

B.C. Island Tax & Bookkeeping Ltd. Estate Checklist

Deceased Information:

Estate of: _____ Date of Birth: _____

Date of Death: _____ S.I.N. #: _____

Province of Residence: _____ Citizenship: _____

Marital Status: Married Common-law Widowed

Divorced Separated Single

Did the taxpayer have self-income or partnership income? Yes No

Did the taxpayer own foreign property costing more than CAD \$100,000? Yes No

Has the CPP Death Benefit been received? Yes No

Did the taxpayer have a long-term disability? Yes No

If yes, has a T2201 – Disability Tax Credit Certificate been submitted to Canada Revenue Agency? Yes No

Spouse Information:

Required if the deceased was married or common-law

Full Name: _____

Date of Birth: _____ S.I.N. # _____

Net Income reported on last tax return filed (line 236) Year: _____ *Amount:* _____

Executor Information:

Does the Will indicate if multiple executors can act independently? Yes No

Full Name(s) _____

Mailing Address: _____

Phone #: _____

Email: _____

Real Estate/Property

Did the taxpayer own multiple residences? Yes No

If more than one property owned, attach a separate summary for each.

Property Address: _____

Type of Ownership: Sole ownership
 Joint tenants
 Tenants in common - % of ownership: _____
 Purchase Price: _____

Year purchased: _____

Fair Market Value at date of Death: _____

Was the above address ever rented out during time of ownership? Yes No

B.C. Island Tax & Bookkeeping Ltd. Estate Checklist

Lawyer Information:

Name of Law Firm: _____
Contact person: _____
Phone #: _____ Email: _____

Investment Information:

Does the taxpayer hold investments held outside of a registered account? If yes, please provide name and contact info for financial advisor?

Name: _____
Contact phone and/or email: _____

Notes:

Executor Fees

Will the executor be taking any executor fees? Yes No

If yes, how much if known? _____

If yes, has executor completed TD1 & TD1BC forms required? Yes No

Executor Information

Payroll account opened	<input type="radio"/> Yes <input type="radio"/> No	T4 issued	<input type="radio"/> Yes <input type="radio"/> No
Payroll processed	<input type="radio"/> Yes <input type="radio"/> No	Payroll account closed	<input type="radio"/> Yes <input type="radio"/> No
Source Deductions remitted	<input type="radio"/> Yes <input type="radio"/> No		

For Office Use Only

Internal Checklist:

- | | |
|--|------------------------------------|
| <input type="radio"/> Will & Death Certificate | <input type="radio"/> T3 Filed |
| <input type="radio"/> Authorization sent | <input type="radio"/> T3 NOA Filed |
| <input type="radio"/> T1 Filed | <input type="radio"/> TX19 |
| <input type="radio"/> T1 NOA | |