



ALVARES & McLEOD LLP

Chartered Professional Accountants

TRUST INFORMATION CHECKLIST

TRUST INFORMATION:

Trust Name _____
Trust Filing Number _____
Year End _____
Trustee name _____
Address _____
City/Prov. _____ Postal Code _____
Telephone _____ E-mail _____
Cell Phone _____ Fax _____

BENEFICIARY INFORMATION:

Name /SIN /ADDRESS

For Additional Beneficiaries – add a separate page.

We Require Original Trust Documentation and any amendments.

Included (yes/no): _____

Purpose of the Trust creation:

Estate _____ Date of Death required: _____

Family _____

Other – Please Specify _____



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INFORMATION INCLUDED:

(check any that apply)

Bookkeeping File Simply Accounting QuickBooks Version: _____

Password for Bookkeeping File: _____

- Excel Spreadsheet
- Bank and/or investment statements
- original Tslip information
- Financial statements or Summary
- Government Correspondence (Previous Trust assessment)
- Cheque Stubs or details of payments
- Trust Amendments

SOURCES OF INCOME

Do You Have?

Dividend income (yes/no) _____

Rental income (yes/no) _____

Interest income (yes/no) _____

Capital Gains or Losses (yes/no) _____

Foreign income (yes/no) _____

Business income (yes/no) _____

Other income (yes/no) _____

Detail any other source of income:

Does the trust allow you to specify certain income to specific beneficiaries? (Yes or No) _____

Does the trust restrict certain beneficiaries from receiving return of capital? (Yes or No) _____

Does the trust restrict certain beneficiaries from receiving certain income?(Yes or No) _____



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IF Yes, please detail: _____

EXPENSES

Have you included receipts or summary for:

- previous trust filing
- Bank or Investment fees
- Other Expense (please specify) _____

PURCHASE OF ASSETS

Did you purchase any assets since your last year end? *(Please List)*

Receipts Provided: *(yes/no)* _____

OTHER:

Changes in Bank Accounts, Investments or Loans: *(Please Describe)*

Documentation and/or Statements Provided: *(yes/no)* _____



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ADMIN ONLY:

Information Described Above Received: *(yes/no)* _____

Missing: _____

Project Checked In: _____

Partner Assigned: _____

Address and Contact Info Confirmed/ Updated? *(Circle One)*

Due Date / Priority Date: _____

Important Changes Noted in Project Notes: _____

Checked Engagement Letter: _____