



CHECKLIST FOR ESTATE TAXES

Name of Deceased Individual: _____

Date of Birth: _____ Date of Death: _____

Social Insurance Number: _____ Marital Status: _____

Address at time of Death: _____

Citizenship: CANADIAN US ANY OTHERS: _____

Name of Spouse: _____

Date of Birth of Spouse: _____ Spouse's SIN: _____

Name of Executor: _____

Address of Executor: _____

Phone: _____ Email: _____

BENEFICIARIES OF THE ESTATE

Are there any minors? YES NO If YES, please give detail below – Names, DOB, Address, etc.

Are any of the beneficiaries Non-Residents of Canada? YES NO

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- Death Certificate
- Copy of Will
- Statement of Assets and Liabilities (Probated)
- Statement of Other Assets not included in Probate
- T1 Personal Income Tax Returns of Deceased for the past 2 years
- Notices of Assessment for the past 2 years
- Copies of all tax elections made by deceased in the past – For example, Form T664 election

SOURCES OF INCOME AND DEDUCTIONS IN YEAR OF DEATH

- | | | | |
|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> T4 Slips | <input type="checkbox"/> T4A Slips | <input type="checkbox"/> T4E Slip | <input type="checkbox"/> T3 Slips |
| <input type="checkbox"/> T4A (CPP) Slip | <input type="checkbox"/> T4A (OAS) Slip | <input type="checkbox"/> T5 Slips | <input type="checkbox"/> T5007 Slip |
| <input type="checkbox"/> T5008 Slips | <input type="checkbox"/> T5013 Slips | <input type="checkbox"/> T101 Slips | <input type="checkbox"/> T4RIF Slips |
| <input type="checkbox"/> T4RSP Slips | <input type="checkbox"/> Details of Any other income received during the year | | |
| <input type="checkbox"/> Any other Tax Slips received | | | |
| <input type="checkbox"/> RRSP Contribution Receipts | | | |
| <input type="checkbox"/> Copies of all donation receipts | | | |
| <input type="checkbox"/> Receipts for Professional Dues or Union Dues paid | | | |
| <input type="checkbox"/> Summary of Income and Expenses for any Business or Profession | | | |
| <input type="checkbox"/> Summary of any rental income and expenses for the year. | | | |

ADDITIONAL INFORMATION REQUESTED:

- Copies of all bank statements, either joint or individual, starting from the date of death
- Copies of all Investment and Brokerage statements for the year
- Details of any income tax installments made
- Latest Financial Statements of any Private company owned by the deceased
- Did the deceased own foreign property, including stocks and other investments, with a **cost** over \$100,000 CDN?
- Did the deceased have any transactions in cryptocurrency?
- Did the deceased receive any pension or other income from foreign sources? If YES, please provide details.
- Did the deceased own a foreign life insurance policy?

REAL ESTATE OWNED :

- List of all real estate properties owned at time of death
- Please indicate if any of the above properties was a principal residence
- Please indicate if any of the properties was a rental property
- Please provide the Adjusted Cost Base (Purchaser's Statements of Adjustments) for all the properties listed above
- Was any property sold in year of death? If YES, please provide details.

Please note that all of the above documentation and tax slips should be provided irrespective of whether they are in the name of the deceased or the Estate.