

Name: \_\_\_\_\_

**FINANCIAL LITERACY**

# Document Organizer

**PERSONAL INFORMATION**

		Social Insurance Number	Date of Birth		
			D	M	Y
Name					
Name of Spouse/Partner					
Name of Dependants	1.				
	2.				
	3.				
	4.				
Address		Apt. #			
Street		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		
			D	M	Y
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		

**INCOME (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses)**

<b>BUSINESS</b>					
Type of Business					
Financial Statement	Included	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)			D	M	Y
Amount of Purchase \$	Date of Purchase				
Amount of Sale \$	Date of Sale				

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<b>INCOME</b> (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses) (cont'd)				
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
IF YES:				
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 \$				
FEBRUARY 24, 1994 CAPITAL GAINS ELECTION AMOUNTS \$				
SPOUSAL SUPPORT				
Date of agreement or order and amendments				
Received \$				
COMMISSIONS \$				
DIVIDENDS \$				
EMPLOYMENT \$				
TAXABLE BENEFITS \$				
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

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<b>INCOME</b> (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses) (cont'd)			
LOW INTEREST OR NO INTEREST LOANS	D	M	Y
Amount Outstanding \$	Date Outstanding		
Amount Outstanding \$	Date Outstanding		
SHAREHOLDER LOANS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you directly or indirectly indebted to a corporation of which you are a shareholder?			
If yes, provide repayment schedule			
GRATUITIES AND TIPS \$			
INTEREST FROM INVESTMENTS \$			
Canada Savings Bonds \$			
Other Bonds \$			
Mortgages \$			
Trusts \$			
FOREIGN ASSETS IN EXCESS OF \$100,000 \$			
PARTNER'S ALLOCATION OF PARTNERSHIP INCOME \$			
PENSIONS			
RETIRING ALLOWANCES			
Amount \$			
RRSP Contributions \$			
RRSP CONTRIBUTIONS			
Amount \$			
Home Buyers' Plan Withdrawals			
Lifelong Learning Plan Withdrawals			
RRIF WITHDRAWALS			
Individual Pension Plans			
RESP CONTRIBUTIONS			
Amount \$			
CESG			
Amount \$			
RESP Withdrawals			
RDSP CONTRIBUTIONS			
Amount \$			
CDSG and CDSB			
Amount \$			
RDSP Withdrawals			
TFSA CONTRIBUTIONS			
Amount \$			

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**INCOME** (include T3s, T4s, T4As, T5s, T600s, and financial statements or summary of income and expenses) (cont'd)

TFSA Withdrawals							
Other							
DIVIDEND INCOME \$							
RENTAL PROPERTY							
Address							
Apt. #	City						
Province	Postal Code						
TAX SHELTERS							
Number	TS						
Expiration Date	____/____/____						
	Month	Day	Year				
Supporting Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No						

**EXPENSES** (include receipts)

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 \$	

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<b>ALLOWABLE BUSINESS INVESTMENT LOSS (ABIL)</b>			
DID YOU SELL SHARES TO A NON-RELATED PERSON AT A LOSS?			<input type="checkbox"/> Yes <input type="checkbox"/> No
IS AN OUTSTANDING LOAN TO YOU BY A CORPORATION UNCOLLECTIBLE?			<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			D M Y
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>			
			D M Y
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</b>		✓
<b>(include financial statements or summary of income and expenses)</b>		
GST/HST Number and Related Information		
Advertising		
Allowable Reserves		
Convention Expenses		
Disability Modifications		
Insurance		
Interest		
Interest and Borrowing Charges		
Health Plan Premiums		

## FINANCIAL LITERACY

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<b>CHECKLIST FOR THE SELF-EMPLOYED (CONT'D)</b>		✓
Home Office, if Place of Business		
Square Footage or Proportion of Rooms Dedicated		
Rent or Mortgage Interest		
Property Tax		
Home Insurance		
Annual Utilities		
• Heat		
• Hydro		
• Water		
• Sewage		
Maintenance and Repairs		
Leasing Costs		
Meal Expenses		
Automobile		
Do you have an automobile log?		<input type="checkbox"/> Yes <input type="checkbox"/> No
• Own or Lease?		
• If Lease, Lease Costs Per Month		
• If Own, Interest Costs Per Month		
• Odometer at Beginning of Tax Year		
• Odometer at End of Tax Year		
• Percentage of Business Use of Car		
• Fuel Expenses		
• Car Insurance		
• Repairs and Maintenance		
• Parking Expenses		
Equipment Purchases Subject to CCA		
Office Expenses		
• Telephone & Fax		
• Internet		
• Stationery Supplies		
• New Capital Assets (attach list)		
• If Applicable, Tools		
Professional Membership Fees		
Fees for Professional Services		
Salaries Paid		
Travel		