

T1 Individual Tax Organizer

2010

PERSONAL INFORMATION	
Taxpayer:	Status
SIN:	
BirthDate:	
Spouse:	Status
SIN:	
BirthDate:	

Status – Married – Single – Common-Law – Separated – Divorced – Widowed

Address:	
	Postal:
Phone: (Bus)	Phone: (Res)

ELECTIONS CANADA		
The taxpayers authorize the CRA to provide his/her name address and date of birth to Elections Canada to update his/her information on the national register of Electors.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FOREIGN REPORTING		
Did the taxpayer own or hold foreign property with a total cost of more than \$100,000 CDN at any time during the year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

CHANGES IN FINANCES		YES	NO
Did the taxpayer's marital status change during the year?		<input type="checkbox"/>	<input type="checkbox"/>
Did the taxpayer immigrate/emigrate to/from Canada during the year?		<input type="checkbox"/>	<input type="checkbox"/>
If YES, the Date of Entry:	Date of Departure:		
Did the taxpayer become bankrupt during the year?		<input type="checkbox"/>	<input type="checkbox"/>
Did the taxpayer refinance a business with new or revised debt?		<input type="checkbox"/>	<input type="checkbox"/>
Did the taxpayer close a bank account or investment account		<input type="checkbox"/>	<input type="checkbox"/>
If YES, details:			

DEPENDENTS						
NAME	RELATION	D.O.B.	S.I.N.	Disabled	Student	INCOME
				YES	YES	
				YES	YES	
				YES	YES	
				YES	YES	

COMMENTS
If spouse/dependants require a tax return filed, please complete a separate Tax Organizer

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World Income (not just Canadian)

EMPLOYMENT INCOME/DEDUCTIONS	YES	NO	Slips
Did the taxpayer earn income from employment?	<input type="checkbox"/>	<input type="checkbox"/>	T4's
Did the taxpayer receive employment insurance benefits?	<input type="checkbox"/>	<input type="checkbox"/>	T4E's
Did the taxpayer receive workers compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>	T5007
Did the taxpayer receive sales/commission income?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the taxpayer receive a GST rebate? Amount \$	<input type="checkbox"/>	<input type="checkbox"/>	
Did the taxpayer pay union/professional dues?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the taxpayer claiming deductible employment expenses?	<input type="checkbox"/>	<input type="checkbox"/>	T2200
Did the taxpayer participate in an employee profit sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>	T4PS

PENSION INCOME	YES	NO	Slips		
Did the taxpayer receive pension income elected to split?	<input type="checkbox"/>	<input type="checkbox"/>			
Old Age Sec. T4OAS <input type="checkbox"/>	CPP T4A(P) <input type="checkbox"/>	Pension T4A <input type="checkbox"/>	RRSP/RSP T4RSP <input type="checkbox"/>	Income Funds T4RIF <input type="checkbox"/>	Superann'n T4A <input type="checkbox"/>

INVESTMENT INCOME/DEDUCTIONS	YES	NO	Slips		
Did the taxpayer earn investment income?	<input type="checkbox"/>	<input type="checkbox"/>			
Interest T5/T600 <input type="checkbox"/>	Dividends T5 <input type="checkbox"/>	Estate/Trust T3 <input type="checkbox"/>	RRSP/RSP T4RSP <input type="checkbox"/>	Partnership T5013 <input type="checkbox"/>	Shelters T101 <input type="checkbox"/>

CAPITAL GAINS/LOSSES				YES	NO
Did the taxpayer dispose of property during the year?				<input type="checkbox"/>	<input type="checkbox"/>
Description	Date Acquired	Date Disposed	Proceeds	Cost	Expenses

SELF EMPLOYMENT/BUSINESS INCOME	YES	NO
Was the taxpayer self employed during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, are appropriate self employment statements attached?	<input type="checkbox"/>	<input type="checkbox"/>
If NO to preceding, is the information available to complete statements?	<input type="checkbox"/>	<input type="checkbox"/>
If YES to preceding, will we (YES), or taxpayer (NO) complete statements?	<input type="checkbox"/>	<input type="checkbox"/>

RENTAL INCOME	YES	NO
Did the taxpayer have rental income?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, is a statement of rental income attached?	<input type="checkbox"/>	<input type="checkbox"/>
If NO to preceding, is the information available to complete statement?	<input type="checkbox"/>	<input type="checkbox"/>
If YES to preceding, will we (YES), or taxpayer (NO) complete statements?	<input type="checkbox"/>	<input type="checkbox"/>

RRSP CONTRIBUTIONS	YES	NO
Did the taxpayer make an RRSP contribution during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, is the RRSP receipt attached?	<input type="checkbox"/>	<input type="checkbox"/>
Is the contribution to the taxpayer's RRSP	<input type="checkbox"/>	<input type="checkbox"/>
Is the contribution to a spousal RRSP?	<input type="checkbox"/>	<input type="checkbox"/>
Is the contribution a repayment of a withdrawal under the HBP or LLP?	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of last year's Notice of Assessment attached?	<input type="checkbox"/>	<input type="checkbox"/>

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OTHER ITEMS	YES	NO
Tuition/Education amount for self?	<input type="checkbox"/>	<input type="checkbox"/>
Tuition Education amount claimed on transfer?	<input type="checkbox"/>	<input type="checkbox"/>
Is form T2202/T2202A certificate attached?	<input type="checkbox"/>	<input type="checkbox"/>
Student loans interest paid?	<input type="checkbox"/>	<input type="checkbox"/>
Is interest statement from financial institution attached?	<input type="checkbox"/>	<input type="checkbox"/>
Tuition/interest from previous years?	<input type="checkbox"/>	<input type="checkbox"/>
Children's fitness amount claimed?	<input type="checkbox"/>	<input type="checkbox"/>
Child care expenses claimed?	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate receipt (SIN for individuals) attached?	<input type="checkbox"/>	<input type="checkbox"/>
Disability claim?	<input type="checkbox"/>	<input type="checkbox"/>
Medical expenses (>3% of net income) claimed?	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate receipts attached?	<input type="checkbox"/>	<input type="checkbox"/>
Attendant Care Expenses	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate receipts attached?	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver amount for in home care?	<input type="checkbox"/>	<input type="checkbox"/>
Charitable donations claimed?	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate receipts with RR number attached?	<input type="checkbox"/>	<input type="checkbox"/>
Political contributions claimed?	<input type="checkbox"/>	<input type="checkbox"/>
Are receipts (sent to CRA) attached?	<input type="checkbox"/>	<input type="checkbox"/>
Moving expenses incurred or carried forward?	<input type="checkbox"/>	<input type="checkbox"/>
Spousal or child support payments?	<input type="checkbox"/>	<input type="checkbox"/>
Carrying charges and interest?	<input type="checkbox"/>	<input type="checkbox"/>
Canada Employment Amount eligible?	<input type="checkbox"/>	<input type="checkbox"/>
Business Investment Losses (50% ABIL) - current or prior?	<input type="checkbox"/>	<input type="checkbox"/>
Non Capital Losses - current or prior?	<input type="checkbox"/>	<input type="checkbox"/>
Net Capital Losses - current or prior?	<input type="checkbox"/>	<input type="checkbox"/>
Capital Gains Deduction?	<input type="checkbox"/>	<input type="checkbox"/>
Public Transit Passes?	<input type="checkbox"/>	<input type="checkbox"/>
Authorized employment expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Amounts transferred from spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Was an automobile provided by employer during year?	<input type="checkbox"/>	<input type="checkbox"/>
Were low interest loans provided by employer during year?	<input type="checkbox"/>	<input type="checkbox"/>
Has taxpayer made any installment payments during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Are copies of Installment Remittance Forms available to validate amount?	<input type="checkbox"/>	<input type="checkbox"/>

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PRIOR YEARS (for new clients)	YES	NO
Is a copy of last year's tax return attached?	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of last year's Notice of Assessment attached?	<input type="checkbox"/>	<input type="checkbox"/>
Did the taxpayer receive any other correspondence from CRA?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, is a copy attached?	<input type="checkbox"/>	<input type="checkbox"/>
We will be filing a paper return, not E-file. Is this acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want a summarized copy of your return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want a detailed copy of your return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want our office to be your CRA mailing address?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to use Direct Deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning to include payment to CRA with the filed return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have an outstanding debt with CRA?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any outstanding issues with CRA?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been audited?	<input type="checkbox"/>	<input type="checkbox"/>

TAX PREPARER NOTES	
Taxpayer	
Spouse	
Dependant 1	Dependant 3
Dependant 2	Dependant 4