

GTA ACCOUNTING PROFESSIONAL CORPORATION

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|---|-----------------|-------|---------|---|
| (| TOLL FREE +1 | (800) | 993-063 | 3 |
| | -+1 | (416) | 535-811 | 8 |

www.gtaaccounting.ca

T4/T5 Information Return Checklist Year

To help you assemble your financial information for the preparation of your T4/T5 Information Return, please keep this checklist handy. The checklist should be completed and returned to us together with the financial information assembled.

| Corporation 1 | Information | | |
|----------------------|-----------------------|-----------------|--------------|
| Business Number: | | | |
| Name of Corporation: | | | |
| Corporation Address: | | | |
| City: | | Province/State: | Postal Code: |
| Country: | | | |
| Phone: | | Ext: E-Mail: | |
| Recipient #1: | Contact Inform | nation | |
| First Name: | Last Name: | Address: | |
| SIN: | | City: | |
| | | | Postal Code: |
| Cell Phone: | | | |
| Company E-Mail: | | E-Mail: | |





(a) +1 (416) 900-3826 (b) +1 (800) 993-0633 (c) +1 (416) 535-8118

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| Total Amount of eligible dividends received from corporation: \$ | | | | |
|--|------------------------------|--|--|--|
| Total Amount of non-eligible dividends received from corporation: \$ | | | | |
| Total Interest from Canadian Sources received (if applicable) \$ | | | | |
| Γotal Capital Gains dividends received (if applicable) \$ | | | | |
| Total Salary Received from corporation:* \$ | | | | |
| Recipient #2: Contact Information | | | | |
| Name: | Address: | | | |
| SIN: | City: | | | |
| Home Phone: | Province/State: Postal Code: | | | |
| Cell Phone: | Country: | | | |
| Company E-Mail: | E-Mail: | | | |
| Total Amount of eligible dividends received from corporation: \$ | | | | |
| Total Amount of non-eligible dividends received from corporation: \$ | | | | |
| Total Interest from Canadian Sources received (if applicable) \$ | | | | |
| Total Capital Gains dividends received (if applicable) \$ | | | | |
| Total Salary Received from corporation:* | \$ | | | |

* Please Provide Excel Spreadsheet (CVS) showing salary and payroll deductions and payments made to CRA





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| Recipient #3: Contact Information | | | | |
|--|------------------------------|--|--|--|
| Name: | Address: | | | |
| SIN: | City: | | | |
| Home Phone: | Province/State: Postal Code: | | | |
| Cell Phone: | Country: | | | |
| Company E-Mail: | E-Mail: | | | |
| Total Amount of eligible dividends received from corporation: \$ | | | | |
| Total Amount of non-eligible dividends received from corporation: \$ | | | | |
| Total Interest from Canadian Sources received (if applicable) \$ | | | | |
| Total Capital Gains dividends received (if applicable) | \$ | | | |
| Total Salary Received from corporation:* | \$ | | | |



^{*} Please Provide Excel Spreadsheet (CVS) showing salary and payroll deductions and payments made to CRA