

# Personal Income Tax 2025 Checklist (Canadian T1)

Please ensure you provide all required information for Personal and Background Information to ensure we have your correct information.

Personal Information	Taxpayer			Spouse / Partner	
Name					
SIN					
Date of Birth (mm/dd/yyyy)					
Phone Number					
Email Address					
Address					
Postal Code					
Did your marital status change during the year? YES <input type="checkbox"/> NO <input type="checkbox"/>				What is your marital status?	
If "YES", please provide date ____ / ____ / ____				<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> common-law <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed	
Are we preparing a tax return for your spouse or common-law partner? YES <input type="checkbox"/> NO <input type="checkbox"/>				If "NO", enter his/her net income, to claim certain credits \$ _____	
Do you have dependent(s) under the age of 18? If "YES", please provide the following details for your dependents.				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name	Citizenship	Date of Birth	SIN	Do you have a disabled dependent	Income
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If we are preparing a tax return for your dependent(s), please prepare a copy of this checklist or equivalent for each dependent.					

Background Information	Taxpayer	Spouse / Partner
Would you like to register your email with CRA to receive electronic communications?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a Canadian citizen?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you authorize CRA to provide information about you, such as name, address, date of birth and citizenship to Elections Canada?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you open one or more First Home Savings Accounts (FHSA)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a Tax-Free Savings Account (TFSA)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you own foreign assets with total cost greater than \$100,000 at any time for this tax year? Please provide details of ownership of foreign assets and transactions with foreign entities, preferably in a report from your investment broker. Please note that PENALTIES ARE APPLICABLE if not reported.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you attached the Notice of Assessment from last year?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a Northern Resident? Please provide details.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a US citizen or a green card holder? Please specify.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been in the US more than 183 days over the past 3 years? If yes, provide the number of days for each year.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Yukon First Nation			
Do you reside on the Settlement Land of a self-governing Yukon First Nation on December 31 <sup>st</sup> ? If yes, provide the name of the Yukon First Nation and indicate if you are a citizen of that First Nation.			
First Nation:	Citizen:	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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Employment Income	Taxpayer	Spouse / Partner
T4 Employment income	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
T4A Commission, self-employment, or other income	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
T4E Employment insurance	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Income not provided on a T-slip, such as tips or additional taxable benefits.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Pension Income	Taxpayer	Spouse / Partner
T4A Pension, retirement, and annuity income	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
T4A(P) Canada Pension Plan	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
T4A(OAS) Old Age Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
T4A-RCA Retirement compensation arrangements	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
T4RSP Registered retirement savings plan	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
T4RIF Registered retirement income fund	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a pension from outside Canada?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you wish to elect to split eligible pension income with your spouse/partner?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Investment Income	Taxpayer	Spouse / Partner			
T3 Trust	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
T5 Investment	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
T4RESP, RRSP withdrawals	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
T4PS Profit Sharing	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
T4FHSA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
T5013 Partnership	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
T5008 Securities transactions	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Tax on Split Income (TOSI) Indicate if any of your investment income originates from a relative's business or trust.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Did you hold and/or trade bitcoin or cryptocurrency in the year?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Did you dispose of any investments during the year? For investments in securities, it is preferable to provide us with the realized gain/loss reports from your broker.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
For other properties, provide additional information for each transaction:					
Description of property and/or investments and quantity	Date Acquired	Date of Disposal	Proceeds of Sale	Cost when Acquired	Expenses upon Sale

Investment Income	Taxpayer	Spouse / Partner			
Did you purchase a new home this tax year?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a first-time homebuyer this year?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Did you sell your primary residence or another personal residence during the year? If "YES", please provide the following additional information.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Description (e.g., Home or Cottage)	Date Acquired	Date of Disposal	Proceeds of Sale	Cost when Acquired	Expenses on Sale
Was there a change in use of your property to income earning? Which can include short-term rentals such as Airbnb to long-term rentals or switching from income earning back to personal use .	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			

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Rental Income	Taxpayer	Spouse / Partner
Do you have rental income? If "YES", please complete Rental Income Worksheet	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Business, Professional, or Self-Employment Income	Taxpayer	Spouse / Partner
Do you have income from a business, professional fees, self-employment, farming, fishing, internet business activities, etc.? If "YES", please complete Business Income Worksheet	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is your business registered for GST? If "YES", please provide your GST number: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you require us to file your GST return for you? If "NO", provide copies of GST returns filed to ensure consistency with your T1 return.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you receive any income from a digital platform (e.g. Airbnb, Etsy, Uber)? Commencing in 2025, digital platform operators must report seller information to CRA. If yes, please complete Business Income Worksheet.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Income	Taxpayer	Spouse / Partner
Do you receive spousal and/or child support?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you receive a taxable scholarship, fellowship, bursary and/or artist grant?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you receive a significant prize or award from your or a related person's place of employment, exceeding \$500?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you receive a retroactive lump sum payment that totals \$3,000 or more?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
The above checklist may not be all inclusive. Is there other income to report? For more information: <a href="#">CRA: Other income</a>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Deductions and Tax Credits	Taxpayer	Spouse / Partner
Are you claiming deductible employment expenses such as auto, home office, other employment expenses? Provide form T2200 signed by your employer. If "YES", please complete Home and Auto Worksheet	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical expenses: do not submit individual prescription receipts. Obtain a detailed printout from your pharmacy to provide to us.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a Northern Resident and will you claim the deduction? Please provide details.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
RRSP contributions	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
FHSA contributions	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Charitable and/or political donations	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Union and/or professional dues	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Qualified Canadian Journalism Organization digital subscription expenses	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Childcare expenses	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Moving expenses	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you make spousal and/or child support payments?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tools acquired by tradespersons and eligible apprentice mechanics.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Disability certificate to claim (T2201)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Investment carrying charges: interest, account fees, counsel fees	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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Caregiver for an infirm family member and/or provided in-home care for an infirm dependent relative	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tuition for taxpayer or tuition amount claimed on transfer from dependent (T2202A/TL11A)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Student loan interest	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tax credits/deductions you may be eligible for include: Home Accessibility Tax Credit, Labour Mobility Deduction and/or Multigenerational Home Renovation Tax Credit	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
The above checklist may not be all inclusive. Are there other deductions or tax credits to report?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Tax Instalments	Taxpayer	Spouse / Partner
Did you make tax instalments during the year?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES", how much?	\$ _____	\$ _____

Additional information or comments