

2024 HENDRY WARREN PERSONAL TAX CHECKLIST – QUEBEC FILERS

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|---|---------------------------------|---------------|-----------|
| 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: | | |

| | | | |
|-------------------------|--|-----|----|
| <i>Personal Changes</i> | 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 _____ | | |

| | | | |
|--------------|--|-----|----|
| <i>Other</i> | 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 |
| | My employer or my spouse’s employer provided basic prescription drug insurance for myself (all year) | Yes | No |
| | My employer or my spouse’s employer provided basic prescription drug insurance for myself (partial year; please confirm months) | Yes | No |
| | Did you own or hold foreign property for the purpose 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 |
| | Are you a US citizen or green card holder? (If yes, do you have a Tax-Free Savings Account (TFSA)?) | Yes | No |

| | | | |
|---|--|-----|----|
| <i>Income Slips (provide copies of slips)</i> | T4 & RL-1 - Employment Income | Yes | No |
| | T4A OAS - Old Age Security | Yes | No |
| | 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 - Employment Insurance | Yes | No |
| | T5013 & RL-15 – 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 & RL-16 - Income from a Trust | Yes | No |
| 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 <u>or</u> 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 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 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 |
| Children’s Activity Tax Credit | Yes | 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 |
| _____ | | |
| Québec income tax instalments for 2024 (provide amount) | Yes | No |
| _____ | | |
| To the extent that one spouse is owed a refund and the other spouse has a balance due in Québec, apply the refund of one spouse to the balance due of the other spouse | Yes | No |
| 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) |
|------|-----|------------------|
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