

2024 HW Partners PERSONAL TAX CHECKLIST

**Any changes to the information below from prior year?
(If yes, please complete table below)** **Yes** **No**

Name:	Social Insurance Number:	Email:
Date of Birth (YYYY/MM/DD):	Telephone Number:	
Marital Status:	Present Address:	

Personal Changes

Additional Dependents? (Provide Name, DOB, and SIN on the last page)	Yes	No
Did you purchase your first home in 2024?	Yes	No
Did you move in 2024?	Yes	No
If yes, did you sell or change the use of real estate in 2024? (If yes, fill out Appendix A)	Yes	No
Other – Please Specify		

Other

Are you a Canadian citizen?	Yes	No
As a Canadian citizen, do you authorize the CRA to provide your name, address, date of birth, and citizenship to Elections Canada to update your information on the National Register of Electors?	Yes	No
Did you own or hold foreign property for the purposes of earning income at any time in 2024 with a total cost of more than CAD \$100,000? Examples include foreign real estate (except exclusively held for personal use), shares of foreign corporations held in Canadian or foreign brokerage accounts, foreign bank accounts, etc.	Yes	No
ON Residents: Do you authorize CRA to provide your name and email address to Ontario Health so that they can contact you regarding organ and tissue donation?	Yes	No
Are you a US citizen or green card holder?	Yes	No
(If yes, do you have a Tax-Free Savings Account (TFSA)?)	Yes	No

Income Slips (provide copies of slips)

T4 (& RL-1 if employed in Quebec) - Employment Income	Yes	No
T4A OAS - Old Age Security	Yes	No
T4AP - Canada or Quebec Pension	Yes	No
T4A - Pension/Other Income	Yes	No
T4RIF/T4RSP - RRIF/RRSP Income	Yes	No
T4E - Employment Insurance	Yes	No
T5013 – Partnership Income	Yes	No
Other – Please Specify		

*Other
Income*

Business/Professional Income – (If yes, please fill out Appendix B and Appendix C)	Yes	No
Rental Income – (If yes, please fill out Appendix D)	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 Appendix E)	Yes	No
Other – Please Specify		

Investments

T3 - Income from a Trust	Yes	No
T5 – 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)	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 support:

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)	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
ON Residents: Property Taxes (Final 2024 bill)/Rent Receipts	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
CRA tax instalments for the 2024 tax year (provide amount)	Yes	No
Other – Please Specify		

Schedule of Additional Dependents

Name	SIN	DOB (YYYY/MM/DD)