



2024 U.S. INCOME TAX RETURN CHECKLIST
 (Please complete and return with relevant information)

Please use this checklist to help organize all the items required to complete your tax return. Please check off the appropriate boxes. Please be sure to advise us of any changes in address or marital status.

Name: _____ Citizenship: _____

Name: _____ Citizenship: _____

Children: _____

Phone: _____ (during day) _____ (home) _____ (cell phone)

Email: _____

INCOME:	'X'	Additional information
Employment (W-2)	<input type="checkbox"/>	_____
Dividends and interest (need 1099)	<input type="checkbox"/>	_____
Social Security (need 1099)	<input type="checkbox"/>	_____
IRA, Pension income (need 1099)	<input type="checkbox"/>	_____
State and local refunds	<input type="checkbox"/>	_____
Gambling winnings and losses	<input type="checkbox"/>	_____
Brokerage statements showing investment transactions for stocks, bonds, etc.	<input type="checkbox"/>	_____
Schedule(s) K-1 showing income or loss from partnerships, S corporation or estates and trusts	<input type="checkbox"/>	_____
All other miscellaneous income slips from inside or outside the U.S.	<input type="checkbox"/>	_____
Business income and expenses (please complete schedule found at www.blrcpa.ca)	<input type="checkbox"/>	_____
Rental property income and expenses (please complete schedule found at www.blrcpa.ca)	<input type="checkbox"/>	_____
Copies of closing statements for purchase or sale of real property (include Form 8288)	<input type="checkbox"/>	_____
Alimony received	<input type="checkbox"/>	_____
Other, please describe _____	<input type="checkbox"/>	_____

DEDUCTIONS

Total amount paid for real estate taxes _____

Form 1098 or other for mortgage interest, student loan interest or investment interest _____

Form 1098 for tuition expenses _____

Medical expenses, if substantial _____

Charitable donation receipts and the amount of non-cash contributions paid in the year _____

Details of your child care expenses _____

Alimony paid _____

Estimated tax payments made and the dates paid _____

Form 1095 for health insurance coverage _____

Copy of your Canadian tax return for the year if prepared by another accountant including all tax information slips _____

FOREIGN PROPERTY REPORTING (FBARs)

If you hold or have signing authority over more than \$10,000 in aggregate in foreign accounts such as bank accounts, investment accounts, RRSPs/RRIFs, TFSAs, RESPs, or any other, please provide the following information: _____

- Account number
- Institution name
- Institution or branch address
- Type of account (ie RRSP/trading/checking/etc.)
- Is it held joint? If so, with who?
- Highest value reached in the year

For RESPs: _____
Investment statements showing all contributions, grants, and income earned

For TFSAs: _____
Summary of income earned in the account for the year

Do you own a Canadian Controlled Private Corporation? If yes, please provide: _____
Financial statements
Corporate tax return
Percentage of ownership

Direct Deposit _____
Would you like to use direct deposit, or has your banking information changed?

Please provide any other information you think may be relevant