



Tax Information Checklist

Collect your receipts and tax slips/forms and check off the items

Cornerstone® Checklist Tax Organizer for Taxation year 20_____

Description	Documentation	Mr.	Mrs.	Notes
		Check if appropriate		
Income				
Employment Income	T4	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pension & Retirement Income	T4A	<input type="checkbox"/>	<input type="checkbox"/>	_____
RRIF Income	T4RSF	<input type="checkbox"/>	<input type="checkbox"/>	_____
RRSP Income	T4RSP	<input type="checkbox"/>	<input type="checkbox"/>	_____
CCP Benefits	T4A (P)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Old Age Security	T4A (P)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employment Insurance Benefits	T4U	<input type="checkbox"/>	<input type="checkbox"/>	_____
Investment Income				
Dividend Income	T5, T3	<input type="checkbox"/>	<input type="checkbox"/>	_____
Taxable Capital Gains	T5	<input type="checkbox"/>	<input type="checkbox"/>	_____
Limited Partnership Income	T5, T3	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rental Income	Revenue/Expenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self Employment Income	Income/Expenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deductions from Income				
RPP Contributions	T4, T4A	<input type="checkbox"/>	<input type="checkbox"/>	_____
RRSP Contributions	T4, T4A	<input type="checkbox"/>	<input type="checkbox"/>	_____
RRSP Receipts	Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labour Sponsored Fund Credits Notices	Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Care Expenses	Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allowable Business Losses	Details	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interest & Carrying charges	Statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moving Expenses	Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capital Gain Deductions		<input type="checkbox"/>	<input type="checkbox"/>	_____
Refundable Credits				
Medical Expenses	Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Charitable Donations & Gifts	Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify)	Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____