

Address: 201-6981 E Saanich Road

Office Hours: Mon-Fri 9am – 4pm

Contact email: admin@sheilahanson.ca

#### PERSONAL TAX ORGANIZER

For the year 2023

Please complete this personal tax organizer and attach all applicable slips, receipts, lists, and other supplemental information. Drop off at:

Address: 201-6981 E Saanich Road

Office Hours: Mon-Fri 9am – 4pm

Please note that once your personal tax package is received by our office, any additional information added may result in a refiling fee.

### 1. Personal Information

|                | Nama   | CINI            | Date of Birth    | Phone       |       |
|----------------|--|-----------------|------------------|-------------|-------|
|                | Name   | SIN             | (dd/mm/yy)       | Office      | Ext.  |
| Taxpayer       |  |                 |                  |             |       |
| Spouse         |  |                 |                  |             |       |
| Address        |  |                 |                  | Home:       |       |
|                |  |                 |                  | Mobile:     |       |
| Email:         |  |                 |                  |             |       |
|                | tus:<br>] Married  □ Single □ Commo<br>ital status changed in 2023, provid |                 |                  |             |       |
|                | territory of residence on Decembe  | 2. Residenc     |                  |             | _     |
|                | •  |                 |                  |             | □ No  |
| Did the tax    | payer immigrate to Canada or emi   | grate from Ca   | inada during the | year: L Yes | □ INC |
| If yes, provi  | de date of entry into Canada   |                 | or date of       | departure   |       |
|                | 3. E   | lections Ca     | nada             |             | _     |
| Is the taxpa   | yer a Canadian citizen?  |                 |                  | ☐ Yes ☐ No  | )     |
| If yes, the to | axpayer authorizes the CRA to pro  | vide his/her n  | ame, address     |             |       |
|                | f birth to Elections Canada to upda  | te his/her info | ormation on the  | ☐ Yes ☐ No  | )     |

| Name   Relationship   SIN   Mentally   Income   Fynenses   |                     | 4                    | l. Foreign F                | Reporting      | -T1135          |            |                        |
|--|---------------------|----------------------|-----------------------------|----------------|-----------------|------------|------------------------|
| CAN\$250,000 at any time during the year?  If yes, please provide us with a list and all relevant details.  5. Change in Personal or Financial Situation During the Year  Date the taxpayer declared bankruptcy during the year:  6. Dependents  Name  Relationship  Date of Birth (dd/mm/yy)  SIN  Physically or Mentally  Income  Child Care  Fynences |                     | 9                    |                             |                |                 | □Ye        | s 🗌 No                 |
| 5. Change in Personal or Financial Situation During the Year  Date the taxpayer declared bankruptcy during the year:  6. Dependents  Name  Relationship  Date of Birth (dd/mm/(st))  SIN  Physically or Mentally Income Expenses   |                     | 9                    |                             | ith a total co | ost of more tha | ın 🗌 Ye    | s 🗌 No                 |
| Date the taxpayer declared bankruptcy during the year:  6. Dependents  Name  Relationship  Date of Birth (dd/mm/sv)  SIN  Physically or Mentally  Income Expenses  | f yes, please provi | ide us with a list a | nd all relevan              | t details.     |                 |            |                        |
| Name Relationship Date of Birth SIN Mentally Income Expenses   |                     |                      |                             |                | tuation Duri    | ing the Ye | ar<br>———              |
| Name Relationship Date of Birth SIN Mentally Income Expenses   |                     |                      | 6. D                        | ependent       | :S              |            |                        |
| Infirmed?  | Name                | Relationship         | Date of Birth<br>(dd/mm/yy) | SIN            |                 | Income     | Child Care<br>Expenses |
|  |                     |                      |                             |                |                 |            |                        |
|  |                     |                      |                             |                |                 |            |                        |
|  |                     |                      |                             |                |                 |            |                        |

### 7. General Income/Deductions

| T4 slips – Employment Income?  | ☐ Yes     | $\square$ No |
|--|-----------|--------------|
| T4A – Commission and self-employment?  | ☐ Yes     | □ No         |
| T4A – Recipient of Canada Worker Lockdown Benefit (CWLB)?  | ☐ Yes     | □ No         |
| T4E – Employment insurance?  | ☐ Yes     | □ No         |
| T5007 – Social assistance?   | ☐ Yes     | □ No         |
| Employment income or taxable benefits not shown on the T4 slip?  | ☐ Yes     | □ No         |
| Provide us with the amount paid for union and professional dues as well as the names of the organizations? |           |              |
| List of child care expenses, with receipts, for each child?  | ☐ Yes     | □ No         |
| List of moving expenses paid?  | ☐ Yes     | □ No         |
| List of spousal support payments made or received?   | ☐ Yes     | □ No         |
| List of deductible employment expenses? (Must include T2200)   | ☐ Yes     | □ No         |
| 8. Pension Income  |           |              |
| T4A – Pension, retirement and annuity income?  | ☐ Yes     | □ No         |
| T4A (P) – Canada pension plan benefits?  | ☐ Yes     | □ No         |
| T4A (OAS) – Old age security pension slip/foreign pensions?  | ☐ Yes     | □ No         |
| T4A-RCA – Retirement compensation arrangements?  | ☐ Yes     | □ No         |
| T4RSP – Registered retirement savings plan income?   | ☐ Yes     | □ No         |
| T4RIF – Registered Retirement income fund income?  | ☐ Yes     | □ No         |
| Does the taxpayer elect to split eligible pension income with his/her spous common-law partner?            | se or Yes | □ No         |

| T3 – Income from trust allocation?  |                  |                     |                | ☐ Yes │     | □ No                    |  |
|---|------------------|---------------------|----------------|-------------|-------------------------|--|
| T5 – Investment income?   |                  |                     |                | ☐ Yes [     | □ No                    |  |
| T4PS – Income from profit sh  | aring plans?     |                     |                | ☐ Yes │     | □ No                    |  |
| T5013 – Partnership income?   |                  |                     |                | ☐ Yes       | □ No                    |  |
| T5008 – Income from securiti  | es transactions  | s?                  |                | ☐ Yes       | □ No                    |  |
| Did the taxpayer dispose of property or investments (including a principal residence) during the year? If so, provide the following details in a separate list: |                  |                     |                |             |                         |  |
| Description of Property & Quantity  | Date<br>Acquired | Date<br>Disposed of | Sales Proceeds | Cost        | Expenses fo<br>Disposal |  |
|   |                  |                     |                |             |                         |  |
|   |                  |                     |                |             |                         |  |
|   |                  |                     |                |             |                         |  |
|   |                  |                     |                |             |                         |  |
| Interest paid to earn   | 1                | Management          |                | Accounting/ |                         |  |
| investment income   |                  | fees                |                | legal fees  |                         |  |

9. Investment Income/Deduction

# 10. Self-Employment/Business Income Financial statement(s)/ schedule of revenue and expenses attached? ∐ Yes Has the taxpayer registered to be eligible for Employment Insurance special benefits? $\square$ Yes $\square$ No ☐ Yes ☐ No If an owner/manager, did the taxpayer has a shareholder loan outstanding during the year? If yes, provide details of borrowings, repayments, and year-end balance if owner/manager owes the company money: If the taxpayer used a vehicle for business, are the vehicle expenses and both ☐ Yes ☐ No total and business mileage attached? If the taxpayer used a portion of his/her home for business, are the home expenses and both total and business square footage attached? | Yes 11. Rental Income ☐ Yes | | No If the taxpayer owned rental property, is a statement of rental income attached? Statement of rental income should include: Total rental income for the rental unit All associated rental expenses (such as mortgage interests, property taxes, utilities, etc.) Does the taxpayer also live in the rental property (in which case no CCA should be claimed)?

☐ Yes ☐ No

## 12. RRSP/pool registered pension plan (PRPP) Contributions

| T-slips for contribution made attached?  | ☐ Yes        | □ No     |
|--|--------------|----------|
| Were there any amounts repaid during the year to a home buyers' plan or a life | long learnii | ng plan? |
|  | ☐ Yes        | □ No     |
| 13. Other Credits  |              |          |
| T2202 – Tuition/education amount for taxpayer?                                 | ☐ Yes        | □ No     |
| T2202 – Tuition/education amount claimed on transfer from dependent?           | ☐ Yes        | □ No     |
| Receipt or amount for taxpayer's student loan interest?                        | ☐ Yes        | □ No     |
| Receipts/listing of all medical expenses paid in the year for taxpayer,        |              |          |
| spouse, and dependents?  | ☐ Yes        | □ No     |
| First-time making charitable donations?  | ☐ Yes        | □ No     |
| Receipts for charitable donations or donations made by way of gifting          |              |          |
| an item in kind?   | ☐ Yes        | □ No     |
| Were any loans associated with the charitable donations?                       | ☐ Yes        | □ No     |
| Receipts for political contributions?  | ☐ Yes        | □ No     |
| List of eligible teaching supplies purchased                                   |              |          |
| (for teacher and early childhood educators only)?                              | ☐ Yes        | ☐ No     |
| Information pertaining to the purchase of a new home to claim the              |              |          |
| first time home buyers' amount?  | ☐ Yes        | ☐ No     |

### 14. Prior Year Tax Return Information/Correspondence

| Is a copy of the Notice of Assessment for last year's tax return attached?   | ☐ Yes | □ No |
|--|-------|------|
| If new to the firm, are tax returns (and corresponding Notice of Assessment) for the last three years attached?  | ☐ Yes | □ No |
| If taxpayer claimed a loss carryback in any of the preceding 3 years, are the Notices of Reassessment for those years attached?                              | ☐ Yes | □ No |
| Is a copy of any other correspondence from the Canada Revenue Agency attached?   | ☐ Yes | □ No |
| If you would like your tax refund deposited directly into your account and if you have not already registered for direct deposit, is a void cheque attached? | ☐ Yes | □ No |
| Is your statement of instalments paid for the year attached?   | ☐ Yes | □ No |
|  |       |      |
|  |       |      |
| If you have any questions, please kindly email your question   | to:   |      |
| admin@sheilahanson.ca  |       |      |

Once your tax return is prepared, we will contact you for pick up.