

PERSONAL TAX ORGANIZER For the year 2019



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

1. F	Personal Information							
	Name	SIN	Date of Birth (dd/mm/yy)	Office	Phone	Ext		
Taxpayer								
Spouse				,				
Address			Home					
			Mobile					
Email:								
Marital Statu	s: Married Single Common-law	Separated	Divorced \[\]	Widowed				
If married or	If married or common-law, should your return be filed jointly with your spouse's return?							
If marital sta	tus changed during the year, provide date of chang	e (dd/mm/yy): _						
Was the taxp	payer born in the U.S. or is he/she a U.S. citizen?			Yes] No		
2. R	esidence							
Did you char	nge province of residence during the year 2019?			Yes		No		
Province or territory of residence on December 31:								
Did the taxpa	ayer immigrate to Canada or emigrate from Canada	?	Yes		No			
If yes, provid	e date of entry into Canada	or c	late of departure					
3. E	lections Canada							
Is the taxpayer a Canadian citizen?						No		
If yes, the taxpayer authorizes the CRA to provide his/her name, address and date of birth						ا الماء		
to Elections Canada to update his/her information on the National Register of Electors. Yes No								
4. F	oreign Reporting – T1135							
		-t CANICAC	00.000					
Did the taxpayer own or hold foreign property with a total cost between CAN\$100,000 and CAN\$250,000 at any time during the year? If yes, please provide the total foreign income and capital gains earned during the year.] No			
Did the taxpayer own or hold foreign property with a total cost of more than CAN\$250,000 at any time during the year? If yes, please provide a detailed list of all income and capital gains earned during the year.								
						No		
5. C	hange in Personal or Financial Sit	uation Duri	ng the Yea	ır				
Date the tax	payer declared bankruptcy during the year:							
Date the taxpayer refinanced a business with new or revised debt:								
Date the taxpayer closed a bank account or investment account:								

o. Dependants							
Name	Relationship	Date of Birth	SIN	Physically or Mentally Infirmed?	Income	Child Care Expenses	
Universal child care benefits (UCCB) – I		Yes	☐ No				
If the taxpayer is a single parent, is the l	JCCB designate	ed to a depend	lant?		Yes	☐ No	
7. General Income/De	ductions						
T4 slips – Employment income?					Yes	☐ No	
T4A – Commission and self-employmen	t?				Yes	☐ No	
T4E – Employment insurance?					Yes	☐ No	
T5007 – Social assistance?					Yes	☐ No	
Employment income or taxable benefits not shown on the T4 slip?							
Provide us with the amount paid for union and professional dues as well as the names of the organizations?							
List of child care expenses, with receipts		Yes	☐ No				
List of moving expenses paid and for whom?						☐ No	
List of spousal support payments made or received?							
List of deductible employment expenses	3?				Yes	☐ No	
Is a signed Form T2200 attached?						☐ No	
8. Pension Income							
T4A – Pension, retirement and annuity i	ncome?				Yes	☐ No	
T4A (P) – Canada pension plan benefits?					Yes	☐ No	
T4A (OAS) – Old age security pension slip/foreign pensions?						☐ No	
T4A-RCA – Retirement compensation arrangements?					Yes	☐ No	
T4RSP – Registered retirement savings plan income?					Yes	☐ No	
T4RIF – Registered Retirement income fund income?						☐ No	
Does the taxpayer elect to split eligible pension income with his/her spouse or common-law partner? Yes No							
Did the taxpayer receive any amounts for under the Canadian Forces Members at Compensation Act? If so, provide the re	nd Veterans Re-	establishmeni			Yes	☐ No	

9. Investment Ir	ncome/Dedu	uctions				
T3 – Income from trust allocate	tions?				Yes	☐ No
T5 – Investment income?					Yes	☐ No
T4PS – Income from profit sharing plans?						☐ No
T5013 – Partnership income?					Yes	☐ No
T5008 – Income from securities transactions?						☐ No
Did the taxpayer dispose of presidence at any time in the y	roperty or investmear)? If so, provid	nents during the le the following o	year (excluding a details in a separa	any residences tha ate list:	it were designat	ed as a principal
Description of Property & Quantity		Date Acquired	Date Disposed of	Sales Proceeds	Cost	Expenses for Disposal
						<u> </u>
						_
Did the taxpayer dispose of a the year? If so, provide the following the following the following the state of			the year that we	re designated as a	a principal reside	ence at any time in
Description of Property & Quantity						
Date Acquired						
Date Disposed of						
Sales Proceeds						
Cost						
Expenses for Disposal						
Adjusted cost base at the time of disposition						
If owned prior to 1982, fair market value of property as at December 31, 1981						
If owned prior to 1982, adjusted cost base of property as at December 31, 1981						
Which years was this property designated as a principal residence?						
Interest paid to earn investment income		Managemen	t		Accounting/	

10. Self-Employment/Business Income			
Financial statement(s)/ schedule of revenue and expenses attached? Ù&@ å ^ÁÓÁ; } ÁÚæ ^Â ÁÁ	Á 🗌 Á	e• <i>A</i>	₩ (P[
Has the taxpayer registered to be eligible for Employment Insurance special benefits?	Ye	es	No
If an owner/manager, did the taxpayer have a shareholder loan outstanding during the year?	☐ Ye	es 🗌	No
If yes, provide details of borrowings, repayments, and year-end balance if owner/manager owe	s the con	npany money:	
If the taxpayer used a vehicle for business, are the vehicle expenses and both total and business mileage attached? WÓOÜÆŠŸØVÁÚI^æ^ÁªIÁŨ&@åˇ I^ÁÔÁ;}ÁÚæ*^Â		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? Ù&@ å ` ^ \\(\hat{O}\hat{A}\) \(\hat{A}\) \(\hat{O}\hat{A}\) \(\hat{A}\)		Yes \square	No
Is a list of all asset additions and disposals (including cars, equipment, etc.) attached?	☐ Ye	es \square	No
11. Rental Income			
			₩Po
Q a statement of rental income attached?Á\\(\hat{N}^\hat{A}\)\&@\(\hat{a}^* \) A\(\hat{A}\) & \(\hat{A} \)	☐ÄY€	-• /‱‱	MARO
Q a statement of rental income attached?Á\\(\hat{N}^\hat{A}\)\(\h		e• <i>A</i> ************************************	No
, .,.	☐ Ye		
Does the taxpayer also live in the rental property (in which case no CCA should be claimed)?	☐ Ye	es 🗆	No
Does the taxpayer also live in the rental property (in which case no CCA should be claimed)? Did the taxpayer change a rental property to a personal-use property or vice-versa?	☐ Ye	es 🗆	No
Does the taxpayer also live in the rental property (in which case no CCA should be claimed)? Did the taxpayer change a rental property to a personal-use property or vice-versa?	☐ Ye	es 🗆	No
Does the taxpayer also live in the rental property (in which case no CCA should be claimed)? Did the taxpayer change a rental property to a personal-use property or vice-versa? If so, please provide details.	Ye	es 🗆	No

13. Other Credits		
T2202 – Tuition amount for taxpayer?	Yes	No
T2202 – Tuition amount claimed on transfer from dependant?	Yes	No
Receipt or amount for taxpayer's student loan interest?	Yes	No
Receipts/listing of all medical expenses paid in the year for taxpayer, spouse, and dependants?	Yes	No
Receipts for charitable donations or donations made by way of gifting an item in kind?	Yes	No
Were any loans associated with the charitable donations?	Yes	No
Receipts for political contributions?	Yes	No
List of eligible teaching supplies purchased (for teachers and early childhood educators only)?	Yes	No
Public transit expenses for travel in 2019 for Ontario seniors (receipts/details)?	Yes	No
Receipts/listing for fitness and arts activity amounts paid for each child (applicable for taxpayers living in Manitoba, Quebec, and Yukon)?	Yes	No
Information pertaining to the purchase of a new home to claim the first-time home buyer's amount?	Yes	No
Amount of property taxes/rent paid in the year and name of landlord/municipality?	Yes	No
14. Prior Year Tax Return Information/Correspondence		
Is a copy of the Notice of Assessment for last year's tax return attached?	Yes	No
If new to the firm, are tax returns (and corresponding Notices of Assessment) for the last three years attached?	Yes	No
If taxpayer claimed a loss carryback in any of the preceding 3 years, are the Notices of Reassessment for those years attached?	Yes	No
Is a copy of any other correspondence from the CRA attached?	Yes	No
If you would like your tax refund deposited directly into your account and if you have not already registered for direct deposit, is a void cheque attached?	Yes	No
Is your statement of instalments paid for the year attached?	Yes	No

Schedules

Α	Rental Statement		В	Self Employed Activities		
		Amount			, ,	Amount
1	Rental Income (Gross)		1	Gross income	business/commissions	
2	Advertising for rent		2	Purchases/materials		
3	Insurance – property		3	Advertising		
4	Interest (Mortgage)		4	Meals/Entert	ainment	
5	Interest (Other)		5	Legal/Accoun		
6	Maintanence and Repairs		6	Delivery, freig		
7	Condo Fee		7		t/Hydro/Water)	
8	Property Taxes		8		usiness/Professional	
9	Utilities (Heat/Hydro/Water)		9	Interest on b		
10	Legal/Accounting Fees		10	Maintanence	and repairs	
11	Other expenses (explain)		11	Office Expens		
	,		12	Supplies		
			13	License Fees		
			14	Rent		
С	Automobile Expenses & Inf	ormation	15	Management	/Admin Fees	
	Information		16	Salaries/Wag		
1	Make of vehicle		17	Travel		
2	Year bought		18	Telephone		
3	Price of vehicle		19	Furniture	Year Bought:	
4	Total KM during year		20	Equipment	Year Bought:	
5	KM driven for business		21	Computer	Year Bought:	
	Automobile Expenses	Amount	22	Other expenses (explain)		
1	Gas					
2	Repairs					
3	Insurance					
4	License					
5	Car Washes					
6	407 ETR		D		Use of Home Business Exp	enses
7	Parking			Information		
8	Dispatch Fee (for Taxi drivers)			Total area of	house (in sq ft)	
9	Lease payments			Area used for business (in sq ft)		
10	Interest on Vehicle Loan			Expenses		Amount
			1	Utilities (Heat/Hydro/Water)		
			2	Insurance	·	
			3	Maintanence		
			4	Mortgage Par	yment	
			5	Property Taxe		
			6	Rent (if rentir	ng)	
			7	Other expens	es (explain)	

I/We certify that the information provided in the email with attachments are true and correct and understood that my/our tax return is prepared based on the information provided by me/us. The accounting office, the accountant and his/her staff is not in any way responsible for incorrect/incomplete information and has prepared the tax return without audit/verification/review of the information provided.

Signed by:	
Taxpayer Signature:	Date:
Spousal Signature:	Date: