

## 2021 U.S. Tax Return Checklist

To help you assemble your financial information for the preparation of your tax return, please keep this checklist handy. Complete the checklist and return it to us assembled together with your financial information.

### **Personal Information (For existing clients - please update any changes)**

Name \_\_\_\_\_ Birthday MM DD YYYY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Apt \_\_\_\_\_ House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ PO Box \_\_\_\_\_  
Country \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
SSN/ITIN \_\_\_\_\_ Type of US Visa (if applicable) \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_  
Marital Status  Single  Married  Common-Law  Separated  Divorced  Widowed

**\*\* US Situs bank account for Direct deposit - please provide Bank name, Type, Account number and Routing number**

Days stayed in United States in past 3 years: 2021 \_\_\_\_\_ 2020 \_\_\_\_\_ 2019 \_\_\_\_\_

### **Spouse Information (If Applicable)**

Name \_\_\_\_\_ Birthday MM DD YYYY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SSN/ITIN \_\_\_\_\_

### **Dependent Information (List all dependents if applicable)**

Name \_\_\_\_\_ Birthday MM DD YYYY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SSN/ITIN \_\_\_\_\_

**EMPLOYMENT & OTHER INCOME**

- 1. Regular earnings.  YES  NO W-2 form, provide copies of the W-2 slips.
- 2. Business and other earnings.  YES  NO W-2 or 1099 forms, provide copies of the slips, i.e. 1099-NEC, 1099-G, 1099-Misc, for self-employed income - provide summary of income and expense

**PENSION, RETIREMENT, ANNUITY INCOME**

- 1. Pension/IRA/Annuity income.  YES  NO 1099 – R and other personal income information.
- 2. Social security.  YES  NO 1099 – SSA.

**INVESTMENT INCOME**

- 1. Interest income.  YES  NO 1099-INT. Taxable interest, interest penalties, interest on US saving bonds or Treasury notes, and tax withheld.
- 2. Dividend and bond income.  YES  NO 1099-DIV reports the ordinary dividends, total capital gains, qualified dividends, non-taxable distributions, federal income tax withheld, foreign tax paid and foreign source income.
- 3. Income from stock sale.  YES  NO 1099-B Summarizes transaction, will show gain or loss or brokerage statement.
- 4. Income from real estate sale.  YES  NO 1099-S provides details of sale of home.
- 5. Cryptocurrency (i.e. Bitcoin, ETH etc.)  YES  NO Provide details of sale of cryptocurrency

**OTHER INCOME**

- 1. Unemployment, state tax refund.  YES  NO 1099 – G.
- 2. Gambling income?  YES  NO W-2G or records showing income, as well as receipts.
- 3. Alimony or child support received.  YES  NO Full details.
- 4. Health savings account.  YES  NO 1099 – SA.

**ITEMIZED DEDUCTIONS**

- 1. Real estate taxes paid.  YES  NO Real estate tax bill or mortgage statement.
- 2. Mortgage Interests paid.  YES  NO Form 1098 or mortgage statement.
- 3. Donations cash & non-cash.  YES  NO \$ \_\_\_\_\_
- 4. Medical expenses.  YES  NO \$ \_\_\_\_\_
- 5. Other deductions.  YES  NO Provide details of any other deductions you expect to claim.

**MOTOR VEHICLE EXPENSES FOR BUSINESS PURPOSES**

- 1. Fuel & Oil.  YES  NO \$ \_\_\_\_\_
- 2. Insurance.  YES  NO \$ \_\_\_\_\_
- 3. License and registration.  YES  NO \$ \_\_\_\_\_
- 4. Maintenance and repairs.  YES  NO \$ \_\_\_\_\_

- |   | <b>YES</b>               | <b>NO</b>                | <b>INFORMATION REQUIRED IF YES</b>   |
|---|--------------------------|--------------------------|--|
| 5. Lease costs.   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____   |
| 6. Business parking fees.   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____   |
| 7. Total kilometres driven during year.   | <input type="checkbox"/> | <input type="checkbox"/> | KM _____   |
| 8. Kilometres driven for business or employment.                                    | <input type="checkbox"/> | <input type="checkbox"/> | KM _____   |
| 9. Did you purchase or lease a new automobile in the year?                          | <input type="checkbox"/> | <input type="checkbox"/> | Provide a copy of the lease or purchase agreement.   |
| 10. Did you sell your previous vehicle?   | <input type="checkbox"/> | <input type="checkbox"/> | Provide details.   |
| 11. Keep log book.  | <input type="checkbox"/> | <input type="checkbox"/> | Showing total miles driven in the year, total business miles driven in the year, and purpose of the mileage. |
| 12. Parking and toll fees.  | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____   |
| 13. Gas, oil, car wash, license, personal property tax, lease or interest expenses. | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____   |

### **ALL OTHER DEDUCTIONS**

- |   |                          |                          |   |
|---|--------------------------|--------------------------|---|
| 1. Student loan interest.               | <input type="checkbox"/> | <input type="checkbox"/> | For you, your spouse or dependent.<br>\$ _____          |
| 2. Tuition fees paid.                   | <input type="checkbox"/> | <input type="checkbox"/> | For you, your spouse or dependent.<br>\$ _____          |
| 3. Educator expense.                    | <input type="checkbox"/> | <input type="checkbox"/> | Educator's qualified unreimbursed expenses.<br>\$ _____ |
| 4. Health savings account contribution. | <input type="checkbox"/> | <input type="checkbox"/> | Form 5498 – SA.<br>\$ _____                             |
| 5. Child care costs.                    | <input type="checkbox"/> | <input type="checkbox"/> | Provide receipts.                                       |
| 6. IRA contributions.                   | <input type="checkbox"/> | <input type="checkbox"/> | Provide details.  |

### **OTHER INFORMATION**

- |   |                          |                          |   |
|---|--------------------------|--------------------------|---|
| 1. Do you have dependents who lived with you and were supported by you?   | <input type="checkbox"/> | <input type="checkbox"/> | You may be eligible for US child tax credits. |
| 2. At any time during the year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency? | <input type="checkbox"/> | <input type="checkbox"/> | Provide details.                              |

### **U.S. TAX YOU'VE PAID**

- |  |                          |                          |          |
|--|--------------------------|--------------------------|----------|
| 1. Estimated tax payments made for the year. | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 2. State and local income tax paid.          | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 3. Personal property tax paid.               | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

### **RENTAL INCOME**

- |                                  |                          |                          |  |
|----------------------------------|--------------------------|--------------------------|--|
| 1. Details of owners & partners. | <input type="checkbox"/> | <input type="checkbox"/> | Provide first & last name, % of ownership. |
| 2. Address of property.          | <input type="checkbox"/> | <input type="checkbox"/> | Provide complete address.                  |
| 3. New properties acquired.      | <input type="checkbox"/> | <input type="checkbox"/> | Provide purchase agreement & details.      |

|  | YES                      | NO                       | INFORMATION REQUIRED IF YES               |
|--|--------------------------|--------------------------|---|
| 4. Change of use of rental property.     | <input type="checkbox"/> | <input type="checkbox"/> | Provide date & details.                   |
| 5. Sale of rental property.              | <input type="checkbox"/> | <input type="checkbox"/> | Provide sale documents & details of sale. |
| 6. Gross revenue (excluding sales tax).  | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| 7. Expenses.                             |                          |                          |   |
| a. Advertising.                          | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| b. Insurance.                            | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| c. Interest.                             | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| d. Maintenance & repairs.                | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| e. Management & administration fees.     | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| f. Office expenses.                      | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| g. Legal, accounting, professional fees. | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| h. Property taxes.                       | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| i. Salaries.                             | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| j. Subcontractors expense.               | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| k. Travel.                               | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| l. Utilities.                            | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |
| m. Other expenses (explain).             | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                  |

### **FORM FinCEN 114 (FBAR)**

- |   |                          |                          |   |
|---|--------------------------|--------------------------|---|
| 1. Was the combined value of all your BANK, INVESTMENT & RRSP/ RRIF accounts \$10,000 or more outside of United States at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> | Speak to an accountant for worksheet to complete.<br>May be required to also file form 8938 by the tax return due date. If you own a significant amount of assets outside of United States, speak to an accountant (i.e. over \$50K if you live in US, or over \$200,000 if you live aboard). |
|---|--------------------------|--------------------------|---|

### **OTHER ACCOUNT INFORMATION**

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| 1. Did you own a TFSA?   | <input type="checkbox"/> | <input type="checkbox"/> | Speak to an accountant & provide annual statement of activity. |
| 2. Did you contribute to an RESP (Registered Educations Savings Plan)? | <input type="checkbox"/> | <input type="checkbox"/> | Speak to an accountant & provide annual statement of activity. |

### **FORM 3520 & 3520 - A FOREIGN TRUST ACTIVITIES**

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| 1. Are you a trustee or a beneficiary of a foreign (non-US) trust? | <input type="checkbox"/> | <input type="checkbox"/> | Name & address of beneficiaries & trustees.<br>T3 tax return & financial statements.<br>US tax number for beneficiary & trustee. |
|--|--------------------------|--------------------------|--|

### **FORM 5471: OWNERSHIP OF A FOREIGN (NON-US) CORPORATION**

- |   |                          |                          |   |
|---|--------------------------|--------------------------|---|
| 1. Do you own directly, indirectly, or constructively 10% or more of stock in a foreign corporation?                          | <input type="checkbox"/> | <input type="checkbox"/> | Speak to an accountant & provide copy of financial statement. |
| 2. If the answer to the above is yes, do you hold 50% of total combined voting power directly, indirectly, or constructively? | <input type="checkbox"/> | <input type="checkbox"/> | Speak to an accountant & provide copy of financial statement. |