



HEAD OFFICE:

1110 Finch Avenue W. Office 407
Toronto, ON, Canada, M3J 2T2

Tel: (416) 663 4040

www.aridanfinancial.ca

First name _____ SIN _____

Last name _____

Date of Birth Day ____ Month _____ Year ____

Your Spouse Information

First name _____ SIN _____

Last name _____

Date of Birth Day ____ Month _____ Year ____

Children

1)

First name _____

Last name _____

Date of Birth Day ____ Month _____ Year ____

2)

First name _____

Last name _____

Date of Birth Day ____ Month _____ Year ____

3)

First name _____

Last name _____

Date of Birth Day ____ Month _____ Year ____

Address _____

Tel: _____ Cell: _____

Email _____

This is a checklist intended to assist you in preparing for income tax filing.

Please provide a copy of your last filed income tax return and a recent notice of assessment or reassessment.



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1. Gross Income For Last Year: (Business or Commissions HST Included)

_____ HST registration # _____ RT0001 _____
 HST return form for filling to be provided

2. Additional slips of income to be attached (T4, T4a, T5)

3. Tax Installments

_____ Paid for Last Year

4. RRSP contributions

_____ Slip must be attached

5. Private Health Service Plan

_____ Premiums Paid

6. Sub-Contracting Expense

- A _____ Casual labour
- B _____ Commissions

7. Business Fees

- A _____ Fees Paid to an Accountant, Lawyer
- B _____ Business registration fee paid to Ministry of Finance

8. Capital Expenses

- A _____ Office Furniture (price and list)
- B _____ Business equipment (purchase price)
- C _____ P.C. Computer or Laptop (purchase price)
- D _____ Cellular Telephone (purchase price)

9. Interest Expenses

- A _____ Banking Charges and Fees **business account only**
- B _____ **Business Loan / Line** of credit Interest Paid
- C _____ **Business Credit Card** Annual Fees and Interest

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10. Office Expenses

- A _____ Office Rent
- B _____ Mail Box/Safety Deposit Box Rental Fees
- C _____ Courier, Parcels, Postage Stamps (**business related only**)
- D _____ Office Supplies
- E _____ Books, Copies and Subscriptions

11. Promotions & Gifts

- A _____ Restaurants (business related only)
- B _____ Business Gifts (business related only)
- C _____ LCBO (business related only)

12. Residence

- A _____ Annual Property Taxes
- B _____ Apartment Rent (Name of Landlord)
- C _____ Total Area of Apartment/House in sq. ft. or sq. m.
- D _____ *Utilities:*
 Hydro _____ Water _____ Consumers Gas _____
- E _____ Home Insurance
- F _____ Mortgage interest (from annual statement)

13. Supplies

- _____ Tools, Supplies, Materials and Samples
 (only business related)

14. Telephone Expenses

- A _____ Annual Internet Subscription
- B _____ Telephone (Bell) **business line (not a home line)**
- C _____ Cellular Phone (if family plan only one used for business)

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15. Travel Expenses

- A _____ Air/Sea/Land Transportation Tickets, Hotel/Motel
- B _____ Foreign Countries Meals, Entertainment and Gifts

16. Other Business Expenses

- A _____ Advertising and promotions
- B _____ Printing
- C _____ Membership and License Fees: Professional

17. Other Personal Expenses

- A _____ Charitable Donations
- B _____ Child care (babysitting, camps, daycare)
- C _____ Child sport activities
- D _____ Child recreational activities (art, drama, etc.)
- E _____ College / University fees T2202 Form
- F _____ Medical Bills (dentist, medication, other)

18. Automobile Expenses

- A _____ Annual Car Leasing payments
- B _____ Car cost price (only current year purchase)
- C _____ Annual Car Mileage (Last year)
- D _____ Annual Auto Insurance Premiums
 (if more than one car insured only one used for business)
- E _____ Auto Registration, Driver's License Renewal
- F _____ Parking
- G _____ Gasoline Purchases
- H _____ Auto Repairs and Maintenance

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