$ _____
13 Child Activity/Arts payments max \$500/child	\$ _____
14 OSAP loan repayment interest	\$ _____
15 Examination & Tuition fees for yourself	\$ _____
16 Children's/spouse's tuition fees	\$ _____
17 Medical expenses	\$ _____
18 Charitable donations	\$ _____
19 Political party contributions	\$ _____
20 Tax instalments paid to the government	\$ _____
21 Ontario Renovations For Seniors	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other information you would like to tell us about.



If you are not sure we'll need it, bring it along!

Rental Property Income & Expenses



Address _____

Joint owner _____

Jt. Ownership % _____

Income (rent collected) \$ _____

Expenses

Advertising \$ _____

Insurance \$ _____

Interest \$ _____

Office expenses \$ _____

Legal, accounting, and other professional fees \$ _____

Management and administration fees \$ _____

Maintenance and repairs \$ _____

Salaries, wages, and benefits (including employer's) \$ _____

Property taxes \$ _____

Travel \$ _____

Utilities \$ _____

Other Expenses \$ _____

Major renovations & purchases (ie. Appliances) \$ _____

_____ \$ _____

_____ \$ _____

If the property was purchased in the year, please provide the details.

Sale of Real Estate (excluding personal residence)



Address _____

Date Sold _____

Joint owner _____

Jt. Ownership % _____

Date Purchased _____

Purchase price \$ _____

Legal costs on purchase \$ _____

Additions / major improvements: _____ \$ _____

_____ \$ _____

Sale Price \$ _____

Legal costs on sale \$ _____

Commissions paid on sale \$ _____

Other selling expenses \$ _____



Sale of Non-RRSP Stock (please provide broker's receipts for both the purchase and the sale)

Name of Stock	Date Sold (dd/mm/yy)	Number of Shares	Sale* Price	Purchase* Price	Commissions Paid

* Price per share

Sale or Transfer of Non-RRSP Mutual Funds (including systematic withdrawal programs)

Please provide the December 31, 2016 year end statements for all of your non-RRSP mutual funds.

These statements were sent to you by the mutual fund companies in January 2016. The statements show all transactions for 2015, including any sale, redemption or transfer of your shares in the mutual fund during the year.

List all of your mutual funds that had shares sold or transferred during 2016.



Self-Employed Income & Expenses



Name of Business _____

Number of internet webpages and websites does the business earn income from _____

Percentage of gross income from the web _____ %

Please list on back of this page

Joint Owner and % _____

Revenue \$ _____

Expenses

Purchases \$ _____

Advertising \$ _____

Meals and Entertainment \$ _____

Bad Debts \$ _____

Insurance \$ _____

Interest and bank charges \$ _____

Business tax, fees, licenses, dues, memberships \$ _____

Office expenses \$ _____

Supplies \$ _____

Legal, accounting and other professional fees \$ _____

Rent \$ _____

Maintenance and repairs \$ _____

Salaries, wages and benefits \$ _____

Subcontractors \$ _____

Travel \$ _____

Telephone \$ _____

Private Health Plan Premiums \$ _____

Other Expenses \$ _____

Equipment/furniture purchases (**Please put on reverse**)

Registered for HST? YES NO

If yes, do the above figures include HST? _____

Automobile SEE ACROSS

Home office SEE BELOW

Employment Expenses

Please ensure that you have a signed T2200 (Declaration of Employment Conditions) available should you be asked by the government to substantiate this claim. Please provide us with a copy of this form.

Expenses

Accounting, legal fees \$ _____

Advertising, promotion \$ _____

Meals/entertainment \$ _____

Lodging \$ _____

Parking \$ _____

Office supplies \$ _____

Telephone \$ _____

Is your employer registered for HST ? YES NO

Travel \$ _____

Supplies \$ _____

Other Expenses \$ _____

\$ _____

Automobile SEE BELOW

Home office SEE BELOW



Automobile Expenses

Please ensure that you keep a log of kms driven in the year

Year/Make of Car: _____

Purchase Price *** \$ _____

Year Purchased ** _____

Total Kilometres driven in 2016 _____

Business or Employment Use % _____

Expenses

Total for 2016

Fuel \$ _____

Repairs \$ _____

Lease payments \$ _____

Car washes \$ _____

Insurance \$ _____

License and registration \$ _____

Interest on loan to purchase vehicle \$ _____

Any per km flat allowance received \$ _____

Other expenses eg CAA membership \$ _____

\$ _____

** If a vehicle was disposed of in the year, please provide details

*** If leased vehicle, please provide a copy of purchase/lease paperwork

Home Office Expense



Business or Employment Use % _____

(percentage of house used for business or employment)

Expenses **Total for 2016**

Heat/Gas \$ _____

Hydro/Water \$ _____

Insurance \$ _____

Repairs and maintenance \$ _____

Mortgage interest \$ _____

Property taxes \$ _____

Rent \$ _____

Telephone \$ _____

Other \$ _____