

FINANCIAL LITERACY

Document Organizer

PERSONAL INFORMATION		
Name	Social Insurance Number	Date of Birth
Name of Spouse/Partner	Social Insurance Number	Date of Birth
Name of Dependants	Social Insurance Number	Date of Birth
1.		
2.		
3.		
4.		
Address	Apt. #	
City	Province	Postal Code
Telephone: Home	Telephone: Office	
Telephone: Cell	Fax:	
Is Your Address New This Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Departure from or Entry to Canada if Within Tax Year	/ /	
Date of Marriage if Within Tax Year	/ /	
Date of Separation or Divorce if Within Tax Year	/ /	
Date of Death	/ /	
Date of Dependant's Birth if Within Tax Year	/ /	
Province of Residency on December 31	/ /	
Do you or a family member have a disability that has been or should be certified by a medical professional? For information on applying for certification, see Form T2201	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOME (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses)	
BUSINESS	
Type of Business	
Financial Statement	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
Employer's Remittance Number	
Wages or Partnership Allocation to Spouse \$	
CAPITAL GAINS (INCLUDE BROKER REPORTS OR BROKERAGE STATEMENTS)	
REAL ESTATE (include purchase and sale documents and details of capital additions)	
Amount of Purchase \$	Date of Purchase / /
Amount of Sale \$	Date of Sale / /
Is this a principal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of acquisition	
Proceeds of disposition \$	
Describe use of property	
LISTED PERSONAL PROPERTY	
Amount of Purchase \$	Date of Purchase
Commissions Paid and Legal Fees \$	
Amount of Sale \$	Date of Sale
Other Costs of Sale \$	
DO YOU HAVE DEBT OR SHARES IN A CANADIAN-CONTROLLED PRIVATE CORPORATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Loan or Purchase \$	Date of Loan or Purchase / /
Amount of Sale \$	Date of Sale / /
Other Costs of Sale \$	
DID YOU TRANSFER A FARM TO CHILDREN OR GRANDCHILDREN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DID YOU TRANSFER SHARES OF A SMALL BUSINESS CORPORATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DID YOU TRANSFER FISHING PROPERTY TO A CHILD OR GRANDCHILD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES TO A TRANSFER:	
Value of Transfer \$	Date of Transfer
DID YOU BUY OR SELL SHARES OR MUTUAL FUNDS DURING THE TAX YEAR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Purchase \$	Date of Purchase / /
Amount of Sale \$	Date of Sale / /
Other Costs of Sale \$	
CAPITAL GAINS ELECTION AMOUNTS \$	
SPOUSAL SUPPORT	
Date of agreement or order and amendments	

INCOME (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses)	
Received \$	
COMMISSIONS \$	
DIVIDENDS \$	
EMPLOYMENT \$	
TAXABLE BENEFITS \$	
Automobile	Documents Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence	Documents Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Documents Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
LOW INTEREST OR NO INTEREST LOANS	
Amount Outstanding \$	Date Outstanding / /
Amount Outstanding \$	Date Outstanding / /
SHAREHOLDER LOANS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you directly or indirectly indebted to a corporation of which you are a shareholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide repayment schedule	
GRATUITIES AND TIPS \$	
INTEREST FROM INVESTMENTS \$	
Canada Savings Bonds \$	
Other Bonds \$	
Mortgages \$	
Trusts \$	
FOREIGN ASSETS IN EXCESS OF \$100,000 \$	
PARTNER'S ALLOCATION OF PARTNERSHIP INCOME \$	
PENSIONS	
RETIRING ALLOWANCES	
Amount \$	
RRSP Contributions \$	
RRSP CONTRIBUTIONS	
Amount \$	
Home Buyers' Plan Withdrawals	
Lifelong Learning Plan Withdrawals	
RRIF WITHDRAWALS	
Individual Pension Plans	
RESP CONTRIBUTIONS	
Amount \$	

INCOME (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses)	
CESG	
Amount \$	
RESP Withdrawals	
Amount \$	
CDSG and CDSB	
Amount \$	
RDSP Withdrawals	
TFSA CONTRIBUTIONS	
Amount \$	
TFSA Withdrawals	
Other	
DIVIDEND INCOME \$	
RENTAL PROPERTY	
Address	
Apt. #	City
Province	Postal Code
TAX SHELTERS	
Number TS	
Expiration Date / /	
Supporting Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPENSES (include receipts)
Adoption Expenses \$
Child Care Expenses \$
Child Support Payments \$
Charitable Donations \$
Educator School Supplies \$
Medical Expenses \$
Moving Expenses \$
Professional Dues \$
Safety Deposit Box \$
Salesperson's Expenses (Form T2200) \$
Spousal Support Expenses \$

EXPENSES (include receipts)	
Spousal Support Receipts \$	
Tuition Payments \$	
Union Dues \$	
Public Transit Passes (to June 30, 2017)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other \$	

ALLOWABLE BUSINESS INVESTMENT LOSS (ABIL)	
DID YOU SELL SHARES TO A NON-RELATED PERSON AT A LOSS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS AN OUTSTANDING LOAN TO YOU BY A CORPORATION UNCOLLECTIBLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, TO EITHER QUESTION, DOCUMENT THE DETAILS	
FOR YOUR ALLOWABLE BUSINESS INVESTMENT LOSS	
FOR THE SMALL BUSINESS CORPORATION	
Name	
Date of Bankruptcy, Insolvency, or Wind-up / /	
FOR THE SHARES	
Class of Shares	Number of Shares
Date of Purchase / /	
Adjusted Cost Base \$	
FOR THE DEBT	
Type of Debt	
Date of Acquisition / /	
Adjusted Cost Base \$	
Proceeds of Disposition \$	
Amount of Your Loss \$	

TRANSFERS TO SPOUSE ON SEPARATION	
Your Spouse's Name	
Property That You Transferred	
Transfer Date / /	
Separation Date / /	
Consent to File Election	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHECKLIST FOR THE SELF-EMPLOYED (include financial statements or summary of income and expenses)	
GST/HST Number and Related Information	<input type="checkbox"/>
Advertising	<input type="checkbox"/>
Allowable Reserves	<input type="checkbox"/>
Convention Expenses	<input type="checkbox"/>
Disability Modifications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance	<input type="checkbox"/>
Interest	<input type="checkbox"/>
Interest and Borrowing Charges	<input type="checkbox"/>
Health Plan Premiums	<input type="checkbox"/>
Home Office, if Place of Business	<input type="checkbox"/>
Square Footage or Proportion of Rooms Dedicated	<input type="checkbox"/>
Rent or Mortgage Interest	<input type="checkbox"/>
Property Tax	<input type="checkbox"/>
Home Insurance	<input type="checkbox"/>
Annual Utilities	<input type="checkbox"/>
• Heat	<input type="checkbox"/>
• Hydro	<input type="checkbox"/>
• Water	<input type="checkbox"/>
• Sewage	<input type="checkbox"/>
Maintenance and Repairs	<input type="checkbox"/>
Leasing Costs	<input type="checkbox"/>
Meal Expenses	<input type="checkbox"/>
Automobile	<input type="checkbox"/>
Do you have an automobile log?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Own or Lease?	<input type="checkbox"/>
• If Lease, Lease Costs Per Month	<input type="checkbox"/>
• If Own, Interest Costs Per Month	<input type="checkbox"/>
• Odometer at Beginning of Tax Year	<input type="checkbox"/>
• Odometer at End of Tax Year	<input type="checkbox"/>
• Percentage of Business Use of Car	<input type="checkbox"/>
• Fuel Expenses	<input type="checkbox"/>
• Car Insurance	<input type="checkbox"/>
• Repairs and Maintenance	<input type="checkbox"/>

CHECKLIST FOR THE SELF-EMPLOYED (include financial statements or summary of income and expenses)	
• Parking Expenses	<input type="checkbox"/>
Equipment Purchases Subject to CCA	<input type="checkbox"/>
Office Expenses	<input type="checkbox"/>
• Telephone & Fax	<input type="checkbox"/>
• Internet	<input type="checkbox"/>
• Stationery Supplies	<input type="checkbox"/>
• New Capital Assets (attach list)	<input type="checkbox"/>
• If Applicable, Tools	<input type="checkbox"/>
Professional Membership Fees	<input type="checkbox"/>
Fees for Professional Services	<input type="checkbox"/>
Salaries Paid	<input type="checkbox"/>
Travel	<input type="checkbox"/>