

# PERSONAL TAX RETURN ORGANIZER

Please fill in and bring with you to your appointment or send with tax slips.

## 1. Personal Information

Legal Name & ( How you like to be addressed [ie. Bob instead of Robert])	SIN	Birth Date
Taxpayer:		
Spouse:		
Address:		
Phone #'s (& best time to call):		
Can we leave a message on your answering service?	YES	NO
		YES-but no details
Email (only if you check it frequently):		
<b>Do we have permission to email you?</b>	<b>YES</b>	<b>NO</b>
		<b>N/A</b>
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Is Taxpayer a Canadian Citizen?	YES	NO
Are you also a U.S. Citizen according to the IRS?	YES	NO
<b>Does Taxpayer hold foreign property with a total cost of more than \$100,000?</b>	<b>YES</b>	<b>NO</b>

Did you move and sell your principal residence? MUST report-need proceeds, costs of sale & original cost.

YES NO

## 2. Change in Personal or Financial Situation during the Year

Did Taxpayer's marital status change during the year?	YES	NO
Details:		

Did you immigrate or emigrate from Canada during the year?	YES	NO
Date of Entry: _____ Date of Exit: _____		

Did Taxpayer become deceased during the year?	YES	NO
If yes, Date of Death: _____		

Did the Taxpayer declare bankruptcy during the year?	YES	NO
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## 3. Dependants

Name	Relationship	Date of Birth	SIN	Disability Amnt	Income

Does Taxpayer have shared custody of children?	YES	NO
Can Taxpayer claim dependant amount (equivalent to spouse)?	YES	NO
Can Taxpayer claim amount for children under 18 (last yr for this)?	YES	NO

## 4. How do you want your completed tax return & slips returned to you?

A. Individual Envelope	B. Same envelope as rest of my immediate family
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