

Personal Tax Organizer for Returns

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Provide the info as it appears on a CRA Notice of Assessment or any official CRA correspondence.

First Name: _____ Last Name: _____ SIN: _____

Address with Postal Code: _____

Phone: _____ Email: _____

Marital status on Dec 31:

1 Married 2 Common-law 3 Widowed 4 Divorced 5 Separated 6 Single

If marital status changed during the year, date of change: _____

Spouse First Name: _____ Last Name: _____ SIN: _____

Phone: _____ Email: _____

	Taxpayer	Spouse
Date of birth (day/mo/yr):		
Gender:		
Canadian citizen?		
Own \$100,000 foreign property?		
Release Personal Info to Elections Canada?		

If you are married or Common-law, will you both use our services to EFILE your return? _____

If eligible, do you wish to split pension earning? _____

Did you pay rent or property tax in Ontario this year? If yes, please fill Rent or Property Tax section on Page 2. _____

If you answer yes to any of the following questions, provide details separately:

- ◆ Did you sell a property?
- ◆ Are you a first time E-FILER?
- ◆ Do you have rental income earning?
- ◆ Do you have Self-Employment earnings?
- ◆ Did you pay or receive Spousal Support?
- ◆ Did you purchase a house for the first time?
- ◆ Are you claiming moving expenses for employment?
- ◆ Are you needing to process tax returns for more than 1 year?

Notes

- ◆ Remember to provide your slips and your spouse's slips
- ◆ If Direct Deposit isn't setup, and you wish to have it setup, please provide us with a VOID cheque.
- ◆ Provide your medical and donation receipts if you wish to claim them.

How did you hear of our services?

Recommended Newspaper Road Sign Yellow Pages Web Other _____

Dependants

First Name	Last Name	Date of Birth d/m/y	SIN	Gender
1.				

Is this dependant transferring educational expenses to a parent? _____

Is this dependant in Infirm/Disability on Dec. 31? _____ Has this dependant worked? _____

Any Child Care Expenses for this dependant? If yes provide receipts or Name and Sin of provider. _____

2.				
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Is this dependant transferring educational expenses to a parent? _____

Is this dependant in Infirm/Disability on Dec. 31? _____ Has this dependant worked? _____

Any Child Care Expenses for this dependant? If yes provide receipts or Name and Sin of provider. _____

3.				
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Is this dependant transferring educational expenses to a parent? _____

Is this dependant in Infirm/Disability on Dec. 31? _____ Has this dependant worked? _____

Any Child Care Expenses for this dependant? If yes provide receipts or Name and Sin of provider. _____

Rent or Property Tax Paid:

Address	#/Months	Rent or Tax	Amount	Name of Landlord/ Municipality

A - Applicant S - Spouse

Checklist

A	S	Income	A	S	Deductions	A	S	Provide Details For
<input type="checkbox"/>	<input type="checkbox"/>	Employment T4	<input type="checkbox"/>	<input type="checkbox"/>	RRSP Contributions	<input type="checkbox"/>	<input type="checkbox"/>	Claim Board/Lodging TL2
<input type="checkbox"/>	<input type="checkbox"/>	Pension T4A	<input type="checkbox"/>	<input type="checkbox"/>	Charitable Donations	<input type="checkbox"/>	<input type="checkbox"/>	Rental Income/Expenses
<input type="checkbox"/>	<input type="checkbox"/>	Old Age Security T4A (OAS)	<input type="checkbox"/>	<input type="checkbox"/>	Political Contributions	<input type="checkbox"/>	<input type="checkbox"/>	Last Year's Return Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Canada Pension T4A (P)	<input type="checkbox"/>	<input type="checkbox"/>	Medical Receipts	<input type="checkbox"/>	<input type="checkbox"/>	RRSP Home Buyers Plan
<input type="checkbox"/>	<input type="checkbox"/>	RSP, RRIF, T4RSP/RRIF	<input type="checkbox"/>	<input type="checkbox"/>	Tuition/Education T2202A	<input type="checkbox"/>	<input type="checkbox"/>	RRSP Deduction Limit
<input type="checkbox"/>	<input type="checkbox"/>	Employment Insurance T4E	<input type="checkbox"/>	<input type="checkbox"/>	Disability Certificate T2201	<input type="checkbox"/>	<input type="checkbox"/>	Interest Paid for Investments
<input type="checkbox"/>	<input type="checkbox"/>	Investment/Trust T3	<input type="checkbox"/>	<input type="checkbox"/>	Union/Professional Dues	<input type="checkbox"/>	<input type="checkbox"/>	Financial Planning Fees
<input type="checkbox"/>	<input type="checkbox"/>	Investments T5	<input type="checkbox"/>	<input type="checkbox"/>	Childcare Receipts	<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains/Losses
<input type="checkbox"/>	<input type="checkbox"/>	Social Assistance T5007	<input type="checkbox"/>	<input type="checkbox"/>	Rent or Property Tax	<input type="checkbox"/>	<input type="checkbox"/>	Moving Expenses
<input type="checkbox"/>	<input type="checkbox"/>	WSIB T5007	<input type="checkbox"/>	<input type="checkbox"/>	Employment Expense T777	<input type="checkbox"/>	<input type="checkbox"/>	Tax Instalment Payments
<input type="checkbox"/>	<input type="checkbox"/>	Bank Interest T5	<input type="checkbox"/>	<input type="checkbox"/>	Employment T2200	<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employed	<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest			
<input type="checkbox"/>	<input type="checkbox"/>	Foreign Income	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income/Expenses			

Other: