



10 Milner Business Court, Suite 300, Scarborough, ON, M1B 3C6

New Client - Personal Tax Organizer

Note: Please complete this personal tax questionnaire. Also, please attach all applicable slips, receipts and other information (whichever applicable).

INPUT CELLS

1. Personal Information:

	First Name	Last Name	M/F	SIN	Date of Birth (YYYY/MM/DD)
Taxpayer					
Spouse					

Marital Status:

- Married Common-law Separated
 Divorced Widowed Single

If your marital status changed during the year, provide date of change (MM/DD)

Did taxpayer/spouse last name changed in previous year

Yes

No

2. Contact details:

Mailing Address:

City:

Province:

Postal Code:

Home Address:

(If different from mailing address above)

City: Province: Postal Code:

Phone Numbers:

Home:

Cell phone taxpayer:

Cell phone spouse:

Email address taxpayer:

Email address spouse:

3. Residency:

Province / Territory of residence on December 31:

If the province / territory changed during the year, enter the date of your move (MM/DD)

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

If Yes, Entry date (YY/MM/DD): Departure date (YY/MM/DD):

4. Elections Canada:

Is the taxpayer a Canadian Citizen Yes No

Do the taxpayer wants to provide information to Elections Canada: Yes No

5. Foreign Reporting:

Did the taxpayer own foreign property at any time during the year with a total cost of more than CAD100,000? Foreign property includes stock, bonds and income producing property. It doesnot include foreign investments held through Canadiam mutual funds or personal use properties. If yes, please provide the total foreign income and capital gains earned during the year.

Yes No

6. Information about the dependents:

First Name	Last Name	SIN	Relationship	Date of Birth (YYYY/MM/DD)	Physically or Mentally Infirm?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Real Estate Property:

Did the taxpayer sell his / her home or investment property during the year? Yes No
 If yes, contact us for details.

8. Direct deposit information:

Did the taxpayer setup direct deposit information with CRA? If no, this can be done online through My Account, on phone (1-800-959-8281), CRA's approved financial institutions or completing Canada Direct deposit enrollment form and mailing it to the specified address. Yes No

9. Income Sources:

Please check items that you have attached

General Income:

- T4 Employment Income, Retiring Allowance Yes No
- T4A Commission, self employed, Scholarships, Grants Yes No
- T4E Employment Insurance Yes No
- T5007 Workers Compensation / Social Assistance Yes No
- T5018 Contractors Income Yes No
- RC62 Universal Childcare benefits Yes No
- Other Income Support Payment received Yes No

Investment Income

- T5 Interest, dividends and other investment income Yes No
- T5008 Securities transactions Yes No
- T3 Income from Trust allocations Yes No
- T4PS Income from profit sharing plans Yes No
- T5013 Income from limited partnership Yes No

Pension Income

- T4A Pension, retirement and annuity income Yes No
- T4A(P) Canada pension plan benefits, disability benefits Yes No
- T4A(OAS) Old age security Yes No
- T4A(RCA) Retirement compensation arrangements Yes No
- T4RSP Income from RRSP Yes No
- T4RIF Registered retirement income fund Yes No
- Other Pensions Foreign Pensions Yes No

10. Deductions:

- RRSP Contributions Slips Yes No
- Are there any amounts need to be repaid under 'Home buyer's plan' or 'Lifelong learning plan'? Yes No
- Union Dues (Other than on T4) Yes No
- Professional dues Yes No
- Child care expenses Yes No
- Moving expenses
- Did you move 40 km closer to your new work/school location? If yes, please provide: Yes No
- Distance in kms between your old home and new place of work/school
- Distance in kms between your new home and new place of work/school
- Also provide, old address, meals, accomodation, travel expenses, details of selling old residence and purchasing new residence details on a separate sheet.
- Spousal support payments Yes No
- Carrying Charges. It includes investment council fees, interest on money borrowed to earn interest and dividend income Yes No
- Employment expenses (T2200 Attached) Yes No

11. Credits:

- Tuition amount - T2202A (Taxpayer/spouse/dependents - if applicable) Yes No
- Interest paid on student loan Yes No
- Medical expenses paid for taxpayer, spouse & dependents Yes No
- Charitable donation receipts Yes No
- Poltical contributions receipts Yes No
- Disability certificate - T2201 (Taxpayer/spouse/dependents - if applicable) Yes No
- First time home buyer Yes No
- Home accessibility tax credit (For age 65 & over or disabled) Yes No
- Educator school supplies tax credit (For teachers & early childhhod educators only) Yes No
- Property tax/Rent paid in the year. Yes No

Rent/month No of Months rent paid Total for the year

Name of landlord, municipality

12. Self Employment/Business Income:

Are you self-employed. If yes, type of business

HST Registered?

Yes

No

If yes, please provide Business Number

If yes, please fill 'St of Bus & Pro Activities' worksheet attached

Yes

No

If the taxpayer used vehicle for business, please provide details in 'St of Bus & Pro Activities' worksheet attached

Yes

No

If the taxpayer used a portion of home/office expenses, please provide details in 'St of Bus & Pro Activities' worksheet attached

Yes

No

If there are any additions or dispositions of assets (car, equipment etc), please provide details in 'St of Bus & Pro Activities' worksheet attached

Yes

No

13. Rental Income:

Do the taxpayer own any rental property?

If yes, please fill 'St of Real Estate Rentals' worksheet attached

Yes

No

14. Other:

Tax Installments paid

Yes

No

If yes, please attach Statement of Installments

Previous year Notice of Assessment / Tax Return (if available)

Yes

No



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Statement of Real Estate Rentals

Note: Please complete this Statement of Real Estate Rentals questionnaire. Ignore expense lines that are not applicable.

INPUT CELLS

Personal Information:

Taxpayer Name:

Fiscal Period:

From:(YYYY/MM/DD)

To:(YYYY/MM/DD)

Was this final year of your rental operation?

Yes

No

Ownership percentage %

Co-Owner's:

Name

Address

Name

Address

Address of the property:

City:

Postal Code:

No of Units:

Rental Income:

Gross rental income:

Expenses:

Personal Use Percentage

Advertising

\$	-
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Insurance

\$	-
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Interest and bank charges		\$ -
Office expenses		\$ -
Legal, accounting and other professional Fees		\$ -
Management and administration fees		\$ -
Maintenance and repairs		\$ -
Salaries, wages and benefits (including employer's contributions)		\$ -
Property taxes		\$ -
Travel expenses		\$ -
Utilities		\$ -
Motor vehicle expenses (Not including CCA)		\$ -
Other expenses (specify):		\$ -
		\$ -
		\$ -
Total Expenses	<u>\$ -</u>	<u>\$ -</u>
Deductible Expenses		<u>\$ -</u>
Net Income/loss before adjustments		<u>\$ -</u>

Undepreciated Capital Cost / Capital Cost:

Land	
Building	
Furniture / Fixtures / Equipment	

Additions 1:		Cost:	
Additions 2:		Cost:	

Dispositions 1:		Proceeds:	
Dispositions 2:		Proceeds:	



Statement of Business or Professional Activities

Note: Please complete this Statement of Business or Professional Activities questionnaire. Ignore expense lines that are not applicable.

INPUT CELLS

Personal Information:

Taxpayer Name:

Business Information:

Business Name

Business Address:

City:

Province:

Postal Code:

Main product or service:

Fiscal Period:

From:(YYYY/MM/DD)

To:(YYYY/MM/DD)

Was this your last year of business?

Business Number:

HST Information:

Are you registered for HST?

Yes

No

If yes, are you registered under quick method?

Yes

No

Filing frequency (Annual / Quarterly):

Have you paid any HST installments during the year?

Yes

No

If yes, amount paid last year

Business Income:

Gross sales, commissions or fees (include GST/HST collected or collectible):	
Other Income (Tips, Referrals etc):	
GST/HST collected, allowances, discounts, and GST/HST adjustments (included in gross sales above):	

Cost Of Goods Sold:

Opening Inventory (includes raw materials, goods in process, finished goods)	
Add: Purchases during the year (net of returns, allowances, and discounts)	
Add: Subcontracts	
Less: Closing Inventory (includes raw materials, goods in process, finished goods)	
Total cost of goods sold	\$ -

Business Expenses (Please include all amounts with HST):

Advertising		
Meals and entertainment		@ 50%
Bad debts		
Insurance (Other than Car & Home, if any)		
Interest and bank charges		
Business, taxes, licenses and memberships		
Office expenses		
Office stationary and supplies		
Professional fees (includes legal and accounting fees)		
Management and administration fees		
Rent		
Repairs and maintenance (Other than Car & Home, if any)		
Salaries, wages and benefits (including employer's contributions)		
Property taxes		
Travel expenses		
Utilities		
Fuel Costs (except for motor vehicles)		
Delivery, freight and express		
Motor vehicle expenses (cosider worksheet below for type of expenses)		
Telephone		
Other expenses (specify):		
Expenses (excluding Motor Vehicle and Business Use of Home expenses)		\$ -

Motor Vehicle Details:

Auto # 1	Auto # 2
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Make:		Make:	
Model:		Model:	
Year:		Year:	
Purchased / Leased / Financed?		Purchased / Leased / Financed?	
Date Purchased / Leased / Financed (YYYY/MM/DD):		Date Purchased / Leased / Financed (YYYY/MM/DD):	
Cost of purchased vehicle:		Cost of purchased vehicle:	
Lease amount + HST		Lease amount + HST	
Deposit on leased vehicle:		Deposit on leased vehicle:	
Any trade in:		Any trade in:	
Total kilometres you drove in the fiscal period:		Total kilometres you drove in the fiscal period:	
Business kilometres you drove in the fiscal period:		Business kilometres you drove in the fiscal period:	

Expenses (Please provide 100% of the cost and we will prorate them accordingly):

Fuel (gasoline, propane, oil)		Fuel (gasoline, propane, oil)	
Maintenance and repairs		Maintenance and repairs	
Insurance		Insurance	
License and registration		License and registration	
Parking		Parking	
CAA		CAA	
Tolls / 407 ETR		Tolls / 407 ETR	
Interest on vehicle loan		Interest on vehicle loan	
Total Motor Vehicle expenses	\$ -	Total Motor Vehicle expenses	\$ -

Business Use Of Home Details:

Total Area of home:

Area of home used for business:

OR

Total # of Rooms

of rooms for business

Expenses (Please provide 100% of the cost and we will prorate them accordingly):

Heat	<input type="text"/>
Electricity	<input type="text"/>
Water	<input type="text"/>
Insurance	<input type="text"/>
Repairs and maintenance	<input type="text"/>
Mortgage interest	<input type="text"/>
Property taxes	<input type="text"/>
Telephone	<input type="text"/>
Internet	<input type="text"/>
Rent / Condo fees	<input type="text"/>

Total Business Use of Home expenses

Additions and Dispositions of Capital Property:

Description	Cost	HST	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes on HST:

If you are not registered for HST, your cost should include HST, if applicable

If you are a "Regular HST Registrant", your income should not include HST and your expenses should not include HST
(Please let us know if they include HST)

If you are an HST registrant under "Quick method", your expenses should include the HST