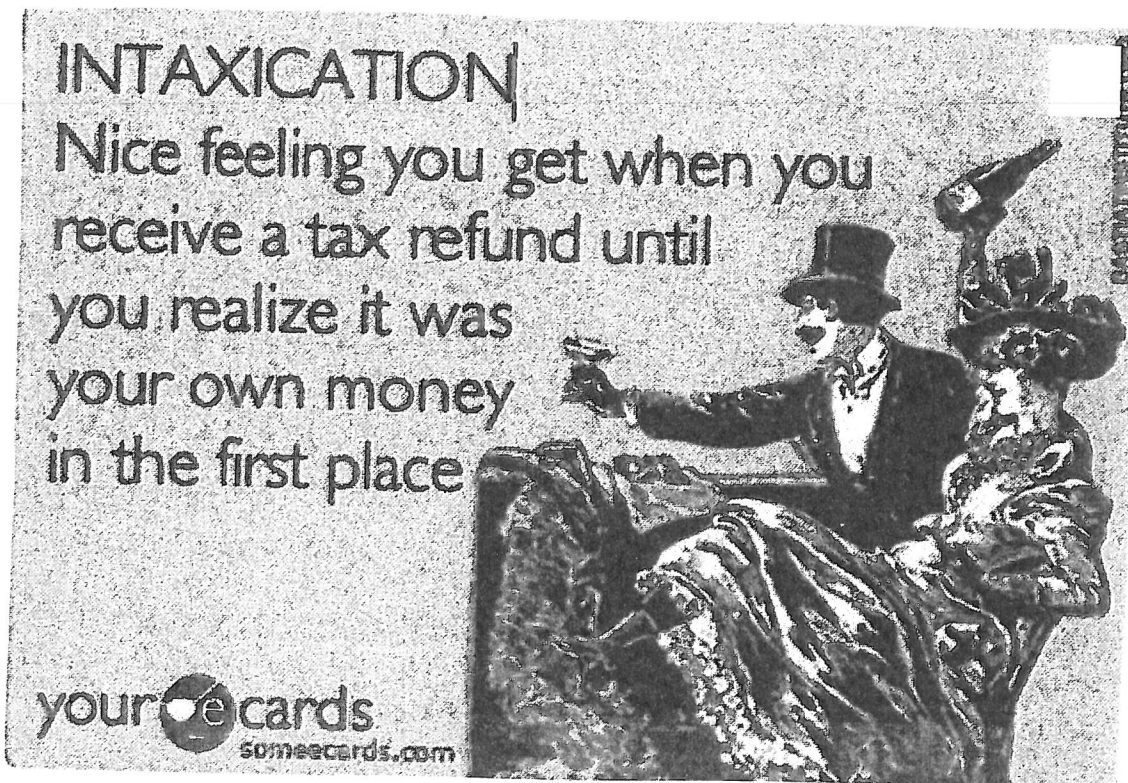


February, 2017

2016 PERSONAL INCOME TAX RETURN CHECK LIST



Your 2016 personal income tax return must be filed by **April 30, 2017** (June 15, 2017, for individuals who were carrying on a business in 2016). In order to facilitate the preparation of your return before the due date, we would request that you assemble the following information, where applicable, and return it together with the completed check list as soon as possible. We would appreciate that all relevant information pertaining to your 2016 personal income tax return be received by us prior to **March 15, 2017** in order to adhere to the aforementioned deadline.

What's new for 2016?

We list the service enhancements and major changes below, including announced income tax changes that were not law when this guide was published. If they become law as proposed, they will be effective for 2016 or as of the dates given. You will find more information about these changes throughout this guide. The service enhancements and major changes will be outlined in green and will be pointed out with the following: *NEW!*

Our services

MyBenefits CRA – This is a new mobile application that lets you securely view your benefit information. See page 15.

Manage online mail – View your benefit notices online instead of waiting for a paper version to come by mail. See page 17.

Individuals and families

Canada child benefit (CCB) – As of July 2016, the CCB has replaced the Canada child tax benefit (CCTB), the national child benefit supplement (NCBS), and the universal child care benefit (UCCB). See page 14.

Northern residents deductions (line 255) – The basic and additional residency amounts used to calculate the northern residency deduction have both increased to \$11 per day. See Form T2222, *Northern Residents Deductions*.

Children's arts amount (line 370) – The maximum eligible fees per child (excluding the supplement for children with disabilities) has been reduced to \$250. Both will be eliminated for 2017 and later years. See page 50.

Home accessibility expenses (line 398) – You can claim a maximum of \$10,000 for eligible expenses you incurred for work done or goods acquired for an eligible dwelling. See page 51.

Family tax cut – The family tax cut has been eliminated for 2016 and later years.

Children's fitness tax credit (lines 458 and 459) – The maximum eligible fees per child (excluding the supplement for children with disabilities) has been reduced to \$500. Both will be eliminated for 2017 and later tax years. See page 67.

Eligible educator school supply tax credit (lines 468 and 469) – If you were an eligible educator, you can claim up to \$1,000 for eligible teaching supplies expenses. See page 67.

Interest and investments

Tax-free savings account (TFSA) – The amount that you can contribute to your TFSA every year has been reduced to \$5,500.

Dividend tax credit (DTC) – The rate that applies to "other than eligible dividends" has changed for 2016 and later tax years. See pages 26 and 63.

Investment tax credit (line 412) – Eligibility for the mineral exploration tax credit has been extended to flow-through share agreements entered into before April 2017. See page 62.

Labour-sponsored funds tax credit (lines 413, 414, 411, and 419) – The tax credit for the purchase of shares of provincially or territorially registered labour-sponsored venture capital corporations has been restored to 15% for 2016 and later tax years. The tax credit for the purchase of shares of federally registered labour-sponsored venture capital corporations has decreased to 5% and will be eliminated for 2017 and later tax years. See page 62.

Other changes

Tax on taxable income – The tax rates and income levels have changed. See Schedule 1, *Federal Tax*. As a result of this change the donations and gifts tax credit calculation has changed. See Schedule 9, *Donations and Gifts*.

Split income of a child under 18 – The tax rate has increased to 33%. See page 22.

Sale of principal residence – The sale of a principal residence must now be reported, along with any principal residence designation, on Schedule 3. See Schedule 3,

Capital Gains (or Losses) in 2016. Under proposed changes, the CRA will be able to accept a late designation in certain circumstances, but a penalty may apply. Go to cra.gc.ca/gncy/bdgt/2016/qa11-eng.html and select question 7.

Reassessment period – Under proposed legislation, for tax years that end after October 2, 2016, the CRA may at any time reassess your income tax return if you fail to report a sale or other disposition of real estate. See the Guide T4037, *Capital Gains*.

Taxpayer Information

Name: _____

Address:
(if different than last year) _____

Telephone Home (_____) _____ Business (_____) _____

Fax (_____) _____ Email _____

Social Insurance Number (S.I.N.) _____

Date of Birth _____

Do you authorize Canada Revenue Agency (CRA) to provide your name, address and date of birth to Elections Canada? Yes _____ No _____

Spousal or Common Law Partner Information

Name: _____ Social Insurance No. _____

Net Income (line 236) _____ Date of Birth: _____

Do you authorize Canada Revenue Agency (CRA) to provide your name, address and date of birth to Elections Canada? Yes _____ No _____

Marital stature (if changed in 2015, indicate date) _____

New Family Members:

Name: _____

Date of Birth: _____

Date of Adoption: _____

Please check ONLY the items you have attached:

INCOME

- Employment - T4
- Old Age Security - T4A (OAS)
- Canada Pension Plan benefits – , T4A (P)
- Retirement Income – T4A for pensions, T4RSP, T4RIF
(attach details of spouse's income to determine if pension splitting is beneficial)
- Employment Insurance - T4E
- Universal Child Care Benefits –RC62
- Interest, Dividends and other Investment Income – T5/T600
- Mutual Funds and other Trust Income – T3
- Limited Partnership – T5013
- Business or Professional – Financial Statements or T5013
- Rental Property (attach details of income, expenses, purchases and sales)
- Capital Gains/Losses
- Did you dispose of any capital properties this year?
(attach copies of sales detail and original purchase documentation)
- Alimony (provide copy of post-April 30, 1997, agreement or election, if changed or not, previously provided)
- Other Income (e. g. stock options, annuities, scholarships, bursaries, research grants, RRSP's – attach T4RSP's, Workers' Compensation benefits).



DEDUCTIONS

- Registered Retirement Savings Plan contributions (attach receipts)
(attach T10 – Personal Adjustment Reversal, if you received one)
- Annual union, professional dues (attach receipts)
- Child care expense (attach receipts):
 - For individual providers, include S.I.N. and address

 - For summer camps, indicate number of weeks-in-residence

- Attendant care expenses (attach receipts)
- Allowable business investment losses (refer to Capital Gain/Losses above)
- Moving expenses (attach receipts). Indicate distance moved to new employment
_____k.m.
- Alimony or separation allowances paid (include name(s) and address(es) of recipients; attach copy of agreement or court order for spousal support which was signed on or after May 1, 1997 or election, if changed or not previously provided) _____
- Commission and employment expenses
- Carrying charges (interest on money borrowed to earn dividend and interest, investment counsel fees, interest for limited partnerships)
- Other deductions and expenses (attach receipts)
- Federal and Provincial political contributions (attach receipts)
- Charitable donations (attach receipts)
(provide details of gifts in kind, e.g. securities)

- Medical expenses (attach receipts) and details of private health insurance premiums, including amounts paid while travelling (for dependants over age 18, up to \$10,000 can be transferred)
- Disability deduction for you or dependant (if first-time claim, attach T2201 signed by physician)
- Receipts for child fitness tax credit (for dependants who were under age 17 at the end of the year; age 18 or older if eligible for disability tax credit)
- Receipts for children's arts programs (for dependents who were 16 years of age at the beginning of the year in which the expenses were incurred)
- Adoption expenses
- Tuition fees (attach T2202/T2202A including amounts that can be transferred from dependants)
- Details of public transit passes (include passes for your spouse and children under 19 at the end of the year) _____
- Labour-sponsored funds – T5006
- Interest paid on student loans (attach reporting slip)

For wholly dependent persons, please attach list and indicate for each dependant:

Name: _____
 Address if different: _____
 Relationship: _____
 Birth date: _____
 S.I.N. _____
 Net income: (line 236) _____
 Infirmary, if any: _____

OTHER

- 2016 Installments (attach February 2016 Notice). Total remitted \$ _____
- Attach copy of 2015 assessment notices and other correspondence from the Canada Revenue Agency
- Amount of any contributions to or distributions from, or loans to or from foreign trusts in 2016
- Details of foreign property, other than personal-use property, if aggregate cost is in excess of \$100,000, as well as any investment in "foreign affiliates".
- Indicate whether you wish to split pension income with spouse to reduce combined income tax: Yes _____ No _____
- If you are a single taxpayer, indicate whether you wish to include the Universal Child Care Benefit (UCCB) in your income or whether you wish to include the UCCB in the income of one of the children for whom the UCCB has been paid.

I wish to include the UCCB in the income of one of the children:

YES: _____

NO: _____

Please remember that although our office prepares your income tax return, the income tax department holds you responsible for the information contained therein.

This questionnaire is intended as a guide only and may not include all of the information required to complete your 2016 income tax return.

If there are any questions whatsoever in connection with the foregoing, please do not hesitate to contact our office.

Yours very truly,

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DECLARATION OF CONDITIONS OF EMPLOYMENT

The **employer** must complete this form for the employee to deduct employment expenses from his or her income.

The **employee** does not have to file this form with his or her return, but must keep it in case we ask to see it. For details about claiming employment expenses, see Guide T4044, *Employment Expenses*, or interpretation bulletins IT-352, *Employee's Expenses, Including Work Space in Home Expenses*, and IT-522, *Vehicle, Travel and Sales Expenses of Employees*.

Part A – Employee information (please print)

Last name	First name	Tax year	Social insurance number
Home address		Business address	
Job title and brief description of duties			

Part B – Conditions of employment

1. Did this employee's contract require him or her to pay his or her own expenses while carrying out the duties of employment? Yes No
 Answer "yes" even if you provide an allowance or a reimbursement in respect of some or all such expenses.
 If **no**, the employee is **not** entitled to claim employment expenses, and **you are not required to answer any of the other questions**.

2. Did you normally require this employee to travel to locations that were not your place of business or between different locations of your places of business, during the course of performing his or her employment duties? Yes No
 If **yes**, what was the employee's area of travel (be specific)? _____

3. Did you require this employee to be away for at least 12 **consecutive** hours from the municipality and metropolitan area (if there is one) of your business where the employee normally reported for work? Yes No
 If **yes**, how frequently? _____

4. Indicate the period(s) of employment during the year: From

Year	Month	Day
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 to

Year	Month	Day
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 If there was a break in employment, specify dates: _____

5. Did this employee receive or was he or she entitled to receive a motor vehicle allowance? Yes No
 If **yes**, indicate:
 • the amount received as a fixed allowance, such as a flat monthly allowance \$ _____
 • the per km rate used _____ (\$/km), and the amount received \$ _____
 • the amount of the allowance that was included on the employee's T4 slip \$ _____
 Did this employee have the use of a company vehicle? Yes No
 Was the employee responsible for any of the expenses incurred for the company vehicle? Yes No
 If **yes**, indicate the amount and type of expenses:

	Amount	Type of expense
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

6. Did you require this employee to pay for expenses for which he or she **did** or **will** receive a reimbursement? Yes No
 If **yes**, indicate the amount and type of expenses that were:

	Amount	Type of expense	Included on T4 slip
• received upon proof of payment \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• charged to the employer, such as credit card charges \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Did you require this employee to pay other expenses for which he or she **did not** receive any allowance or reimbursement? Yes No
 If **yes**, indicate the type(s) of expenses: _____

8. Did you pay this employee wholly or partly by commission according to the volume of sales made or contracts negotiated? Yes No

If **yes**, indicate the commissions paid (\$ _____) and the type of goods sold or contracts negotiated (_____).

Is there a business development account or other similar commission income account available from which the employee's employment expenses are paid or reimbursed? Yes No

If **yes**, is the commission income from this account included in box 14 of the T4 slip? Yes No

9. Did this employee's contract of employment require him or her to:

- rent an office away from your place of business? Yes No
- employ a substitute or assistant? Yes No
- pay for supplies that the employee used directly in his or her work? Yes No
- pay for the use of a cell phone? Yes No

Did you or will you reimburse this employee for any of these expenses? Yes No

If **yes**, indicate the type of expense and amount you did or will reimburse:

Amount	Type of expense	Included on T4 slip	
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Did this employee's contract of employment require him or her to use a portion of his or her home for work? Yes No

If **yes**, approximately what percentage of the employee's duties of employment were performed at their home office? _____ %

Did you or will you reimburse this employee for any of his or her home office expenses? Yes No

If **yes**, indicate the type of expense and amount you did or will reimburse:

Amount	Type of expense	Included on T4 slip	
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Did this employee work for you as a tradesperson? Yes No

If **yes**, did you require this employee, as a condition of employment, to purchase and provide tools that were used directly in his or her work? Yes No

If **yes**, do all of the tools itemized on the list provided to you by the employee satisfy this condition? Yes No

Please sign and date the list.

12. Did this employee work for you as an apprentice mechanic? Yes No

If **yes**, was this employee registered in a program established under the laws of Canada or of a province or territory that leads to a designation under those laws as a mechanic licensed to repair self-propelled motorized vehicles? Yes No

Did you require this apprentice mechanic, as a condition of employment, to purchase and provide tools that were used directly in his or her work? Yes No

If **yes**, are all of the tools itemized on the list provided to you by the employee used in connection with the employee's work for you as an apprentice mechanic in the program described in **this question**? Yes No

Please sign and date the list.

13. Did this employee work for you in forestry operations? Yes No

Did this employee, as a condition of employment, have to provide a power saw (including a chain saw or tree trimmer)? Yes No

Employer declaration

I certify that the information provided on this form is, to the best of my knowledge, correct and complete.

Name of employer (print)

Name and title of authorized person (print)

Date

Telephone number

Signature of employer or authorized person

Note: Please clearly print the name and telephone number of the authorized person in case we need to call to verify information.

<u>SCHEDULE "B"</u>	<u>ALLOWABLE EXPENSES</u>	<u>NAME</u> _____
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<u>AUTOMOBILE EXPENSES</u>	<u>TOTAL</u>
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GAS AND OIL	_____
INSURANCE	_____
INTEREST AND FINANCE CHARGES	_____
TIRES	_____
REPAIRS	_____
WASHING	_____
LICENCES	_____
AUTO CLUB	_____
LEASE PAYMENTS	_____
CAPITAL COST ALLOWANCE (per schedule)	_____
OTHER (specify)	_____

SUB TOTAL _____

LESS: portion applicable to personal use:
 (Personal milage for year) X (Total auto expense)
 _____ X _____

(TOTAL MILAGE FOR YEAR) _____

BALANCE _____

BUSINESS PARKING AND TOLLS	_____
OTHER (SPECIFY)	_____

ENTERTAINMENT AND OTHER EXPENSES

MEALS	_____
TICKETS AND ENTRANCE FEES	_____
GIFTS	_____
ADVERTISING	_____
PROMOTION	_____
STATIONARY AND POSTAGE	_____
TELEPHONE AND TELECOMMUNICATIONS	_____
WAGES PAID TO ASSISTANT	_____
OFFICE RENT	_____
LICENCES	_____
OFFICE EQUIPMENT RENTAL	_____
OTHER (SPECIFY)	_____

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