

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 \$ (2016) _____ (2017) _____ (2018) _____ (2019) _____



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	2016	2017	2018	2019
1. Income from Employment (wages)				
2. Earned Tips or Casusal 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. Purchased, sold, mined, traded or owned crypto/virtual currency				
11. Sold Shares/Stocks During the Year				
12. Received Scholarship/Bursary				
13. Received Payments from an RESP/RDSP				
14. Received Support Payments During the Year (Child or Spousal)				
15. Received Royalty Income				
DEDUCTIONS	2016	2017	2018	2019
16. Made RRSP Contributions				
17. Participated in a Home Buyer's Plan or Lifelong Learning Plan				
18. Purchased a new Home During the Year				
19. Incurred Moving Expenses				
20. Required to Make Support Payments (Child or Spousal)				
21. Northern Resident (Zone A or B)				
22. Paid Student Loan Interest				
23. Incurred Medical Expenses				
24. Paid for Public Transportation				
25. Made Charitable Contributions				
26. Made Federal or Provincial Political Contributions				
27. Incurred Employment Expenses				
28. Did any Family Member Attend Post-Secondary Education?				
29. Incurred Legal Fees (Relating to Income)				
PAYMENTS	2016	2017	2018	2019
30. 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: (2016) _____ (2017) _____

(2018) _____ (2019) _____

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 or a US LLC? 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.			