



Help us prepare your return in an efficient and effective manner! Please complete this Organizer, collect ALL your slips, receipts and documents and provide one complete tax package to our office.

## 2020 PERSONAL TAX ORGANIZER

CLIENT NAME:

SPOUSE NAME:

**I /WE WOULD LIKE OUR RETURN TO BE PREPARED:**

- NO CONTACT/PAPERLESS     TRADITIONAL/PAPER COPY

### STEP 1 - ANNUAL CHECK-IN

#### CONTACT INFO

- We have not moved in the last year.     I/We moved! Please update my/our address.

PHYSICAL ADDRESS:

MAILING ADDRESS:

HOME PHONE:

- We have not changed email or mobile numbers     I/We have new mobile or emails

Self Mobile:

Email:

Spouse Mobile:

Email:

#### HOUSEHOLD

ON DECEMBER 31, 2020, MY/OUR MARITAL STATUS WAS:

- Single     Common Law     Married     Divorced     Separated     Widowed

My/our marital status changed in 2020 Yes/No    If so, provide date of change (MM/DD) \_\_\_\_\_

No new family members in 2020

I/We welcomed a new dependent to our family:

Name:

SIN:                                  Relationship:

Birthdate (YYYY/MM/DD)

#### OTHER

- Neither of the below apply

Custody arrangements for dependents changed in 2020. Please provide details:

My spouse passed in the year or I am the executor of the above noted taxpayer & have completed Supplementary G.

## STEP 2 – ANNUAL REQUIRED CONFIRMATIONS

	SELF	SPOUSE
I am, or may be, eligible for the disability amount (self or dependent)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I disposed of a principal residence during the year (see Step 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I immigrated to Canada in the year If yes, provide date (MM/DD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I was a resident of British Columbia on December 31, 2020 If no, provide province/country of residence _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a Canadian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize the CRA to release my name, address and date of birth to Elections Canada for the purpose of updating the National Register of Electors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a US citizen or green card holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I had/owned property outside Canada in 2020 and have completed Supplementary F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I elect to split eligible pension with my spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I was an apprentice in 2020	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I was a volunteer firefighter or Search & Rescue volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I purchased my first home in 2020 If so, provide purchase price _____ and date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I lived in a prescribed northern zone in 2020	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I care for a family member who is elderly or has a diversability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a Home Buyers Plan or Lifelong Learning Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### STEP 3 – INCOME

While we can obtain most slips directly from CRA, please indicate what slips we should expect.  
We appreciate you submitting the slips you have received as CRA's system is not always up to date.

EMPLOYMENT & RETIREMENT SLIPS		SELF	SPOUSE
T4	Employment Income	<input type="checkbox"/>	<input type="checkbox"/>
T4A	Pension, retirement, annuity and CERB benefits	<input type="checkbox"/>	<input type="checkbox"/>
T4A(P)	Canada Pension Plan benefits	<input type="checkbox"/>	<input type="checkbox"/>
T4A (OAS)	Old Age Security	<input type="checkbox"/>	<input type="checkbox"/>
T4E	Employment Insurance and other benefits (including COVID benefits)	<input type="checkbox"/>	<input type="checkbox"/>
T4RSP	Registered Retirement Savings Fund withdrawals	<input type="checkbox"/>	<input type="checkbox"/>
T5007	Statement of Benefits (WCB, social assistance)	<input type="checkbox"/>	<input type="checkbox"/>
INVESTMENT SLIPS		SELF	SPOUSE
T5	Statement of Investment Income	<input type="checkbox"/>	<input type="checkbox"/>
T5008	Statement of Securities Transactions	<input type="checkbox"/>	<input type="checkbox"/>
T5013	Partnership Income	<input type="checkbox"/>	<input type="checkbox"/>
T3	Trust income and distributions	<input type="checkbox"/>	<input type="checkbox"/>
SLIP(S) NOT LISTED ABOVE (SPECIFY)			
INCOME NOT REPORTED ON A SLIP		SELF	SPOUSE
Gratuities and Tips		\$	\$
Casual earnings		\$	\$
Spousal Support Received		\$	\$
Child Support Received		\$	\$
Other: _____		\$	\$
OTHER SOURCES OF EARNINGS		SELF	SPOUSE
I am/We are Self-Employed and have completed Supplementary A		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We have rental property(ies) and have completed Supplementary B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## STEP 4: DEDUCTIONS & CREDITS

To claim the following deductions and credits, we require supporting documents such as slips, receipts or detailed listings in order to verify eligibility for these claims. Please include them when you return the Organizer to us.

	SELF	SPOUSE
RRSP contributions	\$	\$
Union or professional dues	\$	\$
Medical receipts and/or medical travel	\$	\$
Donation receipts	\$	\$
Political contributions	\$	\$
Child care expenses	\$	\$
Spousal support paid	\$	\$
Child support paid	\$	\$
Tax installments paid to CRA	\$	\$
Interest on student loans	\$	\$
Interest paid for investment purposes	\$	\$
Investment management fees	\$	\$
Moving expenses	\$	\$
Educator supply expenses	\$	\$
Home accessibility/renovation expenses	\$	\$
Tradesperson tools	\$	\$
Other: _____	\$	\$
EMPLOYMENT EXPENSES	SELF	SPOUSE
I confirm that I worked from home for at least 4 consecutive weeks due to COVID	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I responded yes and wish to make the simple claim for workplace in the home (flat rate of \$2/day) The # days worked from home in 2020	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

EMPLOYMENT EXPENSES CONTINUED	SELF	SPOUSE
I responded yes and wish to make the detailed claim for workplace from home. I have a T2200 or T2200S to make this claim and it is signed by my employer.		
I have a T2200S to claim workplace at home during COVID & completed Supplementary E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a T2200 to claim employment expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- I claim various expenses & completed Supplementary C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- I claim use of my vehicle & completed Supplementary D	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- I claim workplace at home & completed Supplementary E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STEP 5: PROPERTY AND INVESTMENT TRANSACTIONS**  
Please note that transactions within RRSP, RESP or TFSA accounts do not apply here.

	SELF	SPOUSE
Did you sell real estate property in 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Was this your principal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you change the use of any real estate property in 2020? (ie personal to rental, long term rental to short term rental) Details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you realize any capital gains or losses during 2020? Details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you have answered yes to ANY of the above questions, please provide the following:**

TYPE OF INVESTMENT	DOCUMENTS REQUIRED
Investments in a non-registered investment account	Realized gain/loss report. Statement of account transactions, incl ACB
Real Estate or other investments (including principal residence)	Purchase and sale agreement, statement of adjustments and details of expenses

**INVESTMENT ADVISOR**

I/We give Aspire permission to contact my/our advisor directly for any missing information needed to file my/our 2020 tax return accurately, including related to foreign income verification? Yes No

Name	Company/Firm
Phone	Email