

Personal Tax Organizer for Returns

(As per Canada Revenue Agency)

Client Name (last, first, middle): _____ SIN: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Marital status on Dec 31:

- 1 Married 2 Common-law 3 Widowed 4 Divorced 5 Separated 6 Single

If marital status changed during the year, date of change: _____

Spouse Name (last, first, middle): _____ SIN: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

	Taxpayer	Spouse
Date of birth (day/mo/yr):		
If surname changed, state previous name:		
Canadian citizen?		
Own \$100,000 foreign property?		
Release Personal Info to Elections Canada?		

Spouse's "Net Income" from line 236(if filing independently): \$ _____

Rent or Property Tax Paid:

Address	#/Months	Total	Landlord/Municipality

If possible, do you elect to receive the Trillium Benefit in a lump sum in June next year?

If beneficial, do you elect to split eligible pension income with your spouse?

Did you pay or receive alimony payments?

Did you pay or receive Child Support payments?

Date of agreement: _____

Paid To	Paid From	Monthly Amount

Personal Tax Organizer

A - Applicant

S - Spouse

Checklist

A	S	Income	A	S	Deductions	A	S	Provide Details For
<input type="checkbox"/>	<input type="checkbox"/>	Employment T4	<input type="checkbox"/>	<input type="checkbox"/>	RRSP Contributions	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income/Expenses
<input type="checkbox"/>	<input type="checkbox"/>	Pension T4A	<input type="checkbox"/>	<input type="checkbox"/>	Charitable Donations	<input type="checkbox"/>	<input type="checkbox"/>	Rental Income/Expenses
<input type="checkbox"/>	<input type="checkbox"/>	Old Age Security T4A (OAS)	<input type="checkbox"/>	<input type="checkbox"/>	Political Contributions	<input type="checkbox"/>	<input type="checkbox"/>	Last Year's Return Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Canada Pension T4A (P)	<input type="checkbox"/>	<input type="checkbox"/>	Medical Receipts	<input type="checkbox"/>	<input type="checkbox"/>	RRSP Home Buyers Plan
<input type="checkbox"/>	<input type="checkbox"/>	RSP, RRIF, T4RSP/RRIF	<input type="checkbox"/>	<input type="checkbox"/>	Tuition/Education T2202A	<input type="checkbox"/>	<input type="checkbox"/>	RRSP Deduction Limit
<input type="checkbox"/>	<input type="checkbox"/>	Employment Insurance T4E	<input type="checkbox"/>	<input type="checkbox"/>	Disability Certificate T2201	<input type="checkbox"/>	<input type="checkbox"/>	Interest Paid for Investments
<input type="checkbox"/>	<input type="checkbox"/>	Investment/Trust T3	<input type="checkbox"/>	<input type="checkbox"/>	Union/Professional Dues	<input type="checkbox"/>	<input type="checkbox"/>	Financial Planning Fees
<input type="checkbox"/>	<input type="checkbox"/>	Investments T5	<input type="checkbox"/>	<input type="checkbox"/>	Childcare Receipts	<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains/Losses
<input type="checkbox"/>	<input type="checkbox"/>	Social Assistance T5007	<input type="checkbox"/>	<input type="checkbox"/>	Children's Fitness Credit	<input type="checkbox"/>	<input type="checkbox"/>	Moving Expenses
<input type="checkbox"/>	<input type="checkbox"/>	WSIB T5007	<input type="checkbox"/>	<input type="checkbox"/>	Rent or Property Tax	<input type="checkbox"/>	<input type="checkbox"/>	Tax Instalment Payments
<input type="checkbox"/>	<input type="checkbox"/>	Bank Interest	<input type="checkbox"/>	<input type="checkbox"/>	Employment Expense T777	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	Employment T2200	Estates-Previous Items Plus		
<input type="checkbox"/>	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	<input type="checkbox"/>	Claim Board/Lodging TL2	<input type="checkbox"/>	<input type="checkbox"/>	Signed Copy of Will
<input type="checkbox"/>	<input type="checkbox"/>	Foreign Income	<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest	<input type="checkbox"/>	<input type="checkbox"/>	List of Assets
			<input type="checkbox"/>	<input type="checkbox"/>	Public Transit Passes	<input type="checkbox"/>	<input type="checkbox"/>	Death Certificate

Other: _____

Number of Dependents (children under 19): _____

Name (first, last)	Date of Birth

Number of Infirm/Disabled on December 31: _____

Do you receive Child Tax Benefit? Yes No Paid To: You Spouse

Child Credit claimed by spouse? Yes No

How did you hear of our services?

Recommended Newspaper Sign Advert Yellow Pages Web Other _____

Notes

- ◆ Please provide a void cheque to set up or change to Direct Deposit
- ◆ Remember to provide your slips and your spouse's slips
- ◆ Have you moved during the year?

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