



Client Organizer Questionnaire-Canada

(Complete applicable years only)

Contact Information

Date: _____
mm/dd/yyyy

First Name _____ MI _____ Last Name _____ M F

Mailing Address _____

Residing Address (if different) _____

Home Phone _____ Cellular Phone _____ Other Phone _____

Email _____ Alternate Email _____

Preferred Method of Contact:

Phone Email Skype Other _____

Preferred Days/Times _____ Time Zone _____

Basic Information

Date of Birth _____ Social Insurance Number _____
mm/dd/yyyy

Your name as it appears on your SIN card _____

Canadian Citizen? Yes No Can CRA share your contact information with Elections Canada? Yes No

Marital Status

Single Married Common-law Widowed Divorced Separated

Change in marital status? Yes No If yes, please note the date of change: _____
mm/dd/yyyy

Spouse Information (if applicable)

First Name _____ MI _____ Last Name _____ M F

Date of Birth _____ Social Insurance Number _____
mm/dd/yyyy

Name as it appears on SIN card: _____ Canadian Citizen? Yes No

Can CRA share your contact information with Elections Canada? Yes No

Net income \$ (2014) _____ (2015) _____ (2016) _____ (2017) _____



Dependent Information (please use additional pages as needed)

NOTE: Dependents may not be limited to just children

First Name _____ MI _____ Last name _____

Date of Birth _____ Relationship _____
mm/dd/yyyy

Social Insurance Number _____ Net Income \$ _____

Name as it appears on SIN card: _____

Check all that apply: Child Care Expenses Medical Expenses Education Expenses
Disabled Other Please Explain: _____

Dependent Information (please use additional pages as needed)

NOTE: Dependents may not be limited to just children

First Name _____ MI _____ Last name _____

Date of Birth _____ Relationship _____
mm/dd/yyyy

Social Insurance Number _____ Net Income \$ _____

Name as it appears on SIN card: _____

Check all that apply: Child Care Expenses Medical Expenses Education Expenses
Disabled Other Please Explain: _____

Dependent Information (please use additional pages as needed)

NOTE: Dependents may not be limited to just children

First Name _____ MI _____ Last name _____

Date of Birth _____ Relationship _____
mm/dd/yyyy

Social Insurance Number _____ Net Income \$ _____

Name as it appears on SIN card: _____

Check all that apply: Child Care Expenses Medical Expenses Education Expenses
Disabled Other Please Explain: _____

Client Name:

Please complete applicable years - check all that apply

INCOME	2014	2015	2016	2017
1. Income from Employment (wages)				
2. Earned Tips or Casual Income				
3. Received Foreign Income				
4. Earned Business/Professional Income (Self-employed)				
5. Received Interest, Dividends, or other Investment Income (T3/T5)				
6. RRSP/RPP Withdrawal				
7. Own a Rental Property				
8. Received Pension/Social Security Income (T4A, CPP, OAS, etc.)				
9. Received Employment Insurance				
10. Sold Shares/Stocks During the Year				
11. Received Scholarship/Bursary				
12. Received Payments from an RESP/RDSP				
13. Received Support Payments During the Year (Child or Spousal)				
14. Received Royalty Income				
DEDUCTIONS	2014	2015	2016	2017
15. Made RRSP Contributions				
16. Participated in a Home Buyer's Plan or Lifelong Learning Plan				
17. Purchased a new Home During the Year				
18. Incurred Moving Expenses				
19. Required to Make Support Payments (Child or Spousal)				
20. Northern Resident (Zone A or B)				
21. Paid Student Loan Interest				
22. Incurred Medical Expenses				
23. Paid for Public Transportation				
24. Made Charitable Contributions				
25. Made Federal or Provincial Political Contributions				
26. Incurred Employment Expenses				
27. Did any Family Member Attend Post-Secondary Education?				
28. Incurred Legal Fees (Relating to Income)				
PAYMENTS	2014	2015	2016	2017
29. Made Installment payments to CRA? (not including tax that was withheld on an income slip)				

Client Name:

Canadian Return *Please Provide a copy*

Taxpayer:

Year of last Canadian Return Filed T1 Part-year Non-Resident Other

Province of Residence on December 31: (2014) _____ (2015) _____
 (2016) _____ (2017) _____

Disability Claim(s): Are you disabled? Yes No

Have you provided support to anyone who is disabled? Yes No

Specialized Reporting for Canada – Foreign Accounts/Assets

Foreign Income Verification Statement (T1135)	Yes	No	Not Sure
1. Do you own any specified property* outside of Canada costing more than \$100,000 CAD?			
2. Did the aggregate cost of ALL foreign specified property exceed \$100,000CAD?			
3. Have you received a letter from the CRA requesting you to file form T1135?			
* Specified Foreign Property includes chequing/savings/investment accounts, certain retirement plans, life insurance policies, stocks/mutual funds, real estate, etc. located outside Canada			
Trusts (T1141/T1142)	Yes	No	Not Sure
4. Do you own or contribute to a retirement/pension plan located outside of Canada?			
A. If yes, is the plan sponsored by an employer?			
5. Do you own any units of a mutual fund trust, not located in Canada?			
6. Do you own, contribute to or are the beneficiary of a non-Canadian:			
A. Deferred Profit Sharing Plan (DPSP) ?			
B. Employer Stock Option Plan (ESOP)			
C. Any other Trust not located in Canada?			
7. Do you own a ROTH IRA ?			
A. Did you elect to defer the taxation of income earned in the account?			
8. Have you inherited a retirement/pension plan, or trust located outside of Canada?			
9. Have you ever filed Form T1141 or T1142?			
A. Have you received a letter from the CRA requesting you file form T1141 or T1142?			
Other	Yes	No	Not Sure
10. Have you previously filed Form T1134?			
11. Have you previously received a letter from CRA requesting you file Form T1134?			
12. Do you own/have interest in 10% or more of a non-Canadian Corporation and/or Partnership? If yes, please attach an income statement, balance sheet, and a copy of the last return (or Form K1) filed in respect of the applicable Corporation/Partnership.			