

# 2025 Tax Filing Information

**Personal Details** (each taxpayer/couple filing a return with RBW should complete a form) RBW advisor \_\_\_\_\_

Please include legal name(s) of taxpayer(s) for whom tax returns will be prepared by RBW (legal name must agree with CRA records)

Taxpayer name _____ SIN _____ Date of birth _____ <span style="text-align: center; font-size: small;">MM/DD/YY</span> Marital status _____ <span style="text-align: center; font-size: small;">Date of change (if 2025)</span> Email _____ Phone _____ Address _____ <span style="font-size: x-small; display: flex; justify-content: space-between;"><span>#</span> <span>Street Name</span> <span>City</span></span>	Spouse name _____ SIN _____ Date of birth _____ <span style="text-align: center; font-size: small;">MM/DD/YY</span> Email _____ Phone _____ Postal Code _____ <span style="font-size: x-small;">If you live in Fonthill and your postal code changed - please provide updated postal code</span>
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**Please Answer:** (for each family member who requires a tax return)

	Taxpayer		Spouse	
	Y	N	Y	N
1. Are you a Canadian citizen?				
2. Do you authorize the CRA to provide your information to the National Register of Electors? (to permit voting in elections)				
3. Do you authorize the CRA to provide your information to Ontario Health to receive information about organ and tissue donation?				
4. Did you sell your home or another property in 2025 or 2026?				
a) If yes, did you own the property for less than 365 days?				
5. Did you own a rental property/Airbnb/VRBO/etc.? If yes, complete 5.a) to 5.c)				
a) Are you registered for HST? (please select/circle)				
b) What is the duration of your rental agreements? (please select/circle)				
c) Is your rental property/Air BnB a "non-compliant short-term rental"? Please refer to the <a href="#">CRA website</a> for more details				
6. Did you change the primary use of a property you own? (i.e. changed to a rental, changed to your principal residence)				
7. Did you own foreign assets with a total cost greater than \$100,000 CDN?				
8. Do you own any cryptocurrency or similar assets? <span style="font-size: x-small;">If yes, you are required to provide RBW with all applicable tax reporting information</span>				
9. Are you a US citizen, green card holder, or were you or your parents born in the USA?				
10. What was your annual property tax or rent expense paid on your principal residence? (please select/circle)				
	\$ _____		_____	

**Investment Advisor Contact Information** \*If you have non-registered investments, please provide investment advisor contact information

Name: \_\_\_\_\_ Email address: \_\_\_\_\_ Bank: \_\_\_\_\_

**Dependant Children or Family Members\*** (who do not require a tax return)

\*If you also care for a dependant adult family member who is infirm, please provide their information below

Name	DOB	SIN	Relationship
	MM/DD/YY		
Name	DOB	SIN	Relationship
	MM/DD/YY		
Name	DOB	SIN	Relationship
	MM/DD/YY		

# 2025 Tax Filing Checklist

Please read carefully and check all items that may be applicable to your 2025 tax return

Upload all documents to our secure website here: <https://rbwllp.com/personal-uploads/>

## Government Slips

<input type="checkbox"/>	Employment income (T4)
<input type="checkbox"/>	Employment insurance benefits (T4E)
<input type="checkbox"/>	Interest, dividends, mutual funds (T3, T5, T5008)
<input type="checkbox"/>	Tuition / education receipts (T2202A or TL11A)
<input type="checkbox"/>	Old age security and CPP benefits (T4A-OAS, T4AP)
<input type="checkbox"/>	Other pension and annuities (T4A, T4RIF)
<input type="checkbox"/>	Social assistance payments (T5007)
<input type="checkbox"/>	Workers compensation benefits (T5007)
<input type="checkbox"/>	First home savings account statement (T4FHSA)
<input type="checkbox"/>	All other slips (including foreign tax slips)

## Other Documents

<input type="checkbox"/>	Sale of stocks, bonds, real estate or cryptocurrencies
<input type="checkbox"/>	Rental income/expenses summary (do not provide receipts)
<input type="checkbox"/>	Business/Farm income/exp. summary (do not provide receipts)
<input type="checkbox"/>	Travel logbook/expenses (if self-employed or have a signed T2200)
<input type="checkbox"/>	Disability tax credit certificate (if new)
<input type="checkbox"/>	Declaration of conditions of employment (T2200)
<input type="checkbox"/>	Volunteer firefighters certification
<input type="checkbox"/>	Custody or Separation arrangement documentation
<input type="checkbox"/>	Details of real estate sales & purchases
<input type="checkbox"/>	Copy of any foreign tax returns filed for the year
<input type="checkbox"/>	First-time home buyer

## Receipts

<input type="checkbox"/>	RRSP contribution receipts
<input type="checkbox"/>	Support for a child, spouse, or common-law partner
<input type="checkbox"/>	Professional dues and insurance, union dues
<input type="checkbox"/>	Charitable donation and political contribution receipts
<input type="checkbox"/>	Medical, dental, prescription drugs, nursing home expenses *
<input type="checkbox"/>	Payments to a private health insurance plan
<input type="checkbox"/>	Office-in-home expenses (self-employed or signed T2200)
<input type="checkbox"/>	Child care expenses
<input type="checkbox"/>	Adoption expenses
<input type="checkbox"/>	Carrying charges and interest expense
<input type="checkbox"/>	Interest paid on student loans
<input type="checkbox"/>	Property tax bill or rent receipts
<input type="checkbox"/>	Moving expenses (if moved > 40 kms for employment or post-secondary)
<input type="checkbox"/>	Transit pass receipts (only for age 65+)
<input type="checkbox"/>	Home accessibility (age 65+ or eligible for disability tax credit)
<input type="checkbox"/>	Tool expense (tradesperson & apprentice mechanics)
<input type="checkbox"/>	Educator's school supplies and employer's certification letter
<input type="checkbox"/>	Exams for professional certification
<input type="checkbox"/>	Digital news subscription receipts
<input type="checkbox"/>	Multigenerational home renovation receipts
<input type="checkbox"/>	Costs incurred for medical intervention required to conceive a child

\* If possible, please contact your pharmacy to obtain an annual summary of prescription activity (vs. providing individual receipts)

## Employee Work From Home Checklist

**Complete only if you were an employee and required to work from home more than 50% of the time and have a signed T2200.**

Is this checklist applicable to you?  
**(If no, do not complete below)**

Taxpayer name: \_\_\_\_\_

1. Please provide Form T2200 signed by your employer (check box if included)

2. What is the square footage of your entire home? \_\_\_\_\_

3. What is the square footage of your work-from-home office space? \_\_\_\_\_

4. Home utilities/expenses for the period indicated on your Form T2200

Summarize your total costs and RBW will adjust for employment-use on your income taxes

Heat \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Internet/Phone \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_

Supplies (describe) \_\_\_\_\_ \$ \_\_\_\_\_

Other\* (describe) \_\_\_\_\_ \$ \_\_\_\_\_

\*Mortgage interest, insurance and property taxes can only be claimed by commissioned employees

5. Cell phone costs for the period indicated on your Form T2200 \$ \_\_\_\_\_

% employment-use \_\_\_\_\_ %

6. Were you reimbursed for your home or cell phone expenses? (please select/circle) \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Note: this checklist is not intended for self-employed individuals.  
**Please provide totals only. Do not provide monthly receipts.**