



Client Organizer Questionnaire

(US 1040 and Canadian T1 returns)

Contact Information

Date: _____
MM/DD/YYYY

Client First Name _____ MI _____ Last Name _____ M _____ F _____

Mailing Address _____

Residing Address (if different) _____

Other Address (if applicable) _____

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 _____ Occupation _____
(mm/dd/yyyy)

Social Security Number (or Individual Tax Identification Number) (US) _____

Name on SSN or ITIN Card: _____

Social Insurance Number (CAN) _____ Name on SIN Card: _____

Marital Status As of Dec 31, 2017

Single (never married) Married Common-Law Separated Divorced Widowed

Date of Marital Status Change _____
(mm/dd/yyyy)

Residency and Immigration Information

US Citizen _____ Canadian Citizen _____ Green Card Holder _____ Other _____ (check all that apply)

Passport Number _____ Issuing Country _____ Expiry Date _____
(mm/dd/yyyy)

Visa Type _____ Visa Number _____ Expiry Date _____
(mm/dd/yyyy)



Client Name: _____

Spouse Information (if applicable):

First Name _____ MI _____ Last Name _____ M F

Date of Birth _____ Occupation _____ Disabled? Y N
(mm/dd/yyyy)

Social Security Number (or Individual Tax Identification Number) (US) _____

Name on SSN or ITIN Card: _____

Social Insurance Number (CAN) _____ Name on SIN Card: _____

US Citizen _____ Canadian Citizen _____ Green Card Holder _____ Other _____ (check all that apply)

Passport Number _____ Issuing Country _____ Expiry Date _____
(mm/dd/yyyy)

Visa Type _____ Visa Number _____ Expiry Date _____
(mm/dd/yyyy)

Check all that apply: Medical Expenses Education Expenses Other _____

Additional Information:

Dependent Information (please use additional pages as needed)

NOTE: Dependents may not be limited to just children

First Name _____ MI _____ Last Name _____ M F

Date of Birth _____ Relationship _____ Disabled? Y N
(mm/dd/yyyy)

Number of Months resided with taxpayer _____ Gross Income \$ _____

Social Security Number (or Individual Tax Identification Number) (US) _____

Name on SSN or ITIN Card: _____

Social Insurance Number (CAN) _____ Name on SIN Card: _____

US Citizen _____ Canadian Citizen _____ Green Card Holder _____ Other _____ (check all that apply)

Passport Number _____ Issuing Country _____ Expiry Date _____
(mm/dd/yyyy)

Visa Type _____ Visa Number _____ Expiry Date _____
(mm/dd/yyyy)

Expenses – Check all that apply: Child Care Expenses Medical Expenses Education Expenses

Other _____

Additional Information:



Client Name: _____

Dependent Information (please use additional pages as needed)

NOTE: Dependents may not be limited to just children

First Name _____ MI _____ Last Name _____ M F

Date of Birth _____ Relationship _____ Disabled? Y N
(mm/dd/yyyy)

Number of Months resided with taxpayer _____ Gross Income \$ _____

Social Security Number (or Individual Tax Identification Number) (US) _____

Name on SSN or ITIN Card: _____

Social Insurance Number (CAN) _____ Name on SIN Card: _____

US Citizen _____ Canadian Citizen _____ Green Card Holder _____ Other _____ (check all that apply)

Passport Number _____ Issuing Country _____ Expiry Date _____
(mm/dd/yyyy)

Visa Type _____ Visa Number _____ Expiry Date _____
(mm/dd/yyyy)

Expenses – Check all that apply: Child Care Expenses Medical Expenses Education Expenses
Other _____

Additional Information:

Dependent Information (please use additional pages as needed)

NOTE: Dependents may not be limited to just children

First Name _____ MI _____ Last Name _____ M F

Date of Birth _____ Relationship _____ Disabled? Y N
(mm/dd/yyyy)

Number of Months resided with taxpayer _____ Gross Income \$ _____

Social Security Number (or Individual Tax Identification Number) (US) _____

Name on SSN or ITIN Card: _____

Social Insurance Number (CAN) _____ Name on SIN Card: _____

US Citizen _____ Canadian Citizen _____ Green Card Holder _____ Other _____ (check all that apply)

Passport Number _____ Issuing Country _____ Expiry Date _____
(mm/dd/yyyy)

Visa Type _____ Visa Number _____ Expiry Date _____
(mm/dd/yyyy)

Expenses – Check all that apply: Child Care Expenses Medical Expenses Education Expenses
Other _____

Additional Information:



Tax Returns and other Information (CLIENT)

Instructions to Client: Complete the next 5 pages for your individual situation. If applicable, additional pages will be provided for your spouse to complete.

Client Name: _____

US Return *Please provide a copy*

1. Year last US return Filed _____

Type of return: 1040 1040NR Other _____

2. Can you or your spouse be claimed as a dependent on anyone else's return? Yes ___ No ___ Not Sure ___

3. Did you pay for more than half of the cost of keeping up the home during the year? Yes ___ No ___ Not Sure ___

4. Have you ever received a request from the IRS to file a US return? Yes ___ No ___ Not Sure ___

5. Did you move during the tax year(s)? Yes _____ No _____ If yes, Date of Move: _____
mm/dd/yyyy

Previous Address: _____

6. State of Residence on Dec 31: _____

7. States resided in during 2017: _____

US Foreign Earned Income Exclusion (Form 2555)

8. Have you previously filed Form 2555? Yes ___ No ___ Not Sure ___

9. **Date residency established outside of the United States** _____
mm/dd/yyyy

10. While residing outside the US did you:

Rent your home? Own your home? Was it Employer provided? Other _____

11. Did you maintain a home in the US while residing outside the US? Yes No

Address of US home: _____

12. Were you present in the US at any time during the last calendar year? Yes No

If yes, please provide a list of dates in detail. (EX: January 9 – 25, 2017, August 3-15, 2017)

Additional Information - Canada (CLIENT)

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)				

US Specialized Accounts and Reporting (CLIENT)

Client Name: _____

Foreign Bank Account Reporting (FBAR)	Yes	No	Not Sure
1. Do you have signing authority on or an interest in any bank/financial accounts* outside of the US?			
2. Did the aggregate value of ALL accounts exceed \$10,000USD at any time during the last year?			
3. Have you previously received a letter from the IRS requesting you to file this form?			
*NOTE: Financial accounts include chequing, savings, retirement plans, life insurance policies with a cash surrender value, stocks/bonds/mutual funds held inside an account, Canadian registered plans (RRSP, TFSA, RDSP, RRIF, etc.)			
Retirement Accounts	Yes	No	Not Sure
4. Do you own or contribute to a retirement/pension plan located in Canada?			
Is the plan sponsored by an employer?			
5. Have you inherited a retirement/pension plan in Canada?			
6. Have you previously made an election to defer taxation on Form 8891 or Form 8833?			
If yes, please attach the statement showing the value of the plan(s) on Dec 31st			
Trusts/Gifts	Yes	No	Not Sure
7. Do you own/contribute to or are you a beneficiary of:			
a. Tax Free Savings Account (TFSA)?			
b. Registered Education Savings Plan (RESP)?			
c. Registered Disability Savings Plan (RDSP)?			
d. Deferred Profit Sharing Plan (DPSP)?			
e. Employer Stock Purchase Plan (ESPP)			
f. Any other Trust?			
If yes, please provide statements for the entire calendar year for all applicable accounts			
8. Have you received a gift/bequest of more than \$100,000USD?			
9. Have you received more than \$15358 USD from a corporation or partnership?			
10. Have you previously filed Form 3520 and/or 3520A?			
11. Have you previously received a letter from the IRS requesting you file these forms?			
Other	Yes	No	Not Sure
12. Do you own/have interest in 10% or more of a non-US corporation/partnership?			
If yes, please attach an income statement and balance sheet and a copy of the last return filed in respect of the applicable corporation/Partnership			
13. Have you previously filed Form 5471 or Form 8865?			
14. Have you previously received a letter from the IRS requesting you file these forms?			



Canadian Specialized Tax and Reporting (CLIENT)

A separate information page has been attached for the spouse if applicable.

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.			