



2018 INCOME TAX CHECKLIST

TAXPAYER'S INFORMATION:

SOCIAL INSURANCE NUMBER: _____ DATE OF BIRTH: _____
YYYY/MM/DD

NAME: DR./PROF./MR./MRS./MS./MISS: _____

YOUR E-MAIL ADDRESS: _____

ARE YOU A CANADIAN CITIZEN? YES NO

ELECTIONS CANADA? N/A (IF ANSWERED 'NO' TO ABOVE QUESTION) YES NO

Do you authorize Canada Revenue Agency to release your name, address, and birth date to Elections Canada?

FOREIGN INVESTMENTS GREATER THAN \$100,000 CDN? YES NO

(If, at any time during 2018, greater than \$100,000 CDN, please provide monthly broker statements)

*** NEW CLIENTS COMPLETE SECTION BELOW ***

** EXISTING CLIENTS COMPLETE SECTION BELOW ONLY IF CHANGED FROM LAST YEAR **

NEW CLIENTS: We require your income tax return from last year, as well as your CRA Tax Assessment.
(This applies to yourself and spouse, if applicable).

ADDRESS: _____

TELEPHONE NUMBER: _____ (RES) _____ (BUS)

MARITAL STATUS SINGLE WIDOWED COMMON-LAW
(ON DECEMBER 31): MARRIED SEPARATED DIVORCED

**IF YOUR STATUS HAS CHANGED FROM 2017: DATE OF CHANGE: _____
YYYY/MM/DD

HOW DO YOU WANT TO RECEIVE YOUR NOTICES OF ASSESSMENT AND REASSESSMENT FROM CRA:

BY MAIL – DIRECTLY TO YOU
I WOULD LIKE TO **RECEIVE PAPER NOTICES OF ASSESSMENT AND REASSESSMENT** THROUGH CANADA POST.
OR

ELECTRONICALLY – DIRECTLY FROM CRA
SELECT ONE OR MORE OF THE FOLLOWING **ELECTRONIC** OPTIONS:

I AM ALREADY REGISTERED FOR ONLINE MAIL AND CAN VIEW AND ACCESS MY NOTICES OF ASSESSMENT AND REASSESSMENT ONLINE.

SIGN UP FOR ONLINE MAIL!

I WOULD LIKE TO VIEW AND ACCESS MY NOTICES OF ASSESSMENT AND REASSESSMENT ONLINE ANYTIME. I WILL SIGN UP FOR ONLINE MAIL BY PROVIDING MY EMAIL ADDRESS ABOVE:

SPOUSAL INFORMATION:

SOCIAL INSURANCE NUMBER: _____ DATE OF BIRTH: _____
YYYY/MM/DD

NAME: DR./PROF./MR./MRS./MS./MISS: _____

SPOUSAL E-MAIL ADDRESS: _____

DEPENDANTS' INFORMATION: (SEE PAGE 3)

PRINCIPAL RESIDENCE (YOUR HOME OR COTTAGE) Did you sell it in 2018? YES NO

If yes:

a) please provide the lawyer's closing statement of adjustments, and

b) The date you sold your home: _____; and

c) The year you purchased your home: _____.

d) If yes, did you rent out your home during any time of ownership? YES NO

e) If yes, when did you rent out your home? FROM _____ TO _____
YYYY/MM/DD YYYY/MM/DD

FROM CRA

	Self	Spouse	Dependant
CRA Notice of Assessment - 2017 Taxation Year			
Home Buyer's Plan:	<i>(If applicable, we require a copy of your CRA notice)</i>		
Lifelong Learning Plan:	<i>(If applicable, we require a copy of your CRA notice)</i>		
Correspondence from CRA during 2018:			
Tax Instalments paid for 2018	\$ _____	\$ _____	\$ _____
<i>(CRA Statement of Account as at January 2019 or stamped instalment payment vouchers or on-line payment receipts)</i>			

INCOME ITEMS RECEIVED

Description of Slips/Receipts:	No. of Slips/Receipts Included			
	Self	Spouse	Dependant	TOSI*
T3 - Statement of Trust Income	_____	_____	_____	_____
T4 - Statement of Remuneration	_____	_____	_____	_____
T4A - Statement of Pension, Retirement, Annuity and Other	_____	_____	_____	_____
T4A(OAS) - Old Age Security Pension	_____	_____	_____	_____
T4A(P) - Canada or Quebec Pension Plan Benefits	_____	_____	_____	_____
T4E - Employment Insurance Benefits	_____	_____	_____	_____
T4PS - Statement of Profit Sharing	_____	_____	_____	_____
T4RIF - Benefits from a Registered Retirement Income Fund	_____	_____	_____	_____
T4RSP - Benefits from Registered Retirement Savings Plan	_____	_____	_____	_____
T5 - Statement of Investment Income	_____	_____	_____	_____
T5007 - Statement of Benefits	_____	_____	_____	_____
T5008 - Statement of Securities Transactions	_____	_____	_____	_____
T5013 - Statement of Partnership Income	_____	_____	_____	_____
T5018 - Statement of Contract Payments	_____	_____	_____	_____
T600 - Interest on bonds	_____	_____	_____	_____
No slips - Foreign pension income, directors' fees, etc.	_____	_____	_____	_____
Lump sum payments - OAS (form 1198), CPP, QPP	_____	_____	_____	_____

* TOSI (TAX ON SPLIT INCOME) SEE ALERT FOR MORE INFO. PLEASE INDICATE BY PUTTING A Y OR N IF TOSI APPLIES.

DEPENDANTS (*) & CHILD CARE EXPENSES

Dependants Information: (For existing clients, only changes from 2017)	No Changes
YYYY/MM/DD	(\$ OR D)
(1) Name: _____ Date of Birth: _____ Relationship: _____ Income: _____	S.I.N.: _____
(2) Name: _____ Date of Birth: _____ Relationship: _____ Income: _____	S.I.N.: _____
(3) Name: _____ Date of Birth: _____ Relationship: _____ Income: _____	S.I.N.: _____

* **For single parents:** Did your child(ren) live with you during 2018 and did they live with you on December 31, 2018? **Yes / No**

Child Care Expenses: (Attach official receipts) Expenses include summer/winter camp, after school programs and day care.

DEDUCTIONS

Attach Receipts for the Following:

	<u>No. of Slips/Receipts Included</u>		
	<u>Self</u>	<u>Spouse</u>	<u>Dependant</u>
RRSP Contribution Receipts	_____	_____	_____
Pension Adjustment Reversal (T10)	_____	_____	_____
Labour Sponsored Fund Receipts (T5006)	_____	_____	_____
Medical Receipts:	_____	_____	_____
Charitable/Political Donations	_____	_____	_____
Interest Paid on Loans to Purchase Investments	_____	_____	_____
Investment counsel fees: (excluding RRSP fees)	_____	_____	_____
Professional fees and dues receipts (if not included in box 44 Union Dues on T4)	_____	_____	_____
Employment expenses: (Form T2200*), ask us if you're eligible	_____	_____	_____
Moving expenses: (If you moved 40km closer to your workplace, contact us to see if you are eligible)	_____	_____	_____
Legal Fees: - Collection or revision of support payments	_____	_____	_____
- Related to severance payments	_____	_____	_____
- Related to appeal a tax assessment	_____	_____	_____

TAX CREDITS (PLEASE SUPPLY OFFICIAL RECEIPTS)

(Note: Amounts paid from January 1, 2018 to December 31, 2018 – excluding prepaid rents)

Receipts Attached

1. Property taxes paid \$ _____
2. Rent paid \$ _____
- (a) Was the rent paid to a Long-Term Care/Assisted Living facility? **Yes No**
- (b) If yes, is this facility: **Public: Yes No Private: Yes No**
3. Home Accessibility expenses –

Did you incur any costs to renovate your home to: \$ _____

a) allow a qualifying individual to gain access to, or to be mobile or functional within, the dwelling; or

b) reduce the risk of harm to the qualifying individual within the dwelling or in gaining access to the dwelling.

A qualifying individual or an eligible individual may claim the amount.

A qualifying individual is someone who is eligible for the disability tax credit or someone who is 65 years of age or older at the end of the year.

An eligible individual is a spouse or common-law partner of a qualifying individual, someone who can claim the disability amount for the qualifying individual or someone who can claim the amount for an eligible dependent or Canada Caregiver amount for other infirm dependents age 18 or older for the qualifying individual.

We require official receipts for all of the above items

STUDENTS

- Tuition fees paid - T2202/T2202A required (*To transfer to parent, student must sign back of slip*) \$ _____
- Official student loan interest paid (*include statement(s)*) \$ _____
- Bursaries or Scholarships received (*include T4A slips*) \$ _____
- Did you live in residence during any part of 2018? Yes No
- Did you pay any rent from January to December 2018? Yes No ** Total paid: \$ _____

** If yes, you **MUST** include an official receipt from the landlord or cancelled cheques for all rent paid.** (Please note, if last month's rent is for a month in 2019, you are **not** permitted to claim this)

DETAILS OF THE SALE OF INVESTMENTS

- | | | | |
|--|----------|-----|----|
| 1. Listing/summary of all investment purchases and sales | ENCLOSED | Yes | No |
| 2. Brokers' Summary of Account Transactions for 2018 | ENCLOSED | Yes | No |

ALIMONY / SUPPORT PAYMENTS

	Spousal Support	Name of Payer/Payee	S.I.N. of Payer/Payee	Child Support
Received	\$			\$
Paid	\$			\$
Agreement Date: _____		<i>(Please provide a copy of Agreement / Court Order)</i>		
YYYY/MM/DD		<i>(Please provide any changes/amendments since 2017, if any)</i>		

DISABILITY (INCLUDING IN-HOME CARE, NURSING HOME AND EQUIVALENT)

Disability Deduction:		Yes	1 ST Year *
Self			
Spouse			* Form T2201 is required for 1st time filers
Dependant **	_____		** (Includes children, parents, grandparents, siblings)
	Name		

TAX SAVINGS TIPS – DID YOU KNOW?

SENIORS:

1. OAS claw back starts when your Net Income exceeds \$75,910. OAS is fully clawed back at just over \$123,386.

DONATIONS/BEQUESTS:

1. Instead of giving cash, consider the donation of a stock which has a capital gain. Giving stocks directly creates an additional capital gain reduction of **100%** of the gain.
2. If you donate to a U.S. charity, the donation is **only** deductible if you have U.S. income.

MEDICAL ALERT:**ARE ALLOWED:** (FAMILY MEDICAL EXPENSES MAY BE COMBINED FOR MAXIMUM BENEFIT)

1. Travel expenses for prescribed treatments greater than 40km one way; includes mileage, parking. If over 100km one way, some meals and possible overnight lodging.
2. Insurance premiums for private healthcare plans, **including Travel Healthcare plans**.
3. The cost of a nursing home or attendant care expenses, in their entirety, **may** be deductible as a medical expense if your family member is **eligible** for the Disability Tax Credit.
4. Include – hospital, dental, prescription drug, disability expenses, net of any reimbursements. Please provide a summary listing from the benefit plan or pharmacy, if possible.

ARE NOT ALLOWED:

1. Vitamins, supplements, and non-prescription drugs are generally **not eligible** for the medical expense deduction.
2. Cosmetic surgery – both surgical and non-surgical procedures purely aimed at enhancing one's appearance are **not eligible**.
3. Some medical practitioners and services are **not eligible in the province of Ontario**

SPECIAL SITUATIONS

SCHEDULES:

(IF REQUIRED, DOWNLOAD FROM OUR WEBSITE AT WWW.KRESTONGTA.COM/PUBLICATIONS)

1.	BUSINESS SELF-EMPLOYED INCOME:	(BUSINESS)
2.	RENTAL INCOME:	(RENTAL)
3.	HOME OFFICE EXPENSES:	(HOME OFFICE)
4.	BUSINESS USE OF AUTOMOBILE EXPENSES:	(AUTOMOBILE)



2018 TAX ALERT BULLETIN CRA MILEAGE LOG

If you use a personal vehicle for work, you must maintain a mileage logbook. The Canada Revenue Agency is aggressively challenging taxpayers' logbooks. A valid logbook must include all of the following:

- The **date** of each business trip,
- The **destination** of the trip,
- The **reason** for the trip,
- **Name** of the business travelled to, and
- The **distance** covered.

The logbook must be maintained for the full calendar year.

For employees claiming employment expenses, travel between your home and employer's office is not allowed by the Canada Revenue Agency.

2018 TAX ALERT BULLETIN

Tax on Split Income (TOSI)

Effective 2018 and onwards, the Canada Revenue Agency created new rules designed to prevent income splitting / sprinkling using private corporations, and some family trusts.

If any of your investment income is from a private corporation or a trust, please either:

- a) indicate to us that the investment income is subject to TOSI; or
- b) if you are not sure if TOSI applies, please contact us as early as possible so an analysis of the situation can be done.



2018 US TAX ALERT BULLETIN

Are you an American Citizen? Yes No

If you answered yes, please contact us. All U.S. citizens, whether resident in the United States or not, must file a U.S. Tax return. (Form 1040)

Snow Birds (Aliens):

Did you know that if you stayed in the USA, you **MAY** be required to file IRS Form 8840 “Closer Connection Exception Statement for Aliens” and/or Form 1040 NR “U.S. Non-resident Alien Income Tax Return”? See Below for the calculation.

To find out, follow the steps below:

STEPS	Days	Factor	Calculate
1 Number of days in USA in 2018 If less than 30 days, FILING NOT REQUIRED If greater than 31 days go to Step 2		1	Days x Factor
2 Number of days in the USA in 2017		0.333	Days x Factor
3 Number of days in the USA in 2016		0.167	Days x Factor

		TOTAL (Sum of 1, 2 & 3)	_____

If the **TOTAL is 183 days or more**, you are **required to file** a US Tax Return

Examples:	Actual			Calculation	
	Days in USA		Factor	Jim Hilda	
	Jim	Hilda		Jim	Hilda
Number of days in USA in 2018	22	130	1	22	130
Number of days in USA in 2017	180	120	0.333	60	40
Number of days in USA in 2016	180	120	0.167	30	20
			TOTAL	112	190

Results: **Jim:** No filing required, less than 31 days in 2016.
 Hilda: Filing is required since, **TOTAL** is greater than 183 days