

Personal Tax Organizer for 2009

My preparer _____

New client (complete entire form) **Existing client** (complete name, ph number, any **changes**)

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, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own \$100,000 foreign property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release name, address, DOB to Elections Cda?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If we are not preparing your spouse's tax return, please provide his/her "Net Income" from line 236:
\$ _____

Rent or Property Tax paid:

<u>Address</u>	<u># Months</u>	<u>Total Rent/Taxes</u>	<u>Landlord / Municipality</u>
_____	_____	_____	_____
_____	_____	_____	_____

Safety deposit box rental amt \$ _____ Amt paid for investment management fees \$ _____

If beneficial, do you elect to split eligible pension income with your spouse? Yes No

Would you like to review the return with your preparer after its completion? Yes No

Checklist

<u>Income</u>	<u>Receipts</u>	<u>Provide Details For:</u>
<input type="checkbox"/> Employment T4	<input type="checkbox"/> RRSP Contributions	<input type="checkbox"/> Self-Employment Income/Expenses
<input type="checkbox"/> Pension T4A	<input type="checkbox"/> Charitable Donations	<input type="checkbox"/> Rental Income/Expenses
<input type="checkbox"/> Old Age Security T4A (OAS)	<input type="checkbox"/> Political Contributions	<input type="checkbox"/> Last Year's Return/Assessment
<input type="checkbox"/> Canada Pension T4A (P)	<input type="checkbox"/> Medical Receipts	<input type="checkbox"/> RRSP Home Buyers Plan
<input type="checkbox"/> RSP, RRIF, T4RSP/RRIF	<input type="checkbox"/> Tuition/Education T2202A	<input type="checkbox"/> RRSP Deduction Limit
<input type="checkbox"/> Employment Insurance T4E	<input type="checkbox"/> Disability Certificate T2201	<input type="checkbox"/> Interest Paid for investments
<input type="checkbox"/> Investment/Trust T3	<input type="checkbox"/> Union/Professional Dues	<input type="checkbox"/> Financial Planning Fees
<input type="checkbox"/> Investments T5	<input type="checkbox"/> Child Care Receipts	<input type="checkbox"/> Capital Gains/Losses realized
<input type="checkbox"/> Social Assistance T5007	<input type="checkbox"/> Children's Fitness Credit	<input type="checkbox"/> Moving Expenses
<input type="checkbox"/> WSIB T5007	<input type="checkbox"/> Rent or Property Tax	<input type="checkbox"/> Other:
<input type="checkbox"/> Bank Interest	<input type="checkbox"/> Employment Expense T777	
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Employment T2200	<u>Estates</u>
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Claim Board/Lodging TL2	<input type="checkbox"/> Signed copy of will
<input type="checkbox"/> Universal Child Care RC62	<input type="checkbox"/> Student Loan Interest	<input type="checkbox"/> List of assets
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Death certificate

Please provide a void cheque to set up or change Direct Deposit

Did you pay or receive alimony payments? Yes No
 Did you pay or receive Child Support payments? Yes No

Date of agreement Month _____ Year _____

<u>Paid To</u>	<u>Paid From</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Number of Dependents (children under 19 or Infirm/Disabled on December 31) _____

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u> (dd/mm/yr)	<u>Relationship</u> (son/daughter)	<u>Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Do you receive Universal Child Care Benefit? Yes No Paid to: You Spouse

Child Credit claimed by spouse? Yes No

How did you hear of our services? Recommended Newspaper Ad Sign Advert
 Yellow Pages Website Other _____

NOTES:

YorTax Inc

- Income tax returns
 - Personal & Business
- Bookkeeping, payroll
- New business consulting

2288 Princess Street
 Kingston, ON K7M 3G4
Phone: (613) 544-2288 Fax: (613) 544-2278
Email: info@yortax.com
 www.yortax.com