

2024 Tax Organizer

Big enough to know. SMALL ENOUGH TO CARE.

To help us better serve you and to ensure you fully benefit from the deductions to which you are entitled, we invite you to take a few minutes to complete this questionnaire. You can return the completed questionnaire to us either electronically or with your tax information. Each taxpayer over the age of 18 should complete this form.

Please complete the information below.

Personal Information (for returning clients, complete only your name unless there are changes from 2023)

Taxpayer's first name	<input type="text"/>	Spouse's first name	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
SIN	<input type="text"/>	SIN	<input type="text"/>
Date of birth (dd-mm-yyyy)	<input type="text"/>	Date of birth (dd-mm-yyyy)	<input type="text"/>
Marital status (select one)	<input type="text"/> (single, living common-law, married, widowed, separated, or divorced)		
Date of change of marital status (dd-mm)	<input type="text"/>	Net Income	<input type="text"/>
		(If not prepared by DJB)	

Address (for returning clients, complete only if changed from 2023)

Number Street Apt

City PO Box RR

Province Postal code

Indicate the moving date (dd-mm)

If Principal Residence Sold in 2024:

Year of acquisition	<input type="text"/>	Expenses related to the disposition	<input type="text"/>
Original cost	<input type="text"/>	Proceeds of disposition	<input type="text"/>

Contact Information

Home Cellular Work Ext. Fax

Email

Dependents' Information (children/other)

Please attach a separate page if required.

First and last name	Relationship	Date of birth (dd-mm-yyyy)	SIN	Net income	Disability, if any	Post-secondary?	Child care?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prior Year Tax Return Information (for new clients only)

Please provide last year's tax return and corresponding notice of assessment. If possible, we would like to receive the last two year's tax returns and/or corresponding notices of assessment.

General Information Required to File the Return (please check to confirm)

Please carefully read this section, which gathers information required to file your income tax return, and mark the columns Yes or No.

	Taxpayer	Spouse
• Are you a U.S. Citizen or green card holder?	<input type="checkbox"/>	<input type="checkbox"/>
• Elections Canada: Are you a Canadian citizen?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Election Canada to update the National Register of Electors?	<input type="checkbox"/>	<input type="checkbox"/>
• You owned or held foreign property at any time in 2024 with a total cost of more than CDN \$100,000 (excluding personal use property).	<input type="checkbox"/>	<input type="checkbox"/>
• You spent a significant amount of time outside of Canada in the last year.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate: Number of days <input type="text"/> If multiple trips, please provide a list with arrival and departure dates.	<input type="checkbox"/>	<input type="checkbox"/>
• You will elect to split pension income, if decided as being beneficial.	<input type="checkbox"/>	<input type="checkbox"/>
• You paid instalments for the 2024 taxation year.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate the amount paid. Federal <input type="text"/> Québec <input type="text"/> Alberta <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
• You want to start direct deposit or change account information.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please sign up for direct deposit online through CRA 'My Account' or call CRA at 1.800.959.8281.	<input type="checkbox"/>	<input type="checkbox"/>

Please attach all tax slips received for the 2024 tax year, including T4s, T5s, T3s, T4As, T4RIFs, etc.

Do you have any additional income amounts that are not reported on tax slips? Please indicate which of the following may apply and attach details.

	Check (✓)		Check (✓)
Interest or other investment income	<input type="checkbox"/>	Personal property sales	<input type="checkbox"/>
Taxable benefits not on the T4 slip	<input type="checkbox"/>	Real estate sales or purchases	<input type="checkbox"/>
Foreign income/taxes	<input type="checkbox"/>	Tax shelter sales or purchases	<input type="checkbox"/>
Stocks/bonds/mutual fund sales	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>

Applicable Deductions/Tax Credits

Please indicate which of the following deductions or credits you may be eligible for and provide appropriate receipts.

	Taxpayer	Spouse		Taxpayer	Spouse
RRSP contributions	<input type="checkbox"/>	<input type="checkbox"/>	RPP contributions	<input type="checkbox"/>	<input type="checkbox"/>
FHSA contributions	<input type="checkbox"/>	<input type="checkbox"/>	Home Buyers' Plan reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Home Buyers' Plan withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	Lifelong Learning Plan reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Lifelong Learning Plan withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	Tuition transfer (T2202 from children)	<input type="checkbox"/>	<input type="checkbox"/>
Tuition fees	<input type="checkbox"/>	<input type="checkbox"/>	Union/professional or like dues	<input type="checkbox"/>	<input type="checkbox"/>
Interest paid on student loans	<input type="checkbox"/>	<input type="checkbox"/>	Charitable donations	<input type="checkbox"/>	<input type="checkbox"/>
Medical expenses	<input type="checkbox"/>	<input type="checkbox"/>	Political contributions	<input type="checkbox"/>	<input type="checkbox"/>
Support payments made	<input type="checkbox"/>	<input type="checkbox"/>	Employee GST rebate	<input type="checkbox"/>	<input type="checkbox"/>
Child care costs	<input type="checkbox"/>	<input type="checkbox"/>	Moving expenses	<input type="checkbox"/>	<input type="checkbox"/>
Carrying charges (investment interest/fees)	<input type="checkbox"/>	<input type="checkbox"/>	Home accessibility receipts (seniors/disabled)	<input type="checkbox"/>	<input type="checkbox"/>
Employment expenses (provide form T2200)	<input type="checkbox"/>	<input type="checkbox"/>	Digital news subscription	<input type="checkbox"/>	<input type="checkbox"/>
Northern residents deductions	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Potential Benefits

Please indicate which of the following items you have paid and provide details or receipts as they may represent additional tax benefits.

	Check (✓)		Check (✓)
Claim for meals and lodging expenses (TL2)	<input type="checkbox"/>	First time disability credit (provide copy of completed T2201)	<input type="checkbox"/>
Accountant/legal fees	<input type="checkbox"/>	First-time home buyer	<input type="checkbox"/>
Property taxes or rent paid	<input type="checkbox"/>	Tax shelter purchases	<input type="checkbox"/>
Teacher and Early Childhood Educator supplies	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>

Statement of Business or Professional Activities (if applicable, or provide separate schedule)

Business name _____

Nature of business _____

HST Registered Yes/No _____

If yes, provide HST # _____

	2024		2024
Income		Expenses (con't)	
Sales and commissions	<input type="text"/>	Supplies	<input type="text"/>
Expenses		Management fees	<input type="text"/>
Advertising	<input type="text"/>	Maintenance and repairs	<input type="text"/>
Insurance	<input type="text"/>	Property taxes	<input type="text"/>
Interest and bank charges	<input type="text"/>	Telephone and utilities	<input type="text"/>
Office expenses	<input type="text"/>	Motor vehicle expenses	<input type="text"/>
Professional fees	<input type="text"/>	Other (specify) _____	<input type="text"/>
Rent	<input type="text"/>	Other (specify) _____	<input type="text"/>
Salaries	<input type="text"/>	Other (specify) _____	<input type="text"/>
Traveling expenses	<input type="text"/>	Other (specify) _____	<input type="text"/>
Meals and entertainment	<input type="text"/>	Other (specify) _____	<input type="text"/>
Dues, licences	<input type="text"/>	Other (specify) _____	<input type="text"/>

Statement of Real Estate Rentals (if applicable, or provide separate schedule)

Address of property _____
Co owner name(s) _____
Percentage of ownership _____
Personal use percentage _____

Income	2024		2024
Gross rents	_____	Other related income	_____
Expenses			
Advertising	_____	Office expenses	_____
Interest	_____	Management fees	_____
Professional fees	_____	Salaries	_____
Maintenance and repairs	_____	Traveling expenses	_____
Property taxes	_____	Motor vehicle expenses	_____
Utilities	_____	Other (specify) _____	_____
Insurance	_____	Other (specify) _____	_____

Home Office Expenses (if applicable and T2200 received)

Number of rooms used as office _____ Total number of rooms _____

Salary based employee's eligible expenses:

Heat _____
Electricity _____
Water _____
Maintenance _____
Rent _____
Home Internet _____

Commission based employee's eligible expenses:

Heat _____
Electricity _____
Water _____
Maintenance _____
Rent _____
Home Internet _____
Insurance _____
Property Taxes _____

Additional Notes (please indicate any additional important information pertaining to your tax situation)
