

## PERSONAL TAX INFORMATION – RETURNING 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)

NAME: \_\_\_\_\_

*If there are no changes to your personal information, please skip sections 1 & 2 and complete remaining sections*

### 1. PERSONAL INFORMATION

CURRENT ADDRESS \_\_\_\_\_

CITY / PROV / POSTAL CODE \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ OFFICE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ 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 (COMPLETE ONLY FOR NEW DEPENDANTS IN THE PAST YEAR)

NAME	RELATIONSHIP	BIRTH DATE	SIN	DISABILITY (Y/N)	INCOME

### 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

(TURN OVER FOR PAGE 2)

## 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) - If YES, please provide an email address in section 1*

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

\_\_\_\_\_