

PERSONAL TAX ORGANIZER

For the tax year _____

Please complete this T1 Organizer before your appointment. Please attach all applicable slips, lists, and other supplemental information.

1. Personal Information			
	Name	SIN	Date of Birth (mm/dd/yy)
Taxpayer			
Spouse			
Address			
Email		Phone	

Marital Status: Married ___ Single ___ Common-law ___ Separated ___ Divorced ___ Widowed ___

If married or common-law, filing jointly with your spouse's return? Yes ___ No ___

Marital status changed during the year? If yes, provide date of change (mm/dd/yy): _____

Move for employment purposes in tax year? Yes ___ No ___ If yes, attach receipts.

Eligible for the First-Time Home Buyers' Tax Credit the tax year? Yes ___ No ___

Amount paid for property taxes or rent in the tax year: _____

Did taxpayer(s) pay or receive support payments in tax year? Yes ___ No ___ If yes, attach details.

Attach receipts for medical expenses paid for yourselves or dependants, charitable and political donations, public transit passes and student loan interest.

Please provide a copy of your last year's tax return and Notice of Assessment for each taxpayer.

Instalments paid for tax year for each taxpayer _____

2. Elections Canada and Foreign Reporting

Taxpayer(s) Canadian citizens? Yes ___ No ___ If No, provide details _____

If yes, the taxpayer(s) authorize the CRA to provide his/her name, address and date of birth to Elections Canada to update his/her information on the National Register of Electors. Yes ___ No ___

Did the taxpayer(s) own or hold foreign property with a total cost of more than CDN \$100,000 at any time during the year? If yes, please provide list. Yes ___ No ___

3. Dependants (attach separate page if needed and attach all receipts to support amounts)

Name			
Relationship			
Date of Birth (mm/dd/yy)			
SIN			
Income			
Child Care Exp. Yes/No			
Fitness/Activity Receipts Yes/No			
Tuition Amount Yes/No			
Disability Yes/No			

Universal Child Care Benefits (UCCB) – Is RC62 slip attached? Yes ___ No ___

If the taxpayer is a single parent, is the UCCB designated to a dependant? Yes ___ No ___

If the taxpayer is a single parent, eligible to claim an Eligible Dependand? Yes ___ No ___

4. T Slips (Please circle yes or no and provide all applicable for each taxpayer)

General Income/Deductions	Pension Income
T4 slips – Employment income? Yes No	T4A – Pension, retirement and annuity income? Yes No
T4A – Commission and self-employment? Yes No	T4AP – Canada pension plan benefits? Yes No
T4E – Employment insurance? Yes No	T4A (OAS) Old age security pension slip/foreign pensions? Yes No
T5007 – Social assistance? Yes No	T4RSP – Registered retirement savings plan income? Yes No
T2202 – Tuition/education amount for taxpayer? Yes No	T4RIF – Registered retirement income fund income? Yes No
T2200 and list of deductible employment expenses? Yes No	Do you elect to split eligible pension income? Yes No
RRSP Contribution Receipts? Yes No	

Investment Income/Deductions	T5 – Investment income? Yes No
T3 – Income from trust allocations? Yes No	T5008 – Income from securities transactions? Yes No
T4PS – Income from profit sharing plans? Yes No	T5013/T5013(A) – Partnership income? Yes No

Did the taxpayer dispose of property during the year? If so, provide the following details in a separate list including: Description of Property, Date Acquired, Date Disposed of, Sales Proceeds, Cost, Expenses for Disposal

Include receipts for the following: Interest paid to earn investment income, Management Fees for non-registered accounts, Accounting and eligible Legal Fees.

5. Self-Employment/Business Income

Financial statement(s)/ schedule of revenue and expenses attached? Yes ___ No ___

Does the business have internet website sales? Yes ___ No ___

If the taxpayer used a vehicle for business, are the vehicle expenses and both total and business mileage attached? Yes ___ No ___

If the taxpayer used a portion of his/her home for business, are the home expenses and both total and business square footage attached? Yes ___ No ___

Is a list of all new asset additions attached? Yes ___ No ___

Beginning product inventory \$_____ Ending product inventory \$_____

6. Rental Income

If the taxpayer owned rental property, is a statement of rental income attached? Yes ___ No ___

7. Healthy Homes Renovation Tax Credit

Are you eligible for the Healthy Homes Renovation Tax Credit? If so, provide details of expenses.

8. Disability Tax Credit

Are any of the taxpayers eligible for the Disability Tax Credit? If so, Name _____

If so, is this the first year claiming the credit? Yes ___ No ___