

2024 HENDRY WARREN PERSONAL TAX CHECKLIST - QUEBEC FILERS

	nges to the information			Yes	No
Name:		Social Insurance Number:	Email:		
Date of I			Telephone Number:		
Marital S	·	Present Address:			
	Additional Depender	nts? (Provide Name, DOB, and	SIN on the last page)	Yes	No
Personal Changes	•	our first home in 2024?	1 0 7	Yes	No
	Did you move in 202			Yes	No
	If yes, did you sell or Appendix A)	change the use of real estate i	n 2024? (If yes, fill out	Yes	No
	Other – Please Spec	cify			
Other	Are you a Canadian	citizen?		Yes	No
			provide your name, address, update your information on the	Yes	No
	My employer or my s for myself (all year)	spouse's employer provided ba	sic prescription drug insurance	Yes	No
		spouse's employer provided bas ar; please confirm months)	sic prescription drug insurance	Yes	No
	in 2024 with a total of real estate (except e	foreign property for the purpose cost of more than CAD \$100,00 exclusively held for personal use Canadian or foreign brokerage	e), shares of foreign	Yes	No
	Are you a US citizen	or green card holder?		Yes	No
	(If yes, do you have	a Tax-Free Savings Account (T	FSA)?)	Yes	No
Income Slips (provide copies of slips)	T4 & RL-1 - Employ	mont Incomo		Yes	No
	, -			Yes	No No
	T4A OAS - Old Age Security T4AP - Canada or Quebec Pension		Yes	No	
	T4A & RL-1/RL-2 - Pension/Other Income		Yes	No	
	T4RIF/T4RSP & RL-2 - RRIF/RRSP Income		Yes	No	
	T4E & RL-6 - Emplo			Yes	No
	T5013 & RL-15 – Pa			Yes	No
	Other – Please Spe	·			



Yes

No

Business/Professional Income – (If yes, please fill out Appendix B and Appendix C)	Yes	No
Rental Income – (If yes, please fill out <u>Appendix D</u>)	Yes	No
Spousal Support Received	Yes	No
If yes, please provide name, SIN, and address of payor:		
Name:		
SIN:		
Address:		
Scholarship, Bursary & Fellowship Income	Yes	• No
Share Based Compensation (Stock Options, RSUs, etc.) in 2024 (If yes, please fill out <u>Appendix E</u>)	Yes	No
Other – Please Specify		

Investments

T3 & RL-16 - Income from a Trust

Other Income

T5 & RL-3 – Investment Income	Yes	No
Capital Gains or Losses (Provide gain/loss reports in CAD)	Yes	No
T1135 - Foreign Income Statement (foreign investments costing over 100,000 CAD)	Yes	No
Cryptocurrency transactions (provide detailed summary of transactions in 2024)	Yes	No
Other – Please Specify		

Deductions (Provide Receipts)

RRSP Contributions (remainder of 2024 and first 60 days of 2025)	Yes	No
Did you open a First Home Savings Account (FHSA) in 2024?	Yes	No
Did you make any contributions to a FHSA in 2024? (provide receipts)	Yes	No
Union or Professional Dues	Yes	No
Childcare Expenses (Please provide receipt with the name, address, and SIN/BN of childcare provider or RL-24 Slips and confirm how the claim should be split between you and your spouse)	Yes	No
Moving Expenses	Yes	No
Spousal Support Paid	Yes	No
Child Support Paid	Yes	No



If applicable, please provide name, SIN, and address for recipient of spousal or child so	upport:	
Name:		
SIN:		
Address:		
Investment Management Fees	Yes	No
Interest Expense	Yes	No
Employment Expenses (enclose signed T2200) (If yes, please fill out Appendix F and Appendix G)	Yes	No
Other – Please Specify		

Tax Credits (Provide Receipts)

Tuition (T2202 or TL11A for foreign tuition or RL-8 for Québec) Yes No Medical Receipts Yes No Medical Insurance Premiums (include annual statement) Yes No Home Accessibility Expenses Yes No Donations (contributed between January 1, 2024 – February 28, 2025) Yes No **Political Contributions** Yes No Teacher and Early Child Educator School Supply Tax Credit Yes No Interest on Student Loans Yes No Digital News Subscription Tax Credit Yes No Yes Children's Activity Tax Credit No Seniors' Activity Tax Credit Yes No Tax Credit for Upgrading of Residential Wastewater Treatment Systems Yes No CRA tax instalments for the 2024 tax year (provide amount) Yes No Yes Québec income tax instalments for 2024 (provide amount) No To the extent that one spouse is owed a refund and the other spouse has a balance Yes No due in Québec, apply the refund of one spouse to the balance due of the other spouse Other - Please Specify

Please provide us with a copy of your 2023 Québec Notice of Assessment and copies of any Québec reassessments received during 2024 in respect of previous years.



Schedule of Additional Dependents

Name	SIN	DOB (YYYY/MM/DD)