



**Uniheart Consulting Inc.**

Add: 250-100 York Blvd. Richmond Hill ON L4B 1J8

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

Email: info@uniheartconsulting.ca

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	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 column)	Total Rent / Total Property Tax	Name of Landlord / Municipality 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 return year.**

**Note:**

\_\_\_\_\_