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## MEDICAL EXPENSE LIST

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### Medical Insurance:

- Insurance Premiums paid for medical coverage (incl. travel insurance medical portion)
- Long-term care insurance

### Health expenses:

- Chiropractor/Physiotherapy/Massage
- Eye exam, eye surgery, Glasses and contact lenses
- Ambulance
- Hospital care
- Household help for nursing care services
- Medical aids, including wheelchairs, hearing aids and batteries, crutches, braces
- Dental Expenses
- Travel expense for medical treatment (one way 40km or above)
- other eligible medical expenses

***Note: If you have medical insurance, please provide the statement from the insurance company.***

***Please make sure there is a payment status on each receipt.***

### Prescriptions:

- Official receipts
- Or Detailed summary from Pharmacy

### Long-term Care Facility/Retirement Home Expenses:

- Annual Statement



SELF-EMPLOYMENT BUSINESS TAX PREPARATION CHECKLIST

Name \_\_\_\_\_
Phone \_\_\_\_\_
Email \_\_\_\_\_

- Copy of your previous tax return (for new clients only)
Business name
GST/HST # (if applicable)
Your business income (net of GST/HST)
Business address
The main product or service of your business
BIN # (if applicable)

Business Expenses (Before GST/HST)

- Purchase of materials
Subcontracts
Advertisements
Meals & Entertainment
Bad debts
Insurance
Interest
Business fees, licenses, dues, & Memberships
Office expenses
Office stationary & supplies
Professional fees
Management/Admin fees
Rent
Maintenance & repairs
Salaries, wages, & benefits
Travel
Telephone and utilities
Delivery, freight, and express
Other expenses
Other expenses
Other expenses

Business Use of Home Expenses

- Heat
Electricity
Insurance
Maintenance
Mortgage interest
Property taxes
Other expenses
Percentage of personal usage

Motor Vehicle Expenses

- Kilometres you drove in the tax year to earn business income
Total kilometres you drove
Fuel and oil
Interest
Insurance
License & registration
Maintenance and repairs
Leasing cost
Business parking fees
Supplementary business insurance
Other expenses (please specify)

Motor Vehicle Expenses

- Vehicle
Equipment



# RENTAL PROPERTY TAX PREPARATION CHECKLIST

## General Information

- Copy of your previous tax return (for new clients only)
- Owners' name \_\_\_\_\_
- Type of ownership \_\_\_\_\_
- Property address \_\_\_\_\_

## Rental Income

- Your rental income \_\_\_\_\_

## Rental Expenses

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Personal use percentage</b> _____ | <input type="checkbox"/> Property taxes _____        |
| <input type="checkbox"/> Advertisement _____                  | <input type="checkbox"/> Motor vehicle expense _____ |
| <input type="checkbox"/> Insurance _____                      | <input type="checkbox"/> Other expense _____         |
| <input type="checkbox"/> Interest _____                       |  |
| <input type="checkbox"/> Office expense _____                 |  |
| <input type="checkbox"/> Professional fees _____              |  |
| <input type="checkbox"/> Management & admin fees _____        |  |
| <input type="checkbox"/> Maintenance and repairs _____        |  |
| <input type="checkbox"/> Salaries, wages, and benefits _____  |  |
| <input type="checkbox"/> Travel _____                         |  |
| <input type="checkbox"/> Telephone and utilities _____        |  |