

## 2025 HW PARTNERS PERSONAL TAX CHECKLIST

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

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

|                         |  |     |    |
|-------------------------|--|-----|----|
| <i>Personal Changes</i> | Have you provided us with a valid copy of your ID  | Yes | No |
|                         | Additional Dependents? (Provide Name, DOB, and SIN on the last page)                                 | Yes | No |
|                         | Did you purchase your first home in 2025?  | Yes | No |
|                         | Did you move in 2025?  | Yes | No |
|                         | If yes, did you sell or change the use of real estate in 2025? (If yes, complete <b>Appendix A</b> ) | 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 |
|              | Did you own or hold foreign property for the purposes of earning income at any time in 2025 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 |

|   |   |     |    |
|---|---|-----|----|
| <i>Income Slips (provide copies of slips)</i> | 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                                |     |    |

|                         |   |     |    |
|-------------------------|---|-----|----|
| <i>Other<br/>Income</i> | Business/Professional Income – (If yes, please complete <b>Appendix B</b> and <b>Appendix C</b> )         | Yes | No |
|                         | Rental Income – (If yes, please complete <b>Appendix D</b> )  | Yes | No |
|                         | Spousal Support Received  | Yes | No |
|                         | If yes, please provide name, SIN, and address of payor:   |     |    |
|                         | <b>Name:</b> _____  |     |    |
|                         | <b>SIN:</b> _____   |     |    |
|                         | <b>Address:</b> _____   |     |    |
|                         | Scholarship, Bursary & Fellowship Income  | Yes | No |
|                         | Share Based Compensation (Stock Options, RSUs, etc.) in 2025 (If yes, please complete <b>Appendix E</b> ) | Yes | No |
|                         | Other – Please Specify  |     |    |

|  |   |     |    |
|--|---|-----|----|
| <i>Investments<br/>(provide<br/>copies of<br/>slips)</i> | 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 2025)    | Yes | No |
|  | Other – Please Specify  |     |    |

|  |  |     |    |
|--|--|-----|----|
| <i>Deductions<br/>(provide<br/>receipts)</i> | RRSP Contributions (remainder of 2025 and first 60 days of 2026)                                     | Yes | No |
|  | Did you open a First Home Savings Account (FHSA) in 2025?  | Yes | No |
|  | Did you make any contributions to a FHSA in 2025? (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 yes, 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 complete <b>Appendix F</b> and <b>Appendix G</b> ) | 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   | Yes | No |
| Political Contributions   | Yes | No |
| ON Residents: Property Taxes (final 2025 bill)/Rent Receipts      | Yes | No |
| Teacher and Early Child Educator School Supply Tax Credit         | Yes | No |
| Interest on Student Loans   | Yes | No |
| CRA income tax instalments for the 2025 tax year (provide amount) | Yes | No |
| Other – Please Specify  |     |    |

**Schedule of Additional Dependents**

| Name | SIN | DOB (YYYY/MM/DD) |
|------|-----|------------------|
|      |     |                  |
|      |     |                  |
|      |     |                  |