



2020 Personal Income Tax Organizer

Thank you for trusting us with your annual tax preparation. We are delighted to have you as a client and are looking forward to serving you this tax season. Please complete this questionnaire to the best of your ability before coming in to see us. If you have any questions, please contact us at ClientSupport@centrosome.ca or at (343)-883-9170.

Primary Filer Information	
Name:	
SIN:	
Date of Birth (DD-MM-YYYY):	
Gender:	
Phone Home:	
Work:	
Cell:	
Email Address:	
Do you wish to be registered for CRA's Online Mail? YES / NO / Already Registered	
Home Address: (Current)	
Did you move in 2020? YES / NO If YES, what day did you move on (DD-MM-YYYY):	
If YES, please indicate your old address:	
Was this move at least 40km closer to your new place of work? YES / NO If YES, please provide us copies of all of your expenses related to the move.	

Spouse / Partner Information	
Name	
SIN:	
Date of Birth (DD-MM-YYYY):	
Gender:	
Phone Home:	
Work:	
Cell:	
Email Address:	
Do you wish to be registered for CRA's Online Mail? YES / NO / Already Registered	
What is your current marital status? Please circle one.	
1. Married 2. Living common-law 3. Widowed 4. Divorced 5. Separated 6. Single	
Was a change in marital status? YES / NO If YES, Please indicate the date (DD-MM-YYYY) _____ of the change and indicate your new status below.	
1. Married 2. Living common-law 3. Widowed 4. Divorced 5. Separated 6. Single	

Dependent 1 Information	
Name:	
SIN:	
Date of Birth (DD-MM-YYYY):	
Gender:	
Income:	
Tuition:	YES / NO
If YES, please verify if the dependent is transferring tuition credit to parents: YES / NO	
Caregiver:	YES / NO
If YES, please include child care receipts.	
Has this child lived with you throughout the year? YES / NO	
Claim Disability Amount:	YES / NO
Dependent 2 Information	
Name:	
SIN:	
Date of Birth (DD-MM-YYYY):	
Gender:	
Income:	
Tuition:	YES / NO
If YES, please verify if the dependent is transferring tuition credit to parents: YES / NO	
Caregiver:	YES / NO
If YES, please include child care receipts.	
Has this child lived with you throughout the year? YES / NO	
Claim Disability Amount:	YES / NO
Dependent 3 Information	
Name:	
SIN:	
Date of Birth (DD-MM-YYYY):	
Gender:	
Income:	
Tuition:	YES / NO
If YES, please verify if the dependent is transferring tuition credit to parents: YES / NO	
Caregiver:	YES / NO
If YES, please include child care receipts.	
Has this child lived with you throughout the year? YES / NO	
Claim Disability Amount:	YES / NO
Dependent 4 Information	
Name:	
SIN:	
Date of Birth (DD-MM-YYYY):	
Gender:	
Income:	
Tuition:	YES / NO
If YES, please verify if the dependent is transferring tuition credit to parents: YES / NO	
Caregiver:	YES / NO
If YES, please include child care receipts.	
Has this child lived with you throughout the year? YES / NO	
Claim Disability Amount:	YES / NO

Additional Information

Please answer 'yes' or 'no' to the following, unless indicated otherwise.

Are you a Canadian Citizen?

YES / NO

As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors?

*This must be answered before your return can be e-filed.

YES / NO

Are you new to Canada?

YES / NO

If YES, on which date did you arrive? (DD-MM-YYYY) _____

Are you Self-Employed? YES / NO

If yes, In which Province? _____

Did you own a home in 2020? YES / NO

If YES, how much property taxes did you pay in 2020? _____

Did you pay rent in 2020? YES / NO

If YES, how much rent did you pay in 2020? _____

Did your employer provide you a T2200 Declaration of Conditions of Employment? YES / NO

If YES, Please provide a copy and complete the section for Home Office Expenses

Will you be claiming the Disability Tax Credit? YES / NO

If YES, is this a first-time claim? YES / NO

Did you contribute to any RRSP's?

YES / NO

What is your 2020 deduction limit shown on your 2019 Notice of Assessment: \$ _____

Do you maximize your RRSP contribution this year? YES / NO

Did you contribute to a Spousal RRSP Plan? YES / NO

Do you have foreign assets greater than \$100,000 CAD? YES / NO

Do you have foreign investment in your portfolio? YES / NO

If YES, please provide us with your statements, a T1135 must be completed.

Do you have a US Personal Tax Return to complete? YES / NO

Have you borrowed money for investment purposes? YES / NO

Did you sell a property in 2020 that was considered your principal residence? YES / NO

Have you had a change of employment this past year? YES / NO

If YES, do you have all your T4s? YES / NO

*If you do not have all your T4s, please follow-up with your previous employer or CRA to get the missing T4s.

Have you or your spouse acquired a home during the year that you do NOT live in?

YES / NO

Vehicle Expenses (Self Employed)
Personal Vehicle 1

Make: _____ Model: _____ Year: _____

Total km travelled for business purposes: _____ Total km travelled all year: _____

Vehicle Expense	Amount	Vehicle Expense	Amount
Gas Expense	\$ _____	Interest on Financing	\$ _____
Repairs/Maintenance	\$ _____	Cost of New Vehicle	\$ _____
Insurance	\$ _____	Proceeds on Sale or Trade	\$ _____
License	\$ _____	Lease Costs	\$ _____
Other Costs	\$ _____	Parking Costs	\$ _____

Personal Vehicle 2

Make: _____ Model: _____ Year: _____

Total km travelled for business purposes: _____ Total km travelled all year: _____

Vehicle Expense	Amount	Vehicle Expense	Amount
Gas Expense	\$ _____	Interest on Financing	\$ _____
Repairs/Maintenance	\$ _____	Cost of New Vehicle	\$ _____
Insurance	\$ _____	Proceeds on Sale or Trade	\$ _____
License	\$ _____	Lease Costs	\$ _____
Other Costs	\$ _____	Parking Costs	\$ _____

Home Office Expenses (Self Employed or T2200)

Total Sq. Ft. _____

Office Sq. Ft. _____

Office Expense	Amount	Office Expense	Amount
Gas/Propane	\$ _____	Mortgage Interest	\$ _____
Electricity	\$ _____	Property Taxes	\$ _____
Insurance	\$ _____	Rent	\$ _____
Telephone	\$ _____	Maintenance/Repairs	\$ _____
Internet	\$ _____	Other: _____	\$ _____

Rental Property(ies)

Did you have ownership in any rental properties during the year? YES / NO

If YES, Please complete this next section.

If NO, Please leave this section blank.

Property 1 Address: _____

Total Revenues: \$ _____

Other Info/Details: _____

Expense	Amount	Expense	Amount
Advertising	\$ _____	Wages	\$ _____
Insurance	\$ _____	Property Taxes	\$ _____
Interest	\$ _____	Travel	\$ _____
Office Expenses	\$ _____	Utilities	\$ _____
Legal/Accounting	\$ _____	Vehicle Expense	\$ _____
Management/Admin	\$ _____	Condo Fees	\$ _____
Maintenance/Repairs	\$ _____	Occupancy Fees	\$ _____

Property 2 Address: _____

Total Revenues: \$ _____

Other Info/Details: _____

Expense	Amount	Expense	Amount
Advertising	\$ _____	Wages	\$ _____
Insurance	\$ _____	Property Taxes	\$ _____
Interest	\$ _____	Travel	\$ _____
Office Expenses	\$ _____	Utilities	\$ _____
Legal/Accounting	\$ _____	Vehicle Expense	\$ _____
Management/Admin	\$ _____	Condo Fees	\$ _____
Maintenance & Repairs	\$ _____	Occupancy Fees	\$ _____

Did you have anything else you would like to share with us?

2020 Personal Income Tax Return Checklist

T-Slips

- | | |
|--|---|
| <input type="checkbox"/> T3: Statement of Trust Income
<input type="checkbox"/> T4: Employment Income, Tips
<input type="checkbox"/> T4A: Pension, Annuity, Other Income
<input type="checkbox"/> T4A (OAS): Old Age Security Income
<input type="checkbox"/> T4A (P): CPP Benefits
<input type="checkbox"/> T4E: Employment Insurance Benefits
<input type="checkbox"/> T4RIF: Proceeds from RRIF
<input type="checkbox"/> T4RSP: Proceeds from RRSPP
<input type="checkbox"/> T5: Bank Interest or Taxable Dividends
<input type="checkbox"/> R1: Relevé 1 (QC only)
<input type="checkbox"/> R8: Relevé 8 Tuition (QC Only) | <input type="checkbox"/> T600: Bond Interest Coupons
<input type="checkbox"/> T777S: Statement of Employment Expenses
<input type="checkbox"/> T5007: Statement of Benefits (Worker's Comp)
<input type="checkbox"/> T5008: Investment Income
<input type="checkbox"/> T5013: Statement of Partnership Income
<input type="checkbox"/> T2200: Declaration of Condition of Employment
<input type="checkbox"/> T2201: Disability Tax Credit Certificate
<input type="checkbox"/> T2202: Education Amount Certificate
(For Self and/or Dependents)
<input type="checkbox"/> Other Income Slips |
|--|---|

Receipts & Other

- ☐ Notice of Assessment and/or Reassessment from Previous Tax Year
- ☐ RRSP Contribution Receipts
- ☐ Union or Professional Dues Receipts
- ☐ Interest Expense
- ☐ Safety Box Fees
- ☐ Medical and Dental Receipts, Medical and Dental Premiums Paid
- ☐ Charitable and Political Donation Receipts
- ☐ Child Care Receipts
- ☐ Interest on Student Loans
- ☐ Tax Installments Paid During the Year Statement/Receipts
- ☐ Moving Expenses – All supporting documents
- ☐ RC-62: Universal Child Care Benefit
- ☐ Rental Apartment Receipt
- ☐ Relevé 31: Property occupancy (QC only)
- ☐ VOID Cheque for Direct Deposit Setup

Business Income/Self Employed Income/Other

- ☐ Self-Employment Information: Revenues and Expenses (summary or detail)
- ☐ List of Home Office Expenses (summary or detail)
- ☐ List of Motor Vehicle Expenses (summary or detail)
- ☐ Capital Gain: cost, sale, proceeds, and date of sale of investments/brokers
- ☐ Previous Year's Notice of Assessment/Reassessment
- ☐ Alimony
- ☐ Tax Shelter Information
- ☐ Home Buyer's Plan Repayment (Found on Notice of Assessment)
- ☐ Total Property Taxes/Rent Paid
- ☐ Total Square Footage of Home
- ☐ Total Square Footage of Work Area/Office
- ☐ List of Employment Expenses (summary or detail)
- ☐ Sale and Purchase Agreement for Any Properties Bought or Sold During the Year
- ☐ Rental Expenses
- ☐ A Copy of the Previous Year's Tax Return (if this is the first year Centrosome Inc. is preparing your taxes)

Employment and Personal Income

Please indicate the amount earned during the current taxation year, excluding investments.

My Annual Income: \$ _____

Occupation: Employee / Self-Employed / Owner / Retired

Other Personal Income: \$ _____

*If you have other personal income, please provide details.

Spouse's Annual Income: \$ _____

Occupation: Employee / Self-Employed / Owner / Retired

Other Personal Income: \$ _____

*If they have other personal income, please provide details.

Should you have any questions or additional information regarding your income taxes, please attach an additional page with the information provided.

You confirm that all information necessary to compile your personal income tax return will be complete and accurate. We will not audit, review or otherwise attempt to verify the accuracy or completeness of any information provided.

It is up to you to provide us with accurate and complete information necessary to prepare such personal income tax return(s).

We will include in your (and your family's) personal income tax return(s) the following statement together with our firm's name identified as the preparer of your tax return: "Prepared solely for income tax purposes, without audit or review from information provided by the taxpayer."

I certify that the above information is accurate and correct and agree to the above statement.

Client Name: _____

Signature: _____

Date: _____

Spouse/Partner Name: _____

Signature: _____

Date: _____