

PERSONAL TAX INFORMATION – NEW CLIENTS



Please complete this T1 organizer before bringing your tax information to the office.

Attach all applicable tax slips and supplemental information (refer to checklists under Resources on our website)

1. PERSONAL INFORMATION

NAME _____

CURRENT ADDRESS _____

CITY / PROV / POSTAL CODE _____

TELEPHONE: HOME _____ OFFICE _____ CELL _____

EMAIL _____ SOCIAL INSURANCE NUMBER _____

DATE OF BIRTH YY/MM/DD _____ IF DECEASED, DATE OF DEATH _____

MARITAL STATUS:

Common-law Married Single Separated Divorced Widowed

SPOUSE'S NAME _____ SPOUSE'S DATE OF BIRTH _____

SPOUSE'S S.I.N. _____ If marital status changed during year, enter date _____

2. DEPENDANTS

| NAME | RELATIONSHIP | BIRTH DATE | SIN | DISABILITY (Y/N) | INCOME |
|------|--------------|------------|-----|------------------|--------|
| | | | | | |
| | | | | | |
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3. RESIDENCE & CITIZENSHIP

Province of Residence on Dec 31st _____ If changed - date of move _____

If you immigrated to or emigrated from Canada during the year, provide date _____

Did you sell your principal residence during the year – if yes, please provide details:
(sale price, address, year of acquisition, years designated as principal residence) YES NO

Are you a US Citizen? YES NO

4. ELECTIONS CANADA

Are you a Canadian citizen? YES NO

If yes, do you authorize the CRA to provide your name, address and date of birth
to Elections Canada to update your information on the National Register of Electors? YES NO

5. FOREIGN REPORTING

Did you own or hold foreign property with a total cost of more than CDN\$100,000 at any time during the year.? If yes, please provide a list

YES NO

6. OTHER INFORMATION

Do you have a Tax Free Savings Account?

YES NO

Were you in prison for 90 days or more during the year?

YES NO

Are you eligible for Disability Tax Credit?

YES NO

Did you declare bankruptcy during the year?

YES NO

Do you authorize the CRA to provide your name and email address to Ontario Health so that they may send you information about organ and tissue donation?

YES NO

7. INFORMATION AND CORRESPONDENCE OPTIONS

How do you wish to receive your copy of the tax return?

ONLINE THROUGH SECURE PORTAL PAPER COPY

Do you wish to register for the CRA online mail service?

ALREADY REGISTERED YES NO

(all future correspondence from CRA will not be printed and mailed)

Are you registered for the CRA My Account online service?

YES NO

Would you like to register for Direct Deposit for the first time or change your current bank account information?

YES NO

If yes, please provide the following information:

Branch Number (5 digits)

Institution Number (3 digits)

Account Number
