

PERSONAL TAX ORGANIZER

Date Of Completion _____
YYYY DD MM

Family Address _____

	D.O.B.	S.I.N.	Email	Phone No.
Name				
Spouse				
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				

Marital Status: Married Common-Law Separated Divorced
 Widowed Single

Any Changes In Year: Yes No Date Of Change: _____

Slips	Client	Spouse	Dependent 1	Dependent 2	Dependent 3	Dependent 4
T4						
T4A						
T4AOAS						
T4AP						
T4E						
T4RIF						
RRSP						

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Slips	Client	Spouse	Dependent 1	Dependent 2	Dependent 3	Dependent 4
T3						
T5						
T5007						
Split Pension						
Self Employment						
GST						
Rental Property						
Farm						
Employment Expense (T2200)						
Tuition (T2202)						
Disability Tax Credit (T2201)						
Investments*						
Child Care Expenses						
Child/Spousal Support						
Charitable Contributions						
Medical Expenses						

*Please Include Annual Reports, including realized Gain/Loss, fees paid and foreign reporting.

