

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) |
|------|-----|------------------|
| | | |
| | | |
| | | |