

Tax Organization Checklist Part 1 of 4

Required Information *

* Are you a first-time client to PTC Canada? O Yes O No

If Yes, how did you find out about PTC Canada? (referred, where, when, how?)

Full Name Mailing address: Apt. # - Street # Street Name (if moving City Home address (if different from above):	Name used in tax		
Apt. # - Street # Street Name (if moving City	soon use new address)		
		P.O. E	Box R.R.
Home address (if different from above):	Prov	vince	Postal Code
Apt. # - Street # Street Name (if moving	y soon use new address)		
City	Prov	vince	Postal Code
Telephone Numbers: Home Work	Cell	Other	Fax
Email 1 :	Email 2 :		Web URL :
Date of Birth DD MM YVVY Were you or your spouse self-employed Were you involved in bankruptcy? O Ye			and /or Discharge Date
Is the taxpayer deceased? C Yes C N	0 If Yes , date of death	Details:	
is the taxpayer deceased: O les O h			
Did you leave or re-enter Canada this ye	ar? O Yes O No If Yes - please enter o	dates Departure Date	and /or Entrance Date
			and /or Entrance Date
Did you leave or re-enter Canada this ye	o the voters' list through your tax retu		and /or Entrance Date
Did you leave or re-enter Canada this ye Do you wish to have your name added to	o the voters' list through your tax retu	urn? 🔿 Yes 🔿 No	and /or Entrance Date
Did you leave or re-enter Canada this ye Do you wish to have your name added to Are you applying for the GST credit? (Do you have any children/dependants u Dependant Full Name	o the voters' list through your tax retu	urn? () Yes () No m by a doctor? () Yes () No	If Yes - please enter their info below Net Income (line 236)
Did you leave or re-enter Canada this ye Do you wish to have your name added to Are you applying for the GST credit? (Do you have any children/dependants u Dependant Full Name Dependant Full Name	o the voters' list through your tax retu Yes No Inder 19 or 19 and older certified infirr SIN	urn? () Yes () No m by a doctor? () Yes () No N	If Yes - please enter their info below Net Income (line 236) Net Income (line 236)
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Part 2 of 4

What are the sources of your income? Please note, this includes income from all over the world, not just Canada.		
1. Employment		
2. Sales or commissions		
3. Odd jobs, casual labour, tips		
4. Old Age Security Pension		
5. Canada or Quebec Pension Plan		
6. Other pensions or superannuation		
7. Disability benefits		
8. Employment insurance benefits		
9. Taxable dividends from Canadian corporations		
10. Interest or investment income		
11. Income/losses from a limited/non-active partnership		
12. Taxable capital gains		
13. Support payments received		
14. RRSP income		
15. Workers' compensation income		
16. Social assistance		
17. Net Federal Supplements		
* 18. Did you <u>start, participate in</u> , or <u>end</u> a business(es) , rental property(ies) , farm(s) , fishing operation(s) , or pro a sole proprietor , partner , or co-owner ? O Yes O No If Yes , please make selection and state the applic names, social insurance numbers, mailing addresses, and percentage of activity level (from 1% to 100%).	f ession(s) of which cable partners'	ı you were either
Involvement Business Type Partners Name and Mailing Address	SIN	Activity
		%
		%
Additional lines if more than one partner is involved		%
		%
		%
Additional lines if more than		%
one partner is involved		%
		%
		%
Additional lines if more than		%
one partner is involved		%
		%
19. Foreign income		
20. Any other income we need to know about.		

Please note: If you had income but were not issued a T-slip for it, you must discuss this with the issuer.

As a taxpayer, you, not your income provider, PTC Canada, or CRA, are ultimately responsible for researching, tabulating, and reporting all your income.

Part 3 of 4

Deductions from Income Which of the following deductions apply to you?	
1. Registered Pension Plan contributions not on T4 slips	
2. RRSPs	
3. Saskatchewan Pension Plan	
4. Annual union or professional dues	
5. Universal Child Care Benefit (UCCB) repayment	
6. Child care expenses	
7. Child fitness tax credit	
8. Attendant Care expenses	
9. Live-in dependants under 18 or over 65	
10. Business investment losses	
11. Moving expenses or any carried over from last year	
12. Spousal or child support payments made	
13. Carrying charges and interest expenses	
14. Exploration and development expenses	
15. Authorized employment expenses	
16. Cleric's residence deduction	
17. Canadian Forces personnel and police deduction	
18. Canada employment amount	
19. Employee home-relocation deduction	
20. Stock options and shares deductions	
21. Limited losses of other years' deductions	
22. Non-capital losses of other years	
23. Net capital losses of other years	
24. Capital gains deductions	
25. Northern residence deduction	
26. Disability claim	
27. Interest paid on student loan this year and interest paid in previous years not claimed	
28. Tuition amounts claimed by student/taxpayer and any amount carried over from previous years	
29. Tuition amount transferred by parent	
30. Amounts transferred from your spouse	
31. Medical expenses not covered by a drug plan	
32. Public transit passes	
33. Donations not claimed up to 5 years	
34. Tax paid by instalments in advance	
35. Federal or provincial tax credits	
36. Losses or any other deductions carried over from last year	
37. Any other deduction you feel we should know about	

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Part	4	of	4
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Miscellaneous			
A. For the completion of your return, please review	w the following:		
1. Would you like direct deposit of your refund, GST payme	ent, or child tax benefits?	🔿 Yes 🔿 No	
2. Are you planning to enclose any payment to CRA with t	his return?	🔿 Yes 🔿 No	
B. One of the services PTC Canada offers is assistance wi All answers to the following questions will be kept str			
1. Do you currently have a debt outstanding with CRA that 2. Do you currently have any outstanding issues with		🔿 Yes 🔿 No	
3. Have you ever been audited? O Yes O No If	yes, how many times and whe	en?	
Prefer to discus with you in person			
C. PTC Canada's growth has been largely due to clients r bonuses and awards discount fees upon completion c			
1. Do you know someone who might require our assistance	ce or services? 🔿 Yes 🔿 No		
If yes, please provide name, phone number, rela	ationship, and details.		
May we use your name when contacting this pe	erson? 🔿 Yes 🔿 No		
D. Please enclose the following information with these o	documents and all your rece	ipts:	
1. Last year's tax return			
2. Signed consent form (T1013). If you do not ha	ve this, we can provide it.		
3. Spouse's or common law spouse's tax informa	ation		
4. Dependants' tax information			
5. Anything else you feel we should know about	:		
Use this area for any other information or comments you ma	ay have.		

Please note: Tips on this form or web page are for information only and are not legal advice.

Those seeking legal advice must obtain counsel from professionals practicing in that field. **PTC Canada will not be held responsible for any liability incurred by anyone using this information form or web page.**