

**PERSONAL TAX ORGANIZER &
ENGAGEMENT LETTER**
For the year 2017

Please complete this tax organizer including the engagement letter and the Authorizing or Cancelling a Representative form (if form attached). **Please ensure that all applicable slips, receipts, lists, and other supplemental information are attached and provided.**

1. Personal Information

Name		SIN	Date of Birth (mm/dd/yyyy)	Office	Phone	Ext
Your name						
Spouse's name						
Home address				Home		
Your e-mail				Your Cel		
Spouse's e-mail				Spouse's Cel		

Marital Status Married Single Common Law Separated Divorced Widowed

If married or common-law, should your return be filed jointly with your spouse's return? Yes No

If marital status changed during the year, provide date of change (dd/mm/yy): _____

Are you or your spouse born in the U.S., a U.S. citizen or Green Card Holder? Yes No

If yes, please indicate which family members are U.S. citizens or Green Card Holders and their SSN or ITIN numbers: _____

2. Residence

Province or territory of residence on December 31: _____

Did you immigrate to Canada or emigrate from Canada during the year? Yes No

If yes, provide date of entry into Canada: _____ or date of departure: _____

3. Elections Canada

Are you a Canadian citizen? Yes No

If yes, do you authorize the CRA to provide your name, address, and date of birth to Elections Canada to update your information on the National Register of Electors? Yes No

Internal Use Only	
Client ID: _____	Job#: _____
Preparer Initials: _____	Date In: _____

4. Foreign Reporting—T1135

Did you own or hold foreign property with a total cost of between CDN \$100,000 and \$250,000 at any time during the year? If yes, please provide total foreign income and capital gains earned during the year

Yes No

Did you own or hold foreign property with a total cost of more than CDN \$250,000 at any time during the year? If yes, please provide a detailed list of all income and capital gains earned during the year.

Yes No

5. Change in Personal or Financial Situation during the Year

Date you declared bankruptcy during the year.

Date you refinanced a business with new or revised debt.

Date you closed a bank account or investment account.

6. Dependants

Name	Relationship	Date of Birth (mm/dd/yyyy)	SIN	Physically or Mentally Infirm?	Income	Child Care Expenses

Universal child care benefit (UCCB)—Is RC62 slip attached?

Yes No

If you are a single parent, is the UCCB designated to a dependant?

Yes No

7. General Income/Deductions

T4 slips—Employment income (W-2 for U.S.)?

Yes No

T4A—Commission and self-employment?

Yes No

T4E—Employment insurance?

Yes No

T5007—Social assistance?

Yes No

Employment income or taxable benefits not shown on the T4 slip?

Amount paid for union and professional dues and organization names? (Attach receipts)

Yes No

List of child care expenses, with receipts, for each child?

Yes No

List of moving expenses paid and for whom?

Yes No

List of spousal support payments made or received?

Yes No

List of deductible employment expenses?

Yes No

8. Pension Income

T4A—Pension, retirement, and annuity income (1099-R for U.S.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T4AP—Canada pension plan benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T4A(OAS)—Old age security pension slip/foreign pensions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T4A(RCA)—Retirement compensation arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T4RSP—Registered retirement savings plan income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T4RIF—Registered retirement income fund income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you elect to split eligible pension income with your spouse or common-law partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Investment Income/Deductions

T3—Income from trust allocations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T5—Investment income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T4PS—Income from profit sharing plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T5013/T5013(A) —Partnership income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T5008—Income from securities transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Interest paid to earn investment income: _____	Management Fees _____	Accounting/Legal fees (provide receipts): _____
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Did you dispose of any property or investments at any time during the year?
If so, provide the following details in a separate list:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Realized Gain/Loss report from your investment advisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of trading summaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brokerage/investment account statements for the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

During 2017, did you sell your principal residence? If so, please provide the following information:

Proceeds of sale:	_____
Original date of purchase	_____
Original purchase price:	_____
Did you own any additional properties that may qualify as a principal residence (vacation property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Rental Income

If you owned rental property, is a statement of rental income attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you also live in the rental property (in which case no CCA should be claimed)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. RRSP/PRPP Contributions

RRSP contribution slips from your financial institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any amounts repaid during the years to a Home Buyers Plan or Life Long Learning Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Self-Employment/Business Income

Financial statement(s)/ schedule of revenue and expenses attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CRA Business Number:		
Have you registered to be eligible for Employment Insurance special benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If an owner/manager, did you have a shareholder loan outstanding during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details of borrowings, repayments, and year-end balance if you owe your corporation money (shareholder loan balance in current assets):		
<hr/>		
If you used a vehicle for business, are the vehicle expenses and both total and business mileage attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you used a portion of your home for business, are the home expenses and both total and business square footage attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a list of all asset additions and disposals (including cars, equipment, etc.) attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Other Credits

Receipt or amount for taxpayer's student loan interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipts/listing of all medical expenses paid in the year for taxpayer, spouse, and dependants? Please separate these amounts by family member.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipts for charitable donations or donations made by way of gifting an item in kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this the first time you have made charitable donations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any loans associated with the charitable donations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipts for political contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of eligible teaching supplies purchased (for teachers and early childhood educators only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public transit passes for travel prior to July 1, 2017, or for travel after June 30, 2017 for Ontario seniors (receipts/details)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First-time home buyers' amount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount of property taxes/rent paid in the year and the name of the landlord/municipality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Prior Year Tax Return Information/Correspondence

Is a copy of the Notice of Assessment for last year's tax return attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If new to the firm, are tax returns (and corresponding Notices of Assessment) for the last three years attached (including U.S. returns if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you or your spouse claimed a loss carry back in any of the preceding three years, are the Notices of Reassessment for those years attached (new clients only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a copy of any other correspondence from the Canada Revenue Agency attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you would like your tax refund deposited directly into your account and if you have not already registered for direct deposit, is a void cheque attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your statement of instalments paid for the year attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

15. Engagement Letter

We will prepare your income tax return solely based on the information provided by you. We will not audit, review or otherwise verify the accuracy or completeness of this information. While we will review the completed return with you and highlight areas we deem as important, it is your responsibility under the Income Tax Act to ensure the accuracy and completeness of the information in your tax return.

You agree to provide, in a timely manner, all information regarding income and deductions to be included in your tax return and that the information is correct and complete.

We confirm our office's duty of confidentiality with respect to client affairs. Accordingly, except for information that is in the public domain, we will not provide any third party with confidential information concerning personal affairs without prior authorization, unless required to do so by legal authority, or by the Rules of Professional Conduct of the Chartered Professional Accountants of Ontario. Further, in order to complete my engagement, we will require access to certain personal information. We will manage all personal information in compliance with our Privacy Code.

Our fees are based on the complexity and nature of the work and the degree of responsibility and skill required. Any disbursements will be added to our invoice. Fees are payable upon delivery of the completed return to you. Any fee previously quoted is based on limited information and shall not be considered the final fee.

These fees are for the preparation of the return only and any services required further to this return, such as discussions or correspondence with, or an audit by, the Canada Revenue Agency, will be billed separately and as arranged with you at that time. A charge of 2% will be applied to any overdue accounts.

These arrangements will remain in effect from year to year unless revised in writing. If these terms are acceptable, please acknowledge by signing the copy of this document where indicated.

Yours truly,
Dean C. Paley, Professional Corporation
Chartered Professional Accountants

The services set out in the foregoing are in accordance with our requirements. The terms set out are acceptable and are hereby agreed to.

Signed, Taxpayer

Print name

Date

Signed, Spouse

Print name

Date



Authorizing or Cancelling a Representative

Important: If you recently moved, update your address and contact information with the Canada Revenue Agency (CRA) online if you are registered for **My Account** at cra.gc.ca/myaccount, by telephone at **1-800-959-8281**, or in writing.

By registering for My Account, you can view, add, modify, or cancel your authorized representatives. To **immediately cancel** a representative, call us at **1-800-959-8281**.

Complete a **separate Form T1013** for each account (Part 1) and representative (Part 2).

Do **not** complete a new form every year if there are no changes.

See the attached information sheet if you need help completing this form.

Part 1 – Taxpayer information

Complete the line that applies.

SIN, TTN or ITN

First name : _____ Last name: _____

Trust account number

Trust name: _____

T5 filer identification number

Filer name: _____

Part 2 – Representative information and authorization

Complete section A or B, as applicable.

A. Authorize online access for all tax years (including access by telephone, in person, and in writing)

Rep ID

First name : _____ Last name: _____

Group ID

Group name: _____

Business number (BN)

Business name: Dean C. Paley, Professional Corporation

Representative mailing address: 1455 Lakeshore Road Suite 205N Burlington ON L7S2J1

Enter the **level of authorization** (level 1 or 2):

Notes

A representative of a trust account will have access to **all** tax years with **no** online access.
If you have a "**care of**" address on your account, we will send you a letter asking you to call the CRA to authorize the online access.

B. Authorize access by telephone, in person, and in writing (no online access)

First name: _____ Last name: _____

Business name: _____

Telephone: _____ Ext: _____ Fax: _____

Tick the appropriate box and indicate the level of authorization:

All tax years (past, present, and future) **Level of authorization** (level 1 or 2)

or

Specific tax year(s) with the level of authorization (level 1 - disclose, or level 2 - disclose/request changes) indicated for **each** tax year.

Tax year(s)										
Level of authorization										

Protected B when completed**Part 3 – Authorization expiry date**

Enter an expiry date, if applicable. Your representative's access to your information will stay in effect until **you or your representative** cancel it, or we are notified of your death.

Year Month Day

Part 4 – Cancel your representative

Complete this section to cancel your representative(s) and remove their access to your information. Tick the appropriate box.

Cancel **all** representatives
or

Cancel the representative listed below:

Rep ID

First name : _____

Last name: _____

Group ID

Group name: _____

Business number (BN)

Business name: _____

Go to **My Account** at cra.gc.ca/myaccount to view all representatives with access to your information.

Part 5 – Signature and date

If you are the **taxpayer**, you must **sign** and **date** this form. If you are the **legal representative**, you must **tick** the box below, and **sign** and **date** this form.

I am the legal representative for this taxpayer or estate/trust (executor/administrator, power of attorney, the legal guardian or the trustee or custodian of this trust account).

Important: You must send a **complete** copy of the **legal document** giving you the authority to act in this capacity to the taxpayer's tax centre. Read the attached information sheet for tax centre addresses.

If **two or more** legal representatives are acting **jointly** on the taxpayer's behalf, **each** legal representative must sign below.

Name of taxpayer, legal representative(s) or corporate officer(s)

Name of corporation and title of corporate officer(s)

X

Signature of taxpayer, legal representative(s), or corporate officer(s)
a parent (if taxpayer is under the age of 16),
a witness (when signed with a mark)

Year Month Day

Date of signature

If your representative has not electronically submitted this form on your behalf then it must be submitted **within six months** of the date of signature. If not, it will not be processed.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in your request not being accepted. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Banks CRA PPU 005, CRA PPU 015, CRA PPU 063, CRA PPU 140, CRA PPU 178 and CRA PPU 218.