



2020 Corporate Income Tax Organizer

Contact Information

Company Name:

Business #:

Contact Person:

Company Phone:

Mailing Address:

Head Office:

HST Access Code:

Information Required

Date of Incorporation:

Corporate Directors: Provide names, Telephone Numbers, Addresses

_____, () ____ - _____, _____
_____, () ____ - _____, _____
_____, () ____ - _____, _____

Corporate Shareholders: Provide Names, SIN #, # of Shares Owned & Class of Shares

_____, () ____ - _____, _____
_____, () ____ - _____, _____
_____, () ____ - _____, _____

Related Associated Corporations (If Applicable)

Provide us with the:

- Name of the Corporation(s): _____
- Country of Residence of the Corporation: _____
- Business Number: _____
- Relations: Related Associated Parent Subsidiary
- # of Shares Owned: _____ Class of Shares: _____
- Book Value of Capital Stock: \$ _____

Accounting Files (If Applicable)

Provide us with a copy of:

- Bookkeeping File
- OR
- Balance Sheet, Income Statement, and Trial Balance as of year end.
 - General Ledger

Please Include:

- Bank/Credit Card Statements
- Corporate Income Tax Installments
- Notice of Assessment from Previous Year

Additional Information

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

Did you dispose of any stocks, bonds, T-bills, real estate, or other property? Y N

If yes, list the sale proceeds, cost of acquiring the property, the V-day value of the property if owned on December 31, 1971, and costs incurred in selling the property. Enclose supporting documents, including broker statements and contact information.

Have you borrowed money for investment purposes? Y N

Did you incur any out-of-pocket business expenses? Y N

If yes, provide a list of expenses.

If you answered yes to the above question, did you incur automobile or home office expenses? Y N

Did you earn rental income? Y N

If yes, please provide breakdown or Statement of Net Rental Income Form. If you bought rental property in the year, include Statement of Adjustments and a copy of the latest property tax assessment.

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)

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	

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:** _____