



TAX PREPARATION

219 Boul. Monchamp
Saint-Constant, Qc, Canada
J5a 2r5

T (450) 635-3125
F (450) 635-6510
karen@kgtconsultant.com
www.kgtconsultant.com

Dear customers,

To help you maximize your refund and get you all the credits and deductions you are entitled, make sure you fill all receipts and documents KGT Consultant will need to reduce your taxes. The list:

Slips

- All T4 and RL-1
- Any other form (T3, T5, T4A T4AP, T4E T4RSP, T4RIF, statements 2 and 3, etc..)
- Employment Income
- Other pensions and annuities
- Employment Insurance Benefits
- Social assistance payments
- Workers' compensation benefits
- Old Age Security and CPP benefits
- TL-2 signed by you and your employer
- TP-66

Receipts

- RRSP contributions
- Interest and dividends
- Sale or deemed sale of stocks, bonds or real estate
- Support for a child, spouse or common-law partner
- Professional fees or Union dues
- Tool expenses (tradespersons)
- Medical expenses - Receipt from pharmacy
- Tuition/Education amounts for qualifying students (T2202 sign by student)

- Transit passes with signature
- Charitable donations
- Political contributions
- Child care expenses
- Adoption expenses
- Children's fitness programs
- Moving expenses
- Interest paid on student loans
- Carrying charges and interest expenses
- Automobile expenses
- Travel expenses
- Office-in-home expenses
- RL-4 property tax or school tax and municipal

Other documents

- Universal Child Care Benefit confirmation
- Notice of Assessment (Previous years) Federal and provincial
- Canada Revenue Agency correspondence
- Capital gains/losses records
- Northern residents deductions
- Rental income & expense records
- Business, farm or fishing income & expense records
- Disability Tax Credit Certificate (T2201 & TP-752.0.14)
- Declaration of Conditions of Employment (T2200 & TP-64.3)
- Automobile/Travel Logbooks

Identification

- Name: _____
- First name: _____
- SIN: _____
- Marital status at December 31: _____
- Date of Birth: _____
- Current Address: _____

Contact Information

- Phone: _____
- Cell Phone: _____
- Fax: _____
- Email: _____

Spouse

- Name: _____
- First name: _____
- SIN: _____
- Marital status at December 31: _____
- Date of Birth: _____

Dependent

NAME	FIRST NAME	SIN	DATE OF BIRTH	KINSHIP