



## 2019 Personal Income Tax Organizer

### Contact Information

**Name:**

**SIN:**

**Date of Birth:**

**Gender:**

**Phone** [Please Verify – Home / Work / Cell]:

**Email:**

**Home Address:**

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**Spouse's Name:**

**SIN:**

**Date of Birth:**

**Gender:**

**Phone** [Please Verify – Home / Work / Cell]:

**Email:**

\*If there was a change in marital status, please verify the **date** \_\_\_\_\_ and your **new status** \_\_\_\_\_.

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**Dependent(s)**

**Name:**

**SIN:**

**Date of Birth** [\_\_ \_\_ Years Old]:

**Net Income:** \$

**Tuition:** Yes / No

\* If **yes**, please verify if the dependent is transferring tuition credits to parents: Yes / No

**Caregiver:** Yes / No

**Disability Amount:** Yes / No

**Did the child live with you throughout the year:** Yes / No

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**Name:**

**SIN:**

**Date of Birth** [ \_ \_ Years Old]:

**Net Income:** \$

**Tuition:** Yes / No

\* If **yes**, please verify if the dependent is transferring tuition credits to parents: Yes / No

**Caregiver:** Yes / No

**Disability Amount:** Yes / No

**The child lived with you throughout the year:** Yes / No

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**Name:**

**SIN:**

**Date of Birth** [ \_ \_ Years Old]:

**Net Income:** \$

**Tuition:** Yes / No

\* If **yes**, please verify if the dependent is transferring tuition credits to parents: Yes / No

**Caregiver:** Yes / No

**Disability Amount:** Yes / No

**The child lived with you throughout the year:** Yes / No

## Additional Information

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

**Are you a Canadian Citizen?**  Y  N

**Are you Self-Employed?**  Y  N If **yes**, In which Province? \_\_\_\_\_

**Will you be claiming the Disability Tax Credit?**  Y  N If **yes**, is this a first-time claim?  Y  N

**Do you have RRSP's?**  Y  N

What is your 2019 deduction limit shown on your 2018 Notice of Assessment: \$ \_\_\_\_\_

Do you maximize your RRSP contribution every year?  Y  N

**Do you have foreign assets > \$100,000?**  Y  N

**Do you have foreign investment in your portfolio?**  Y  N

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

**Do you have a US Personal Tax Return to complete?**  Y  N

**Have you borrowed money for investment purposes?**  Y  N

**Did you sell a property in 2019 that was considered your principal residence?**  Y  N

**Have you had a change of employment during the year?**  Y  N

If **yes**, do you have all your T4s?  Y  N

\*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 and have NOT lived in a home that you or your spouse have owned in the preceding 4 years?**  Y  N

**Do you agree to Canada Revenue Agency providing (over the next twelve months) your name, address, and date of birth to Elections Canada to help keep up to date information on the National Register of Voters?**  Y  N

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

**Do you wish to be registered for CRA online mail?**  Y  N  Already Registered

**Would you like to receive your Notice of Assessment electronically through Mirabel Management?**  Y  N

### Rental Property(s)

**Address:** \_\_\_\_\_

**Revenues:** \_\_\_\_\_

\*Street number, street name, city, province, postal code.

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

**Address:** \_\_\_\_\_

**Revenues:** \_\_\_\_\_

\*Street number, street name, city, province, postal code.

Rental Expense	Amount		Rental Expense	Amount
Advertising			Wages	
Insurance			Property Taxes	
Interest			Travel	
Office Expenses			Utilities	
Legal/Accounting			Vehicle Expenses	Complete Breakdown
Management/Admin			Condo Fees	
Maintenance & Repairs			Occupancy Fee	

## Vehicle Expense(s)

### Personal Vehicle

**Make:** \_\_\_\_\_

**Total km travelled for business purposes:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Total km travelled all year:** \_\_\_\_\_

**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			Least Costs	
Other Costs			Parking Costs	

### Spouse's Vehicle

**Make:** \_\_\_\_\_

**Total km travelled for business purposes:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Total km travelled all year:** \_\_\_\_\_

**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			Least Costs	
Other Costs			Parking Costs	

## Home Office Expense(s)

**Total Sq. Ft.** \_\_\_\_\_

**Office Sq. Ft.** \_\_\_\_\_

Office Expense	Amount		Office Expense	Amount
Heat			Mortgage Interest	
Hydro			Property Taxes	
Electricity			Rent	
Insurance			Other	
Repairs/Maintenance			Other	

## 2019 Personal Income Tax Return Checklist

### T-Slips

- T3: Statement of Trust Income
- T4: Employment Income, Tips
- T4A: Pension, Annuity, Other Income
- T4A (OAS): Old Age Security Income
- T4A (P): CPP Benefits
- T4E: Employment Insurance Benefits
- T4RIF: Proceeds from RRIF
- T4RSP: Proceeds from RRSP
- T5: Bank Interest or Taxable Dividends
- T600: Bond Interest Coupons
- T5008: Investment Income
- T5013: Statement of Partnership Income
- T2200: Declaration of Condition of Employment
- T2201: Disability Tax Credit Certificate
- Other Income Slips
- T2202: Education Amount Certificate (For Self and/or Dependents)

### Receipts

- 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

### 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 Mirabel Management Inc. is preparing your statement

## 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 indicate the age to which you expect this income will continue:

**Spouse's Annual Income:** \$

**Occupation:** Employee / Self-Employed / Owner / Retired

**Other Personal Income:** \$

\*If they have other personal income, please indicate the age to which they expect this income will continue:

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

**I certify that the above information is accurate and correct.**

**Client Name:** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_