

**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	

<b>INCOME (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses)</b>	
<b>BUSINESS</b>	
Type of Business	
Financial Statement	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
Employer's Remittance Number	
Wages or Partnership Allocation to Spouse \$	
<b>CAPITAL GAINS (INCLUDE BROKER REPORTS OR BROKERAGE STATEMENTS)</b>	
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 \$	

<b>INCOME</b> (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses)	
<b>SPOUSAL SUPPORT</b>	
Date of agreement or order and amendments	
Received \$	
<b>COMMISSIONS</b> \$	
<b>DIVIDENDS</b> \$	
<b>EMPLOYMENT</b> \$	
<b>TAXABLE BENEFITS</b> \$	
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
<b>LOW INTEREST OR NO INTEREST LOANS</b>	
Amount Outstanding \$	Date Outstanding
Amount Outstanding \$	Date Outstanding
<b>SHAREHOLDER LOANS</b>	<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	
<b>GRATUITIES AND TIPS</b> \$	
<b>INTEREST FROM INVESTMENTS</b> \$	
Canada Savings Bonds \$	
Other Bonds \$	
Mortgages \$	
Trusts \$	
<b>FOREIGN ASSETS IN EXCESS OF \$100,000</b> \$	
<b>PARTNER'S ALLOCATION OF PARTNERSHIP INCOME</b> \$	
<b>PENSIONS</b> \$	
RETIRING ALLOWANCES \$	
RRSP Contributions \$	
Home Buyers' Plan Withdrawals \$	
Lifelong Learning Plan Withdrawals \$	
RRIF WITHDRAWALS \$	
Individual Pension Plans \$	
RESP CONTRIBUTIONS \$	
CESG \$	
RESP Withdrawals \$	

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

<b>EXPENSES (include receipts)</b>	
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 \$	
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 \$	

<b>ALLOWABLE BUSINESS INVESTMENT LOSS (ABIL)</b>	
<b>DID YOU SELL SHARES TO A NON-RELATED PERSON AT A LOSS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IS AN OUTSTANDING LOAN TO YOU BY A CORPORATION UNCOLLECTIBLE?</b>	<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 \$	

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

<b>CHECKLIST FOR THE SELF-EMPLOYED (include financial statements or summary of income and expenses)</b>	
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"/>
• Parking Expenses	<input type="checkbox"/>

<b>CHECKLIST FOR THE SELF-EMPLOYED (include financial statements or summary of income and expenses)</b>	
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"/>