

Office Use Only	
Client Number	
Date Received	



Aries Accounting
 877 Anders Road
 West Kelowna, BC V1Z 1K2 Phone: 250-454-9483

2015 INCOME TAX CHECK LIST

Name: _____ Birthdate: yyyy/mm/dd _____ SIN: _____

Spouse Name: _____ Birthdate: yyyy/mm/dd _____ SIN: _____

Marital Status: Married / Single / Divorced / Separated /
 Widowed / Common Law _____ Did this change in 2015? If yes, please provide date. _____

Address: _____

City: _____ Postal Code: _____

Primary Phone: _____

Email: _____

Names of Dependents:

Name	Birthdate	SIN	Fitness/Arts Credit	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Income – Receipts and Information Required

- | | |
|--|---|
| <input type="checkbox"/> Salaries, Commissions (T4, T4A slips)
<input type="checkbox"/> Pension Income - OAS/ CPP / Other
<input type="checkbox"/> EI Benefits
<input type="checkbox"/> Investment Income (T3, T5 slips)
<input type="checkbox"/> Universal Child Care Benefits (RC62)
<input type="checkbox"/> Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____ (Attach details) | <input type="checkbox"/> Taxable Capital Gains/Losses (Details of Cost/Sale price)
<input type="checkbox"/> RRSP Income (T4RSP slips)
<input type="checkbox"/> RRIF Income (T4RIF slips)
<input type="checkbox"/> Partnership Income (Attach details)
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach income details)
<input type="checkbox"/> Trades Grant (BC proof of completion) |
|--|---|

Deductions – Receipts and Information Required

- | | |
|---|--|
| <input type="checkbox"/> Childcare Expenses (Attach details)
<input type="checkbox"/> Child Fitness and Arts Expenses (Attach receipts)
<input type="checkbox"/> Moving Expenses (Provide receipts and details)
<input type="checkbox"/> Extended Health Benefits (Not MSP)
<input type="checkbox"/> Medical & Dental Expenses (Pharmacy Printout)
<input type="checkbox"/> Charitable/Political Donations (Official Receipts)
<input type="checkbox"/> Interest Paid on Student Loans (Attach Stmt)
<input type="checkbox"/> Other _____ (Attach details) | <input type="checkbox"/> RRSP Contributions (T4, Official Receipts)
<input type="checkbox"/> Union or Professional Dues (T4 slip, Official Receipts)
<input type="checkbox"/> Employment Expenses (if applicable)
<input type="checkbox"/> Interest/Carry Charges
<input type="checkbox"/> Pension Income – Split to Spouse (Attach Details)
<input type="checkbox"/> Education: Tuition (T2202 Slip)
<input type="checkbox"/> Public Transit Passes Amount (Transit Pass & Receipt) |
|---|--|



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Other Information

- 2015 Instalments paid (CRA Stmt)
- Notice of Assessment from 2014 (All pages)
- Prior year tax return (if this is the first year of Aries filing your taxes)
- RRSP Home Buyer's Withdrawal (Provide details)
- First Time Home Buyer (Provide legal documents)
- Northern Resident Deduction (Must have lived in prescribed zone for at least 6 months)

Are you a Canadian Citizen? Yes No

If yes, do you allow CRA to release information about you to Elections Canada? Yes No

Do you own foreign assets worth more than \$100,000?
If yes, please provide details. Yes No

Are you a US Citizen? If yes, you may be required to file a US tax return. Yes No

Were you **OR** your parents born in the US?
If yes, you may be required to file a US tax return. Yes No