2024 INCOME TAX ORGANIZER

Primary Filer Information			
First Name:			
Last Name:			
SIN:			
Date of Birth (DD-MM-YYYY):			
Gender:			
Phone Number:			
Email Address:			
Do you wish to be registered for	or CRA's Online Mail? YES / NO / A	Iready Registered	
Home Address: (Current)			
Did you move in 2024?	YES / NO		
If YES, please indicate your			
old address:			
Was this move at least 40km c	loser to your new place of work? Y	ES / NO	
If YES, please provide us	copies of all your expenses related	to the move.	
Spouse / Partner Information			
First Name:			
Last Name:			
SIN:			
Date of Birth (DD-MM-YYYY):			
Gender:			
Phone Number:			
Email Address:			
Do you wish to be registered for	or CRA's Online Mail? YES / NO / A	Iready Registered	
What is your current marital st	atus? Please circle one.		
1. Married	2. Living common-law	3. Widowed	
4. Divorced	5. Separated	6. Single	
Was a change in marital status			
If YES, please indicate the date	· · · · · · · · · · · · · · · · · · ·	of the change and indicate your new status below.	
1. Married	2. Living common-law	3. Widowed	
4. Divorced	5. Separated	6. Single	
Danandant			
Dependent			
Name:			
SIN:			
Date of Birth (DD-MM-YYYY):			
Gender:			
Net Income:	VEC / NO		
Tuition:	YES / NO	White a country VEC / NO	
	dependent is transferring tuition cr	redit to parents: YES / NU	
Caregiver:	YES / NO		
If YES, please include childcare receipts.			
Has this child lived with you th			
Disability Amount:	YES / NO		

Dependent		
Name:		
SIN:		
Date of Birth (DD-MM-YYYY):		
Gender:		
Net Income:		
Tuition:	YES / NO	
If YES, please verify if the dependent is transferring tuition credit to parents: YES / NO		
Caregiver:	YES / NO	
If YES, please include childcare receipts.		
Has this child lived with you throughout the year? YES / NO		
Disability Amount:	YES / NO	

Dependent		
Name:		
SIN:		
Date of Birth (DD-MM-YYYY):		
Gender:		
Net Income:		
Tuition:	YES / NO	
If YES, please verify if the de	pendent is transferring tuition credit to parents: YES / NO	
Caregiver:	YES / NO	
If YES, please include childca	are receipts.	
Has this child lived with you thro	oughout the year? YES / NO	
Disability Amount:	YES / NO	
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Dependent		
Name:		
SIN:		
Date of Birth (DD-MM-YYYY):		
Gender:		
Net Income:		
Tuition:	YES / NO	
If YES, please verify if the de	pendent is transferring tuition credit to parents: YES / NO	
Caregiver:	YES / NO	
If YES, please include childca	re receipts.	
Has this child lived with you thro	ughout the year? YES / NO	
Disability Amount:	YES / NO	

ATTENTION!!!

If you are not a first-time filer, please provide your Notice of Assessment and/or Reassessment from Previous Tax Year.

Additional Information

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

Are you a Canadian Citizen? YES / NO

As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors?

YES / NO

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

Are you new to Canada (did you arrive in 2024)? YES / NO

If yes, on which date did you arrive? (DD-MM-YYYY)

Did you pay rent in 2024? YES / NO

If YES, please provide all the addresses you had in 2021 as well as the rent amount and landlord name for each.

Did you pay tuition fees in 2024? YES / NO

If YES, please provide a copy of your T2202.

Did your employer provide you a T2200 Declaration of Conditions of Employment? YES / NO

If YES, please provide a copy and complete the section below for <u>Home Office Expenses</u>.

Total Home Sq. Ft.

Office Sq. Ft.

Office Expense	Amount	Office Expense	Amount
Gas	\$	Mortgage Interest	\$
Electricity	\$	Property Taxes	\$
Water	\$	Other:	\$
Repairs/Maintenance	\$	Other:	\$
Rent	\$	Other:	\$

Did you contribute to RRSP? YES / NO

Did you contribute to FHSA? YES / NO

If YES, please provide all contributions slips and the total amount contributed \$

Do you have foreign assets greater than \$100,000 CAD?

Do you have foreign investment in your portfolio? YES / NO

If YES, please provide us with your statements, a T1135 must be completed (attached to email).

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 year (Are you considered a first-time home buyer)? YES / NO

Will you be claiming the Disability Tax Credit? YES / NO

If YES, is this a first-time claim? YES / ${\sf NO}$

Have you had a change of employment this past year? YES / NO

If YES, do you have all your T4s? YES/ NO

*If you do not have all your T4s, please follow-up with your previous employer or CRA to get the missing T4s.

2024 INCOME TAX 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 ☐ R1: Relevé 1 (QC only)		 ☐ T600: Bond Interest Coupons ☐ T5007: Statement of Benefits (Worker's comp) ☐ T5008: Investment Income ☐ T5013: Statement of Partnership Income ☐ T2200: Declaration of Condition of Employment ☐ T2201: Disability Tax Credit Certificate ☐ T2202: Education Amount Certificate ☐ F8: Relevé 8 Tuition (QC Only) 		
Receip	ots & Other			
	□ 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 □ Rental Apartment Receipt □ Relevé 31: Property occupancy (QC only)			
Date:	Signature:			