T4/T5 Checklist

Please provide:
□ A backup of your data file if your payroll records are computerized.
□ Copy of the Canada Revenue Agency statement of account for source deductions
which shows the total payroll remittances made for the 2024 calendar year (including
your January 2025 payment for December 2024).

☐ Ensure we have details of all employees as follows:

Name (first, last)	SIN#	Apt #	Street	City	Province	Postal Code	# of weeks worked in a year	Dental coverage is available. Y/N See Employee Summary

Each	emple	ovees'	payro	ll summar	v should	include	the f	ollowing	ı infor	mation:

- Name/SIN #
- Gross salary/wages
- CPP Deduction
- CPP2 Deduction
- El Deduction
- Income tax deductions
- Other deductions (if any):
- o RPP Contributions
- o RPP/DPSP Registration #
- Union dues
- o Charitable donations
- Employment commissions included in gross salary/wages
- Taxable benefits (see below)

T4/T5 Checklist (cont'd)

For personal use of employer's a1) Personal kms & Total kms	utomobile:		
2) If owned, the original vehicle	cost (including HST)		
3) If leased, - monthly lease pa	yment (including HST)		
-Term of lease -Down Payment			
-Manufacturer's su	gested retail price		
□ Please provide a copy of vehicle	purchase or lease agreement, if a	available	
☐ For other taxable allowances and Consider the following types of b	d benefits, please provide details v		
 Group term life insurance Municipal officer's expense a 	allowance		
3) Flat rate automobile allowan			
If the above provided space is not ϵ	nough, please use additional pap	er for the information.	
\square Details of any dividends paid in t	ne year		
Name	Address	Sin#	Amount \$
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