

CLIENT INTAKE CHECKLIST

Name/Family: _____

Date: _____

	Yes	No	N/A	Description
Previously provided government issued photo ID with signature? If no - take copy for permanent file	_____	_____	_____	_____
Do you still agree to allow CRA to share your mailing information with Elections Canada?	_____	_____		
Did your citizenship change during the year?	_____	_____		
Update email address (primary) for family contact:	_____	_____	_____	_____
Change in marital status during the year? If yes - status? If yes - date of change? Need copy of separation/divorce/support agreements	_____	_____	_____	_____ _____ _____
Any changes in dependents during the year? If yes - post-secondary tuition? If yes - residence/rent expense? If yes - daycare expenses? If new child - full name, Date of birth, SIN(?) If adult dependent - any home modifications for access?	_____	_____	_____	_____ _____ _____ _____ _____
Did you sell or buy any properties during the year? If yes - documents/information required If yes - 1st time home buyer? RSP HBP? If yes - was it your principal residence?	_____	_____	_____	_____ _____ _____
Did you move for work/school purposes during the year? If yes - moving expenses? If yes - were expenses reimbursed?	_____	_____	_____	_____ _____
Any changes in work status during the year?	_____	_____	_____	_____
Employment expenses claimable? If yes - has a T2200 been received? If yes - are expenses summarized?	_____	_____	_____	_____ _____
Did you have self-employment, partnership or rental property income during the year? If yes - are income/expenses summarized?	_____	_____		_____
Any significant medical expenses/donations during the year?	_____	_____	_____	_____
Any change in investments during the year? If yes - capital gains/loss information available? If yes - any change in foreign property ownership?	_____	_____	_____	_____ _____
Any changes in banking information for direct deposit?	_____	_____	_____	_____

Signature _____

Date _____

TAX ON SPLIT INCOME DECLARATION

On behalf of myself, _____, and the following family members, _____
I hereby declare that:

Part A:

I, or _____ have received employment income or income of another sort from a company (corporation/proprietorship/partnership) that I/we are related to by way of family relationship. YES ____ NO ____

If NO, go to Part B

If YES, has it been determined that the value of your compensation would reasonably represent expected compensation for a person performing similar services who was not related to the company? YES ____ NO ____

Part B:

I, or _____ - either directly or through a trust - is a shareholder in a non-publicly traded Canadian corporation. YES ____ NO ____

If NO, go to Part C

If YES:

_____ received employment income from said corporation? YES ____ NO ____

If YES, _____ owns more than 10% of the total shares of the corporation? YES ____ NO ____

_____ received taxable capital gains from this company related to the sale of shares in a qualified farm / fishing or QSB company? YES ____ NO ____

_____ received taxable dividends from this corporation? YES ____ NO ____

If YES, _____ owns more than 10% of the total shares of the corporation? YES ____ NO ____

I have received shareholder benefits from this corporation? YES ____ NO ____

Part C:

If I, or a member of my family noted above has answered YES to any of the questions in this declaration, I confirm that I/we have discussed with Mercer & Mercer whether any of the amounts received are considered to be "Excluded Amounts" for the purposes of calculating the tax on split income? YES ____ NO ____

Signature

Date

PERSONAL INCOME TAX RETURN PREPARATION

Name _____

Date _____

The following is a checklist to assist you in gathering the correct information for the completion of your personal income tax return. We **must have** the proper **substantiating documents** in order to include the information on your tax return.

Are you a Canadian Citizen **Yes** **No**

Do you authorize your name being given to Elections Canada **Yes** **No**

Did you own or hold foreign property or investments with a total value of more than CAN\$100,000 **Yes** **No**

Where applicable, please include the following:

General Items

- Family Information, names, birthdates, SIN
- Personal Changes-birth/death/marital status
- Notice of Assessment
- All T-slips: T4, T4A, T4U, T5, T3, T4AP, OAS, RIF, T5007, T5013
- RRSP contribution slips
- capital gains and losses – must have
- Annual Gains & Loss Report
- Fees/Interest paid on investments
- Homebuyer Plan required payment
- Union & Professional Dues
- Medical/dental/LTC private insurance
- Donations to a CRA Registered Charity
- T2202 Disability Tax Credit
- T2202A Tuition/Education amount
- Interest paid on student loans
- Carrying charges/loan interest
- Moving expenses
- Childcare expenses
- Fitness & Arts Credits proper receipts
- Public Transit proper receipts
- Property Taxes/Rent paid & to whom
- Political contribution receipts
- Tax Instalments paid through the year
- Spousal support income/payments
- Separation Agreement
- Power of Attorney
- _____
- _____

Employment Commissions

- T2200 from employer
- Commission expenses

Rental Property

- address and number of units
- total rent income per unit
- mortgage interest
- property taxes paid
- Utilities and Insurance
- Repairs & maintenance
- other rental expenses

Income from a Business or Self-Employment

- Revenue and expenses for the year
- Capital Asset additions
- Business use of home expenses
- Bank loans and interest charges
- Automobile expenses/business kilometers
- Truckers (TL2)
- _____
- _____

Email form to: mail@merceraandmercer.com

Fax form to: 905-876-4209

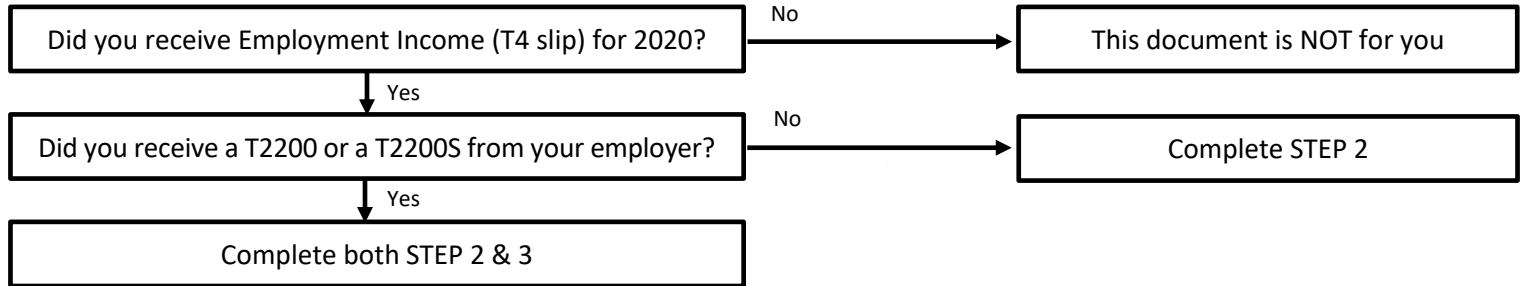
Mail form to: 245 Commercial Street, Milton, L9T2J3

EMPLOYEES WORKING FROM HOME IN 2020 – CLIENT DOCUMENT

Name: _____

Many employees will be able to claim a deduction on their 2020 personal tax return for work space in home expenses. Follow the steps below as a simplified guide to assist in determining your claim.

STEP 1 – ELIGIBILITY AND CHOOSING A METHOD



STEP 2 – SIMPLIFIED CHART (TEMPORARY FLAT RATE METHOD)

A) Did you work from home more than 50% of the time for at least four consecutive weeks in 2020 due to COVID-19? YES / NO

B) If Yes, total number of days (200 days max.) you worked from home (full or part time) in 2020 due to COVID-19: _____

STEP 3 – DETAILED CHART (DETAILED METHOD)

Dates you worked from home _____ Home: Total finished sq. ft. _____ Work space: Total sq. ft. _____

Did you receive any reimbursements / allowances from your employer for your work space at home? Provide details.	Was your work space used only for employment? If not, how many hours / week was it used for employment?	Did you share this work space with anyone else? Provide details.

ALL EMPLOYEES		ONLY COMMISSIONED EMPLOYEES	
Expense	Amount for 2020*	Expense	Amount for 2020*
Rent		Home Insurance	
Utilities		Property Taxes	
Home Internet Access			
Repairs / Maintenance			

ALL EMPLOYEES			ONLY COMMISSIONED EMPLOYEES		
Expense	Amount for 2020*	Employment Use %	Expense	Amount for 2020*	Employment Use %
Office Supplies			Cell Phone Lease		
Long distance phone calls made for work			Computer, Fax, etc. Lease		
Cell Phone					

*Net of any employer support. For descriptions of what can and cannot be deducted, see this [link](#).

You may also be able to claim a return of some GST/HST that you paid (included in the amounts you provided above) on your deductible expenses. **Please provide your employer's name** _____

We will contact you if we need additional information / clarity.