



EVERYTHING FINANCIAL GROUP

Results Driven by Guidance, Performance and Strategy

Personal Tax Organizer: 2022

Personal Information:

	Name	SIN	DOB (YY/MM/DD)	Phone
Taxpayer:				
Spouse/Partner:				
Dependents:				

Address: _____ Email: _____

Marital Status: Single Married Common-law Separated Divorced Widowed

If your marital status changed during the year, provide date of change: _____

Elections Canada:

Do you authorize CRA to provide your name, address and date of birth to Elections Canada? Yes or No

Foreign Reporting:

Did you own foreign property of more than \$100,000 at any time during the year? Yes

Did you own an interest in a foreign affiliate at any time during the year? Yes

Other Information:

Please provide prior year's tax return and last year's **if this is your first filing with EFG.**

Did you immigrate/emigrate from Canada during the year? Yes If yes, provide date: _____

Did the taxpayer become deceased during the year? Yes If yes, provide date: _____

Did you spend significant time in the USA during the year? Yes Number of days: _____

Does the taxpayer or dependent qualify for the DTC (*Disability Tax Credit*)? Yes

Did the taxpayer or spouse sell a property during the year? Yes Was this your principal residence? Yes

Did you apply for the First Time Home Buyer Grant? Yes

Did you apply for a Life-Long Learning Grant? Yes

Employment Income:

T4 Employment Income Yes Taxable benefits not shown on slips? Yes

T4E Employment Insurance Income Yes If yes, describe: _____

T4PS Employee Profit Sharing Plan? Yes

Did you pay union/professional dues? Yes

Are you claiming deductible employment expenses? Yes If yes, provide a **signed T2200**

*Complete the **Statement of Employment Expenses** form (T777)

Did you work on commission? Yes If yes, provide expense details

*Complete the **Statement of Business or Professional Activities** form (T2125)

Pension / Retirement Income:

T4A Pension, annuity and other income

T4A (OAS) Old Age Security

T4A (P) Canada Pension Plan

T4RIF Retirement Income Fund

T4RSP Retirement Savings Plan

Other:

T5007 Workers' Compensation Benefits

T5007 Social Assistance Payments

Foreign Pension Income

Investment Income:

T3 Trust Income (Interest/Dividends)

T5 Interest/Dividends

T5008 Securities Transactions

T5013 Partnership Income

RRSP:

Did you make any contributions during the year? Yes

*Provide **ALL** official RRSP slips

Tax Instalments:

Did you make any tax (or GST) installments during the year? Yes

*If yes, provide detail

Self-Employment/Rental Income:

Do you have Business or Rental Income? Yes

*Complete the **Statement of Business or Professional Activities** form

*Complete the **Statement of Rental Income** form

Other Deductions:

Investment Management Fees (Annual Report)

Investment Loan Interest (Dec 31st Statement)

Childcare expenses (official receipts)

Child Support/Spousal Support

Charitable Donations (slips)

Medical Expenses (Total)

Moving Expenses (Form T1M)

Tuition Slip (T2202)

Political Donations (slips)

Interest On Student Loan

Additional Info:



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Statement of Employment Expenses T777

Expenses:

Legal, accounting, other professional fees _____

Advertising and promotion _____

Meals/entertainment _____

Lodging _____

Parking _____

Business tax, fees, licenses, dues, memberships, subscriptions _____

Office supplies _____

Cell phone _____

Tradesperson's tools _____

Apprentice Mechanic tools expenses _____

Salaries, wages, and benefits (incl employer's contributions) _____

Delivery, freight, express _____

Other expenses: _____

Other expenses: _____

Total expenses: _____

Allowable Motor Vehicle Expenses:

Year: _____ Make: _____ Model _____ Date acquired: _____

Lease Beginning of year UCC: _____

Finance: Beginning of year UCC: _____

Own: Beginning of year UCC: _____

Price before taxes: _____

GST/PST: _____

Total Price: _____

KMs used for employment: _____ KMs

Total KMs driven: _____ KMs

Percentage used for employment: _____ %

Motor Vehicle Expenses continued...

Fuel _____
Maintenance and repairs _____
Insurance _____
License and registration _____
Capital cost allowance _____
Interest on loan _____
Lease Payment (x 12) _____
Other expenses: _____
Other expenses: _____
Total expenses: _____

Use of Home Office:

Area of home used for workspace: _____ sq. ft.
Total area of home: _____ sq. ft.
Percentage of home office workspace: _____%

Electricity, heat, water, home internet _____
Maintenance and repairs _____
Home Insurance (commission employees/self-employed only) _____
Property taxes (commission employees/self-employed only) _____
Other expenses (rent, etc) _____
Other expenses: _____
Other expenses: _____
Total expenses: _____



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Statement of Business or Professional Activities (T2125) (Self Employed)

Business:

Business Name _____
 Business Address _____
 Type of business activity: _____
 GST Number (if applicable) _____
 Your percentage of ownership: _____ %

Sales/Revenue:

Gross sales, commissions or fees (incl GST): _____
 GST collected on sales: _____
 Cost of goods sold: _____
 Opening Inventory: _____
 Purchases during the year: _____
 Direct wage costs: _____
 Minus: Closing Inventory _____
Total cost of goods sold: _____

Expenses:

Advertising _____
 Meals/entertainment _____
 Bad Debts _____
 Insurance _____
 Interest _____
 Business tax, fees, licenses, dues, memberships, subscriptions _____
 Office expenses _____
 Supplies _____
 Legal, accounting, other professional fees _____
 Management and administration fees _____
 Rent _____
 Maintenance and repairs _____
 Salaries, wages, and benefits (incl employer’s contributions) _____
 Property Taxes _____
 Travel _____
 Telephone/internet _____
 Delivery, freight, express _____
 Motor vehicle expenses (not including CCA)* _____
 Other expenses: _____
 Other expenses: _____
Total expenses: _____

Use of Home Office:

Area of home used for workspace: _____ Sq. Ft.
Total area of home: _____ Sq. Ft.
Percentage of home office workspace: _____ %

Heat _____
Electricity _____
Home Insurance _____
Maintenance _____
Mortgage Interest _____
Property taxes _____
Other expenses: _____
Other expenses: _____
Total expenses: _____

Allowable Motor Vehicle Expenses:

Year: _____ Make: _____ Model _____
Date acquired: _____
Lease Date lease commenced: _____ Date lease terminates: _____
Finance: Beginning of year UCC: _____
Own Beginning of year UCC: _____

Price before taxes: _____
GST/PST: _____
Total Price: _____

KMs used for business: _____ KMs
Total KMs driven: _____ KMs
Percentage used for Business: _____ %

Fuel _____
Interest on loan _____
Leasing _____
Insurance _____
License and registration _____
Maintenance and repairs _____
Parking _____
Other expenses: _____
Other expenses: _____
Total expenses: _____



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Allowable Business and Professional Expenses

ADVERTISING	newspaper ads, radio & tv
BANK CHARGES	business bank account or bank account designated as business
OFFICE SUPPLIES	postage, paper, ink cartridges, invoice books, pens, general office stationary, etc
BUSINESS INSURANCE	commercial policy (relating to business)
PROFESSIONAL FEES	accounting & legal pertaining to business matters
TELEPHONE	cell phone used for business (home phone not allowed)
MATERIALS/SUPPLIES	materials required to provide services to client
MEALS & ENTERTAINMENT	50% only – food & beverages while entertaining
RENT	for office space, storage of equipment/tools, use of equipment
REPAIRS & MAINTENANCE	equipment & tools used for business purposes
MEMBERSHIP DUES/FEES	amounts paid in order to run your business, belong to a trade association, includes business licenses & taxes
TRAVEL	meals, lodging, & public transportation for business travel (meals deductible at 50% if not included with transportation invoice)
AUTOMOTIVE	personal vehicle – keep a log of total KMs vs KMs driven for business (doesn't include KMs from home to office) Related expenses are fuel, repairs, maintenance and insurance
UTILITIES	only if incurred for the purpose of earning income. For home office: pro-rated for business usage



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Statement of Rental Income

Address of Property: _____

Percentage of ownership: _____%

Gross Rents: _____

Expenses:

Advertising _____

Insurance _____

Interest/bank charges _____

Office expenses _____

Legal, accounting, other professional fees _____

Maintenance and repairs _____

Salaries, wages, and benefits _____

Property taxes _____

Travel _____

Utilities _____

Motor Vehicle Expenses (not including CCA)* _____

Other expenses: _____

Other expenses: _____

Total expenses: _____

*** Use of Motor Vehicle expenses:**

Fuel _____

Maintenance and repairs _____

Insurance _____

License and registration _____

Interest on loan _____

Lease Payment (x12) _____

Other expenses: _____

Other expenses: _____

Total expenses: _____



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Moving Expenses Deduction (T1M)

Tax Payer: _____

Calculation of distance:

Distance in kms between your old home and your new place of work _____ kms
 Distance in kms between your new home and your new place of work _____ kms
 Line 1 minus line 2 _____ kms

***If the distance is less than 40 kms, you cannot deduct your moving expenses.

Details of the move:

Date of move: _____
 Date you started to work full time at a new location: _____
 Address of your old home: _____
 Address of your new home: _____
 Name of your employer after the move: _____

Allowable moving expenses:

Transportation and storage costs for household items: _____ (4)

Name of Mover: _____

Method of calculation:

Travel.....Detailed method Simplified method
 Meals.....Detailed method Simplified method

Travel expenses (from old to new home):

Number of household members: _____
 Method of travel: _____
 Kms: _____ Travel expenses: _____
 Travel expense per receipt: _____
 Number of nights: _____ Accommodation expenses: _____
 Number of days: _____ Meal expenses: _____
 Total expenses: _____ (8)
 Meal expense per receipt: _____
 Number of meals: _____

Temporary living expenses near new or old home (max 15 days):

Number of nights: _____ Accommodation expenses: _____
Number of days: _____ Meal expenses: _____
Total expenses: _____ (11)
Meal expense per receipt: _____
Number of meals: _____

Cost of cancelling the lease for your old home: _____

Incidental costs related to the move (specify): _____

Costs to maintain your old home when vacant (max \$5,000): _____
Total: _____ (15)

Cost of Selling old home:

Selling price: _____
Real estate commission: _____
Legal or notary fees: _____
Advertising: _____
Other selling costs (specify): _____
Total: _____ (20)

Cost of buying new home:

Purchase price: _____
Legal or Notary fees: _____
Taxes paid for registration or transfer of title (do not incl GST): _____
Total: _____ (23)

Add line 4, 8, 11, 15, 20 and 23 Total: _____ (24)
Unclaimed moving expenses from previous year: _____ (25A)
Enter any reimbursement or allowance not included in income: _____ (25)
Net moving expenses (line 24 minus line 25): _____ (26)