



Uniheart Consulting Inc.

Add: 307-650 Highway 7 E. Richmond Hill ON L4B 2N7

Tel: (+1) 905-889-7938 Fax: (+1) 905-889-7907

Email: info@uniheart.ca Web: www.uniheart.ca

Uniheart use only			
	Name	Date	Note
收件			
收款			
申报			
核对			
发送			

T1 INDIVIDUAL TAX RETURN INFO CHECKLIST

Please fill the number of the following documents you have and present them to us.

- Notice of Assessment for previous year if applicable _____
- T4 _____
- T4A _____
- T4A (OAS) _____
- T4A (P) _____
- T4E _____
- T4PS _____
- T4RSP _____
- RRSP _____
- Form2200 _____
- T2202A _____
- T3 _____
- T5 _____
- T5007 _____
- T5008 _____
- Medical Expense _____
- Charitable Donations _____
- Child Care Receipt _____
- Others _____

Personal Information:

First Name: _____ Last Name: _____

Social Insurance Number: _____ Gender: _____

Date of Birth (y/m/d): _____ Citizenship: _____

Phone Number: _____ Email Address: _____

Marital Status (**Please check**): Married / Living Common Law / Divorced / Seperated / Single

If your marital status has changes, please specify the date (y/m/d): _____

Entry date if you entered canada in this tax return year (y/m/d): _____

Mailing Address:

Apt/Unit#: _____ Street#: _____ Street Name: _____

City: _____ Province: _____ Postal Code: _____

Applicant's Bank Information (**if submitted in a prior year, then ignore this request**):

Branch/Transit Number (5 digits): _____ Insitution Number (3 digits): _____

Chequing Account Number (7-12 digits): _____

Spouse Information:

First Name: _____ Last Name: _____

Social Insurance Number: _____ Gender: _____

Date of Birth (y/m/d): _____ Citizenship: _____

Phone Number: _____ Email Address: _____

Entry date if you entered canada in this tax return year (y/m/d): _____

Spouse's Banking Information: (**if submitted in a prior year, then ignore this request**)

Branch/Transit Number (5 digits): _____ Insitution Number (3 digits): _____

Chequing Account Number (7-12 digits): _____



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T1 INDIVIDUAL TAX RETURN INFO CHECKLIST

Child(ren) Information:

First Name: _____	Last Name: _____
Date of Birth (y/m/d): _____	Gender: _____
First Name: _____	Last Name: _____
Date of Birth (y/m/d): _____	Gender: _____
First Name: _____	Last Name: _____
Date of Birth (y/m/d): _____	Gender: _____

Rental/Property Tax Information: Do NOT fill it out if no rent receipt available

Rental/Property Address: (Unit#/ Street#/ Street Name/ City/ Province/ Postal Code)	Rental Period / Property Tax Covered Period: (yy/mm/dd-yy/mm/dd)	Monthly Rent (if property tax, go to next columne)	Total Rent / Total Property Tax	Name of Landlord / Municipice City

Principal residence Information:

Please check if the property purchased in this tax return year is your first purchase: _____

Please attach Statement of Adjustment if you purchased a principal residence in this tax return year

Residence Address: _____ Date of Purchase (y/m/d): _____

Property Tax Payment for this tax return year: _____

Disposition of Property:

Property Address: _____ Ownership %: _____

Date of Purchase (y/m/d): _____ Purchase Price: _____

Date of Disposition (y/m/d): _____ Selling Price: _____ Marketing Exp: _____

Please fill the form if you rent out your property: Rental Income&Expense form.pdf

Please contact us if you have self-employment business or hold foreign properties where the total costs was over \$100,000 in this tax retun year.

Note:
