



Uniheart Consulting Inc.

Add: 307-650 Highway 7 E. Richmond Hill ON L4B 2N7

Tel: (+1) 905-889-7938

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Uniheart use only			
	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 _____ |
| • T2202A _____ | • T3 _____ | • T5 _____ | • RRSP _____ |
| • Medical Expense _____ | • T5007 _____ | • T5008 _____ | • Form2200 _____ |
| • Child Care Receipt _____ | • Charitable Donations _____ | | |
| | • 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 / Separated / Widowed / 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): _____
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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 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: