



7-8100 Yonge Street Thornhill ON L4J 6W6 Tel: 905-731-0438 Fax: 905-731-5861

PERSONAL TAX ORGANIZER FOR 2019 TAXATION YEAR

Dear Client,

Your help is needed. Please complete the items that apply to you and return this checklist to us with all your T-slips and Receipts. The more you do, the less time for us and the less cost to you.

If you are unsure whether or not something applies to you, please indicate.

1. Personal Information

Name		SIN	Date of Birth	Phone Office	Ext.
Taxpayer					
Spouse					
Address				Res	
		Email		Cell	

Marital Status on December 31:

Single Married Common-Law Separated Divorced Widowed Yes No

Did the taxpayer's marital status change during the year? If yes, indicate the date: _____

2. Residence

Was the taxpayer a resident in a Canadian province or territory on December 31? Yes No

If yes, indicate the province or territory of residence: _____

Did the taxpayer immigrate to Canada or emigrate from Canada during the year? Yes No

If yes, provide date of entry into Canada _____ or date of departure _____

3. Elections Canada

Is the taxpayer a Canadian citizen? Yes No

If yes, does the taxpayer 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

4. Foreign Property Reporting

Did the taxpayer own or hold foreign property (including investments) with a total cost of more than CDN \$100,000 at any time during the year? This information includes the shares of foreign corporations held in investment accounts with a Canadian financial institution (broker/adviser). Yes No

Please provide all monthly investment accounts statements, including Foreign Income Verification (T1135) reports, from financial institutions holding investments.

Was the total cost of the foreign property more than CDN \$250,000? Yes No

5. Change in Personal or Financial Situation During the Year

Yes No

Did the taxpayer die during the year? If yes, provide the date: _____

Please also provide a copy of the Death Certificate and Will.

Did the taxpayer declare bankruptcy during the year? If yes, provide the date: _____

Did the taxpayer close any bank account or investment account? If yes, provide the date: _____

Did the taxpayer own an interest in a private corporation during the year?

If yes, were any financing transactions carried out during the year (debt, shares purchased or sold)?

Was a significant loss suffered in the value of any such debt or shares during the year?

 6. Dependants

Name	Relationship	Date of Birth	SIN	Disabled Yes / No	Infirm Yes / No	Income	Child Care Expenses

Were any adoption expenses incurred during the tax year? If yes, provide details.

 7. Employment Income

Yes No

Did the taxpayer earn income from employment? If yes, attach T4 / T4A slips. (How many? _____)

Did the taxpayer receive taxable benefits not shown on the T4 slip? If yes, provide details.

Did the taxpayer receive Employment Insurance? If yes, attach the T4E slip.

Did the taxpayer receive any employment income in the form of commission? If yes, provide details.

Does the taxpayer participate in an employee stock purchase or profit-sharing plan?

If yes, attach the T4PS slip.

Did the taxpayer receive gratuities or tips during the year, which are not reported in a T-slip? .

If so, provide details

8. Employment Expenses

Yes No

Did the taxpayer pay union/professional dues? If yes, attach receipts.

Is the taxpayer claiming deductible employment expenses?

If yes, attach a completed Form T2200 signed by the employer.

Employment Expenses, continued

Yes No

Was the taxpayer an "eligible educator" (e.g., teacher or E.C.E.) who was required to purchase consumable teaching supplies, or certain "prescribed durable goods" for use in the classroom? Yes No

If yes, provide receipts/invoices for purchases, and a certificate signed by the employer attesting to the amounts purchased.

Was the taxpayer employed as a licensed tradesperson, apprentice automobile mechanic, or forestry worker during the year, who was required to purchase tools for use in the employment? Yes No

If yes, provide receipts/invoices for the tools purchased. (Forestry workers are limited to the cost of saws and related expenses.)

Was the taxpayer a volunteer firefighter or a search and rescue volunteer during the year? Yes No

9. Pension Income

Yes No

Did the taxpayer receive pension income, including any payments from a Registered Retirement Income Fund (RRIF)? If yes, indicate below: Yes No

Old Age Security (T4A-OAS) CPP/QPP (T4A-P) Pension (T4A) T4-RSP/T4-RIF

Does the taxpayer elect to split pension income with his/her spouse or common-law partner, if beneficial? Yes No

10. Investment Income/Deductions

Yes No

Did the taxpayer earn investment income? If yes, provide the following details: Yes No

The name of your brokerage and advisor: _____

Please attach a statement of your holdings at December 31st.

Please attach a Gain/Loss Statement and/or Transaction Summary for the year.

Transaction summaries are generally provided by brokers as part of annual reporting. Gain/Loss Reports may have to be requested.

Please indicate all applicable slips below: **(Include the portion of the slip showing the supporting details.)**

Interest (T5/T600) Dividends (T5) Estate/Trust (T3) Partnership/Tax Shelters (T101/T5013)

Interest paid to earn investment income
\$ _____

Management fees
\$ _____

Accounting/ legal fees
\$ _____

Please attach details of all Investment Management fees.

11. Self-Employment/Business Income

Yes No

Was the taxpayer self-employed during the year? Yes No

If yes, attach income and expense details.

Has the taxpayer registered for Employment Insurance special benefits? Yes No

If the taxpayer used a vehicle for business, attach vehicle expense details.

Please indicate total mileage: _____ and business mileage: _____

If the taxpayer used a portion of his/her home for business, attach home office expense details.

Indicate total square footage of the home: _____ and of the home office: _____

If a corporate owner/manager, did the taxpayer have a shareholder loan outstanding during the year? Yes No

If yes, provide details of borrowings and repayments.

Is a list of all asset additions and disposals (incl. cars, equipment, etc.) attached? Yes No

12. Other Income

Yes No

Did the taxpayer receive income from rental property? If yes, attach income and expense details. Yes No

Did the taxpayer receive any Worker's Compensation Benefits? If yes, attach T5007. Yes No

Did the taxpayer receive any Social Assistance (e.g. Ontario Works, ODSP)? If yes, attach T5007. Yes No

Did the taxpayer receive income from any foreign sources during the year (e.g. investments, public or private pensions, employment, business)? If yes, attach details. Yes No

Did the taxpayer receive any other income during the year not otherwise noted? If yes, attach details. Yes No

13. RRSP Contributions/Withdrawals

Yes No

Did the taxpayer make any RRSP contributions during the year? Yes No

If yes, attach receipts. (How many? ___)

Nature of RRSP Contribution: To personal RRSP To spousal RRSP

Did the taxpayer withdraw funds from an RRSP/RRIF during the year? Yes No

If yes, attach T4-RSP and/or T4-RIF slips. (How many? ___)

Were any withdrawals made from an RRSP during the year under a Home Buyer's Plan or Lifelong Learning Plan? If yes, provide details. Yes No

Were any amounts repaid during the year to an RRSP that should be designated as repayments to a prior Home Buyer's or Lifelong Learning Plan withdrawal? Yes No

If yes, what amount? Minimum required repayment other: _____

14. Education

Yes No

Is the taxpayer claiming a Tuition/Education amount for him/herself? If yes, attach official T2202A or TL11A slips issued by the educational institution. Yes No

Is the taxpayer claiming a Tuition/Education amount on a transfer from a dependant? Yes No

If yes, attach the appropriate T2202A, or TL11A, including the transfer section signed by the dependant.

Were any RESP withdrawals made during the year? If yes, attach any T4A slips. Yes No

Did the taxpayer pay interest on a student loan? If yes, attach details. Yes No

Was rent paid in Ontario by the student, or on behalf of a student, during the year? Yes No

If yes, please provide: a) rent receipts or a signed statement from the landlord confirming the total rent paid for the calendar year, OR b) copies of cancelled cheques (front and back) with a copy of the signed lease agreement

15. Health and Disability	Yes	No
Were medical expenses paid by the taxpayer during the year (including expenses paid for dependents)? If yes, provide documents showing both receipt of payment and a description of the services/products provided.	<input type="checkbox"/>	<input type="checkbox"/>
Were any medical expenses reimbursed by an insurance plan? If yes, please provide <u>detailed claim and reimbursement</u> documents.	<input type="checkbox"/>	<input type="checkbox"/>
Were any health plan premiums paid by the taxpayer? If yes, provide premium receipts and plan description, or payroll deductions details, unless reported in Box 85 of T4 slip.	<input type="checkbox"/>	<input type="checkbox"/>
Did the taxpayer's health, or the health of any dependent, decline significantly during the year? If yes, has an application been submitted, or approval been obtained, for a Disability Tax Credit?	<input type="checkbox"/>	<input type="checkbox"/>
Does an RDSP Plan exist for the taxpayer? If yes, were any RDSP contributions or withdrawals made during the year? (Attach any T4A slips.)	<input type="checkbox"/>	<input type="checkbox"/>
16. Support Payments	Yes	No
Did the taxpayer receive or pay any spousal or child support during the year? Paid <input type="checkbox"/> or Received <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate:		
Child Support		\$ _____
Spousal Support		\$ _____
Total		\$ _____
Date of Agreement/Court order		_____
Were any support payments changed as a result of indexing or other changes during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Were any agreements signed or court orders issued during the year regarding support payments or child custody issues? If yes, provide a copy of any court order or agreement.	<input type="checkbox"/>	<input type="checkbox"/>
17. Other Credits	Yes	No
Were charitable donations paid during the year? If yes, provide official receipts for tax purposes.	<input type="checkbox"/>	<input type="checkbox"/>
Were any charitable donations made by way of gifting an item in-kind? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Were any loans associated with the charitable donations? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>

Were any political contributions paid during the year? If yes, provide official receipts.	<input type="checkbox"/>	<input type="checkbox"/>
Was Rent or Property Tax paid in the year? (Income limitations apply.)	<input type="checkbox"/>	<input type="checkbox"/>
If Property Tax was paid, provide a Property Tax Bill.	<input type="checkbox"/>	<input type="checkbox"/>
If Rent was paid, provide a) copies of cancelled cheques (front and back) with a copy of the signed lease agreement, OR b) rent receipts or a signed statement from the landlord confirming the total rent paid for the calendar year.	<input type="checkbox"/>	<input type="checkbox"/>
Were amounts paid for public transit passes during the year? (Applicable only to taxpayers who were already age 65 or older on January 1, 2018. Long-haul and private sector services, such as Via Rail and Greyhound, are not eligible)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide receipts for payments. Limited or unlimited use passes showing amount paid and taxpayers name or signature can be provided instead of receipts. Electronic payment card (e.g. PRESTO) usage reports showing the taxpayers name can also be provided instead of receipts.		
Were child-care expenses paid during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach a receipt that includes the amount paid, the name of your child, the name and SIN of individual care provider (or name and address of organization)		
Was a new home purchased during the year that could qualify for the First-Time Home Buyer's Credit (no home owned in previous 4 years)? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Were home moving expenses incurred during the year resulting from a move to a new home that is at least 40 km closer to a new work location? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Was tax paid by instalments? If yes, provide details of amounts, and dates of the payments.	<input type="checkbox"/>	<input type="checkbox"/>

18. Prior Year Tax Return Information/Correspondence

Yes No

Are you a new client of the firm?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach tax returns for the last three years and corresponding Notices of Assessment.		
Did you elect to report a Capital Gain at February 22, 1994 in your 1994 tax return?	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you still hold any property that was elected on that date? (If you still hold property that was subject to the election, please provide a copy of form T664 and/or a copy of your 1994 Income Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Other than the Notice of Assessment for your tax return, did you receive any other correspondence from the Canada Revenue Agency? If yes, attach a copy of this correspondence.	<input type="checkbox"/>	<input type="checkbox"/>

19. Principal Residence

Yes No

Did the taxpayer sell a home during the year, that qualified as the taxpayer's principal residence for any year that it was owned? If yes, please provide the following details:	<input type="checkbox"/>	<input type="checkbox"/>
Address of Principal Residence: _____		
Year Purchased: _____		
Purchase Price: _____		
Selling Price: _____		

