

2020 Personal Income Tax Organizer

Contact Information

Name:
SIN:
Date of Birth:
Gender:
Phone [Please Verify – Home / Work / Cell]:
Email:
Home Address:
Spouse's Name:
SIN:
Date of Birth:
Gender:
Phone [Please Verify – Home / Work / Cell]:
Email:
*If there was a change in marital status, please verify the date and your new status
Dependent(s)
Name:
SIN:
SIN: Date of Birth [Years Old]:
Date of Birth [Years Old]:
Date of Birth [Years Old]: Net Income: \$
Date of Birth [Years Old]: Net Income: \$ Tuition: Yes / No
Date of Birth [Years Old]: Net Income: \$ Tuition: Yes / No * If yes, please verify if the dependent is transferring tuition credits to parents: Yes / No
Date of Birth [Years Old]: Net Income: \$ Tuition: Yes / No * If yes, please verify if the dependent is transferring tuition credits to parents: Yes / No Caregiver: Yes / No
Date of Birth [Years Old]: Net Income: \$ Tuition: Yes / No * If yes, please verify if the dependent is transferring tuition credits to parents: Yes / No Caregiver: Yes / No Disability Amount: Yes / No
Date of Birth [Years Old]: Net Income: \$ Tuition: Yes / No * If yes, please verify if the dependent is transferring tuition credits to parents: Yes / No Caregiver: Yes / No Disability Amount: Yes / No

Date of Birth [Years Old]:
Net Income: \$
Tuition: Yes / No
* If \mathbf{yes} , please verify if the dependent is transferring tuition credits to parents: Yes / No
Caregiver: Yes / No
Disability Amount: Yes / No
The child lived with you throughout the year: Yes / No
Name:
SIN:
Date of Birth [Years Old]:
Net Income: \$
Tuition: Yes / No
st If \mathbf{yes} , please verify if the dependent is transferring tuition credits to parents: Yes / No
Caregiver: Yes / No
Disability Amount: Yes / No
The child lived with you throughout the year: Yes / No
Additional Information
Please answer 'yes' or 'no' to the following, unless indicated otherwise.
Are you a Canadian Citizen? Y N
Are you Self-Employed? Y N If yes, In which Province?
Will you be claiming the Disability Tax Credit? Y N If yes, is this a first-time claim? Y N
Do you have RRSP's? Y N
What is your 2019 deduction limit shown on your 2018 Notice of Assessment: \$
Do you maximize your RRSP contribution every year? Y N
Do you have foreign assets > \$100,000? Y N
Do you have foreign investment in your portfolio? Y N
If yes , please provide us with your statements, a T1135 must be completed.
Do you have a US Personal Tax Return to complete? Y N
Do you have a US Personal Tax Return to complete? Y N Have you borrowed money for investment purposes? Y N

If yes , do you have all yo	our T4s? Y N	ring the year? Y N with your previous employer or C	RA to get the missing
Have you or your spo	_	during the year and have NO' preceding 4 years? Y N	Γ lived in a home
name, address, and on the National Regi *This must be answered	date of birth to Electionster of Voters? YN		date information
	_	ssessment electronically thro	ugh Mirabel
Management? Y N			
Rental Property(s	s)		
Address:*Street number, street nam	ne, city, province, postal code	Revenue	es:
*Street number, street nan		2.	
*Street number, street nan Expense	ne, city, province, postal code Amount	Expense	Amount
*Street number, street nan		Expense Wages	
*Street number, street nan Expense Advertising		Expense	
*Street number, street nan Expense Advertising Insurance		Expense Wages Property Taxes	
*Street number, street name Expense Advertising Insurance Interest		Expense Wages Property Taxes Travel	
*Street number, street name Expense Advertising Insurance Interest Office Expenses		Expense Wages Property Taxes Travel Utilities	Amount
*Street number, street name Expense Advertising Insurance Interest Office Expenses Legal/Accounting		Expense Wages Property Taxes Travel Utilities Vehicle Expenses	Amount
*Street number, street name Expense Advertising Insurance Interest Office Expenses Legal/Accounting Management/Admin Maintenance & Repairs Address:		Expense Wages Property Taxes Travel Utilities Vehicle Expenses Condo Fees Occupancy Fee	Amount Complete Breakdown
*Street number, street name Expense Advertising Insurance Interest Office Expenses Legal/Accounting Management/Admin Maintenance & Repairs Address: *Street number, street name	Amount ne, city, province, postal code	Expense Wages Property Taxes Travel Utilities Vehicle Expenses Condo Fees Occupancy Fee Revenue	Amount Complete Breakdown
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Occupancy Fee

Maintenance & Repairs

Vehicle Expense(s)

Insurance

Repairs/Maintenance

Personal Vehicle				
Make:	Tota			
Model:	Tota			
Year:	_			
Vehicle Expense	Amount	Vehicle Expense	Amount	
Gas Expense		Interest on Financing		
Repairs/Maintenance		Cost of New Vehicle		
Insurance		Proceeds on Sale or Trade		
License		Least Costs		
Other Costs		Parking Costs		
Model: Year:		al km travelled all year:		
Vehicle Expense	Amount	Vehicle Expense	Amount	
Gas Expense		Interest on Financing		
Repairs/Maintenance		Cost of New Vehicle		
Insurance		Proceeds on Sale or Trade		
License		Least Costs		
License Other Costs		Parking Costs		
	nse(s)			
Other Costs Home Office Expe				
Other Costs Home Office Expe		Parking Costs	- Amount	
Other Costs Home Office Expe Total Sq. Ft.		Office Sq. Ft.	Amount	
Other Costs Home Office Expe Total Sq. Ft Office Expense		Office Sq. Ft	- Amount	

Other

Other

2019 Personal Income Tax Return Checklist

☐ T5: Bank Interest or Taxable Dividends ☐ T600: Bond Interest Coupons ☐ T5008: Investment Income ☐ T5013: Statement of Partnership Income ☐ T2200: Declaration of Condition of Employment ☐ T2201: Disability Tax Credit Certificate ☐ Other Income Slips ☐ T2202: Education Amount Certificate (For Self and/or Dependants)
from Previous Tax Year Pental Premiums Paid ment/Receipts tts
Other
Id Expenses (summary or detail) Idetail) In detail) If sale of investments/brokers Idetail Idetail Idetail Idetail) Idetail Id

Employment and Personal Income

ease indicate the amount earned during the current taxation year, excluding investments.
y Annual Income: \$
ccupation: Employee / Self-Employed / Owner / Retired
ther Personal Income: \$ f you have other personal income, please indicate the age to which you expect this income will continue:
pouse's Annual Income: \$
ccupation: Employee / Self-Employed / Owner / Retired
ther Personal Income: \$ f they have other personal income, please indicate the age to which they expect this income will ontinue:
hould you have any questions or additional information regarding your corporate ncome taxes, please attach an additional page to the information provided.
I certify that the above information is accurate and correct.
lient Name:Client Signature: