For the Tax Year:

Please complete this T1 Organizer and submit it with all pertinent tax data

**PERSONAL INFORMATION:**

SIN # Date of Birth Phone #

**Taxpayer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** Street & # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RR#/POB# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status:** Married Single Common law

Separated Divorced Widowed

**ELECTIONS CANADA:**

The taxpayer authorizes 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 No

**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 No

**CHANGE IN PERSONAL OR FINANCIAL SITUATION DURING THE YEAR:**

Did the taxpayer's marital status change during the year? Yes No

Did the taxpayer declare bankruptcy during the year? Yes No

Did the taxpayer refinance a business with new or revised debt? Yes No

Did the taxpayer close a bank account or investment account? Yes No

Did the taxpayer immigrate to Canada or emigrate from Canada during the year? Yes No If yes, provide:

date of entry into Canada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or date of departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the taxpayer become deceased during the year? Yes No

If yes, provide date of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please attach death certificate

**DEPENDANTS:** **Relationship**  **Name** **SIN #** **Date of Birth**  **Income**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT INCOME / DEDUCTIONS:**

Did the taxpayer earn income from employment? Yes No

If yes, please attach all T4 slips

Did the taxpayer receive Employment Insurance? Yes No

If yes, please attach all T4E slips

Did the taxpayer receive taxable benefits not shown on the T4 slip? Yes No

Did the taxpayer receive any employment income in the form of commission? Yes No

Did the taxpayer receive a G/HST rebate? Yes No

If yes, amount received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the taxpayer pay union / professional dues? Yes No

If yes, attach all paid receipts:

Did the taxpayer participate in an employee profit-sharing plan? Yes No

If yes, please attach all T4PS slips

Is the taxpayer claiming deductible employment expenses? Yes No

If yes, please attach a signed T2200 from the employer

Did the taxpayer receive pension income? Yes No

If yes, please attach the following T slips if applicable

T4A(OAS) T4A(P) T4A

T4RSP T4RIF Foreign Pensions

If Foreign Pensions received, attach details by country and currency

Did the taxpayer earn investment income? Yes No

If yes, please attach the following T slips if applicable

T5 (dividends) T5 (interest) T3 (trust/estate)

T5008 (share transactions) T5013

Did the taxpayer dispose of property during the year? Yes No

If yes, please complete schedule

Date Acquired Date Disposed Description of Property Sale Proceeds Cost Disposal Expenses

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide documents to support the schedule

disposal expenses include real estate commission and legal fees

if there was any interest paid to earn investment income please provide support

**SELF-EMPLOYMENT / BUSINESS INCOME:**

Was the taxpayer self-employed during the year? Yes No

If yes, is the appropriate self-employment statement attached?

Please see Business Income checklist for details

**RENTAL INCOME:**

Did the taxpayer have rental income? Yes No

If yes, is the appropriate rental income statement attached?

Please see Rental income checklist for details

**RRSP CONTRIBUTIONS:**

Did the taxpayer make an RRSP contribution during the year? Yes No

If yes, please attach all RRSP slips

Did the taxpayer have an HBP (Home Buyer Plan) Yes No

If yes, please provide CRA statement for HBP repayment (Notice of Assessment)

Did the taxpayer have an LLP (Lifelong Learning Plan) Yes No

If yes, please provide CRA statement for LLP repayment (Notice of Assessment)

**OTHER ITEMS:**

Tuition / Education for self? Yes No

If yes, please attach T2202A

Tuition / Education amount claimed on transfer from dependant? Yes No

If yes, please attach T2202A signed by dependant to you

Did the taxpayer pay interest on a student loan? Yes No

If yes, please attach statement

Did the taxpayer or spouse incur child care expenses? Yes No

If yes, please provide paid receipts

Did the taxpayer pay for dependants fitness or arts participation? Yes No

If yes, please provide paid receipts

Did the taxpayer incur medical expenses? Yes No

If yes, please provide paid receipts

Did the taxpayer make donation / charitable contributions? Yes No

If yes, please provide paid receipts reflecting CRA recognized charitable organizations

Did the taxpayer make a political donation? Yes No

If yes, please provide paid receipts

Did the taxpayer make property tax or rent payments for personal residence? Yes No

If yes, please provide paid receipts from municipality or landlord

Did the taxpayer make personal income tax installments? Yes No

If yes, please provide paid receipts to CRA or statement from CRA issued mid-February

Is the taxpayer is new to Cal Accounting & Management Services? Yes No If yes, please provide a copy of the prior year tax return and notice of assessment from CRA

**OTHER NOTES OF THE TAX PAYER:**

**ONCE WE HAVE REVIEWED THE DETAILS SUBMITTED, WE WILL CONTACT YOU TO CONFIRM RECEIPT AND ARRANGE A MEETING, IF THERE ARE MATTERS THAT REQUIRE DISCUSSION PRIOR TO CAL ACCOUNTING & MANAGEMENT PREPARING THE TAX RETURN.**

A Division of 1379802 Ontario Inc.

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