

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 (or stop living in) your principal residence during the year – if yes, please provide details: (sale price, address, year acquired, 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

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
