

CUSIMANO PROFESSIONAL CORPORATION INCOME TAX ORGANIZER	2017
---	-------------

First name _____ Last name _____

Present address _____

Province of residency on December 31, 2017 _____ SIN _____

Phone#/Email address _____

Home Cell Email address

EFILE: All tax returns will be Electronically filed with CRA - Please retain all supporting documents for SIX YEARS .		
Would you like to receive CRA email notifications? YES ___ NO ___		
Marital status (circle one): single married common law widowed separated divorced		
Date of birth: _____		
Month	Day	Year
If marital status changed during year, please provide the date of the change: _____		
	Month	Day
If divorced in 2017, please provide a copy of the court order. (Circle if attached)		ATTACHED
If deceased in 2017, please provide the date and copies of the death certificate and last will. (Circle if attached)		ATTACHED
Elections Canada	If you are a Canadian citizen, do you authorize Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada for the National Registers of Electors? (Circle one)	yes no
Foreign property	Did you own or hold foreign property (including foreign public companies held within Canadian brokerage accounts) at any time in 2017 with a total cost of more than \$100,000 (CDN) (excludes personal use property)? (Circle one)	yes no
Residency	Did you emigrate from or immigrate to Canada in 2017? (Circle one)	yes no
	If you are a non-resident for tax purposes, provide your country of residency. For non-residents, did you live in Canada for more than 183 days? (Circle one)	yes no
United States Taxation (circle response):		
	Are you an American citizen or, were you born in the United States?	yes no
	Do you hold a green card?	yes no
	Did you spend more than 183 days in the United States of America?	yes no
	Do you have rental property in the United States of America?	yes no

**CUSIMANO PROFESSIONAL CORPORATION
CHARTERED PROFESSIONAL ACCOUNTANT
WWW.CUSIMANOPC.COM**

Dependants

If the following applies, please provide information:

	Relationship	Name	Date of Birth (yyyy-mm-dd)	SIN	Did they live with you in 2016? (Y/N)	2017 Taxable Income, line 236 on T1	Disabled/ Infirm (Y/N)	Attend Post- secondary Institution (Y/N)
Spouse								
Dependant								
Dependant								
Dependant								

(If additional rows are required, please provide information on an attached page)

Information Slips

Name	Description	Number of slips provided
T2202A/TL11	Tuition and education credit certificate	
T3	Statement of trust income	
T4	Statement of remuneration paid	
T4A	Statement of pension, annuity and other income	
T4OAS	Statement of Old Age Security	
T4AP	Statement of Canada Pension Plan Benefits	
T4ARCA	Statement of distributions from CRA	
T4E	Statement of Employment Insurance and other benefits	
T4PS	Statement of profit-sharing plan allocations and payments	
T4RIF	Statement of income form RRIF	
T4RSP	Statement of RRSP income	
T5	Statement of investment income	
T101	Statement of renounced resource expense	
T5006	Labour-sponsored funds tax credit	
T5007	Statement of benefits	
T5008	Statement of securities transactions	
T5013	Statement of partnership income	
S3Details	Capital Gains	
FOREIGN	Foreign employment, pension and investment income	
RC62	Universal Child Care Benefits	
RC210	WITB Advance payment	
RRSP	RRSP contributions, include all contributions made in 2017 and the first 60 days in 2018	

Sources of income not included on information slips

Business self-employment income. If yes, see NOTE below.	yes	no
Rental income. If yes, see NOTE below.	yes	no
Investment income. If yes, please provide a list with details.	yes	no
Property disposed of in 2017 (securities, real estate, etc.). If yes, please provide details (year of purchase, proceeds of disposition, purchase price, costs incurred to sell). All principal residence dispositions must be reported on the tax return.	yes	no
Foreign source pension. If yes, please provide details on an attached page with the amount received, country received from, foreign taxes deducted, and currency of amount received.	yes	no
Foreign income. If yes, please provide details on an attached page with the amount received, country received from, foreign taxes deducted, and currency of amount received.	yes	no
Alimony/support received. If yes, please provide details about the amount received, amount for child support and amount for alimony. If we do not have a copy of the court agreement, please provide.	yes	no
Royalties. If yes, please provide details on an attached page.	yes	no
Did you receive stock options/shares from your employer. If yes, please provide details on an attached page and documentation provided by employer.	yes	no

(circle one if applicable)

Deductions

Employment expenses. You will require a completed T2200 form from your employer to make this claim. If yes, see NOTE below.	yes	no
Financial advisory and accounting fees. If yes, please provide details on an attached page.	yes	no
Professional fees relating to support payments, unemployment insurance, severance pay, pension and employment income. If yes, please provide details on an attached page.	yes	no
Interest on money borrowed to earn income. If yes, please provide details on an attached page.	yes	no
Union and professional dues. If yes, please provide details on an attached page.	yes	no
Moving expenses are claimable if you move at least 40km closer to a work place or an educational institution. Require old and new address, date of move, detail of expenses	yes	no
Alimony/support paid. If yes, please provide details of the amount paid, amount for child support and amount for alimony. If we do not have a copy of the latest court agreement, please attach.	yes	no
Child care expenses which include summer/winter day camps, after school programs, amounts paid to nanny and babysitting. Please provide details.	yes	no
Broker fees pertaining to investments. If yes, please provide details on an attached page.	yes	no

(circle one if applicable)

NOTE: A schedule is available for you to complete at www.cusimanopc.com, or call us.

**CUSIMANO PROFESSIONAL CORPORATION
 CHARTERED PROFESSIONAL ACCOUNTANT
 WWW.CUSIMANOPC.COM**

Tax credits

Property taxes , amount paid \$_____, Municipality_____, address of property _____, and number of months paid for in 2017 _____.	yes	no
Rent paid , amount paid \$_____, Municipality_____, address of property _____, and number of months paid for in 2017 _____.	yes	no
Public Transit Credit. Except for seniors this credit is discontinued as of July 1, 2017. You can send us one way tickets, monthly passes, presto card activity, etc. to support the claim	yes	no
Disability expenses for self or dependent. If yes, please provide details and forms T2201 and/or T929.	yes	no
Caregiver amount. Did you maintain a self contained domestic establishment & live with a dependant relative at least 18 yrs. old with a mental or physical infirmity?	yes	no
Medical expenses (prescriptions, drug plan premiums, dental, etc.). If yes, please complete attached schedule. (Remember to include any insurance reimbursements)	yes	no
Apprentices tool expenses. If yes, please provide a list and amounts.	yes	no
Charitable donations. If yes, please complete attached schedule.	yes	no
Political contributions. If yes, please complete attached schedule.	yes	no
Student loan interest. If yes, provide letter from lending institution(s) for amount & period.	yes	no
Adoption expenses. If yes, please provide details.	yes	no
Were you a student living in college or university residence in 2017? If yes, please provide details.	yes	no
Foreign taxes paid on foreign income. If yes, please provide amount, currency, country taxes were paid in, and the income for which the taxes pertain to.	yes	no
Search and rescue volunteer tax credit. If you performed at least 200 hours of eligible services in 2017, please provide details.	yes	no
Exam fees paid to obtain Canadian occupational, trade or professional status. If yes, please provide information.	yes	no
Did you work overseas during the year?	yes	no
Do you have children under the age of 7 for which have not applied for Universal Child Care Benefits?	yes	no
Do you have a home buyer's plan?	yes	no

(circle one if applicable)

Slips and information can be sent in electronic format; either on a disc, email, or USB drive, or request a link from via secure upload . The electronic format should be either in Excel, Word, or PDF.

NOTE: Schedules are available for you to complete at www.cusimanopc.com, or call us.

2017 Business Income and Expenses

Name _____

Business information:

Name _____

Address _____

HST registered, if yes, provide number _____ Would you like us to prepare your HST return? _____

Product or service _____

Internet business activities:

How many internet webpages and websites does your business earn income from, if any? _____

What percentage of your gross income is generated from webpages and websites? _____

Please provide a list of the main webpages or site address(es) (also known as URL address(es)) on a separate page;

if applicable		
HST included	HST	HST excluded Amt

Revenue

Expenses

Cost of sales			
Advertising and promotion			
Bad debts			
Business taxes, licenses, dues and membership			
Delivery, freight and courier			
Insurance			
Interest and bank charges			
Maintenance and repairs			
Management and administration fees			
Meals & entertainment			
Office expenses			
Supplies			
Professional fees (accounting, legal)			
Rent and property taxes (exclude home office)			
Salaries, wages and benefits (other than self)			
Travel			
Communications (telephone and fax)			
Utilities (exclude home office)			
Consultants and subcontractors			
Internet			
Other			

Please use the separate schedules we provide for any automobile or home office expenses to be claimed.

Fixed asset purchased during the year

Date acq'd	Vendor name	Item acq'd	if applicable		
			HST included	HST	HST excluded

Rental Income and expenses

Name _____

	Property 1	Property 2	Property 3
Address of property: street, city, postal code			

Rental Revenue (see Note)			
---------------------------	--	--	--

Expenses (see Note)

Advertising			
Insurance			
Mortgage interest			
Maintenance and repairs			
Management and administration			
Legal and accounting			
Office			
Property taxes			
Travel			
Utilities			
Other			

Additions and fixed assets acquired during the year:

Date	Vendor	Item Acquired	Amount Paid	Acquired for property

Note: If other "than residential property" and revenues are in excess of \$30,000, HST will be applicable. In this case, revenues and expenses should be **net of applicable HST**.

Employment Expenses

Name _____

- You require a T2200 - Declaration of Employment signed by your employer before you may claim expenses. The T2200 will indicate employment expenses that you will be allowed to claim.
- Is your employer registered for HST? (Y/N) _____

Expenses	if applicable		
	HST included (gross)	HST	HST excluded(net)
Cost of sales			
Advertising and promotion			
Bad debts			
Business taxes, licenses, dues and membership			
Delivery, freight and courier			
Insurance			
Interest and bank charges			
Maintenance and repairs			
Management and administration fees			
Meals & entertainment			
Office expenses			
Supplies			
Professional fees (accounting, legal)			
Rent and property taxes (exclude home office)			
Salaries, wages and benefits (other than self)			
Travel			
Communications (telephone and fax)			
Utilities (exclude home office)			
Consultants and subcontractors			
Other			

Please use separate schedules that we provide if there are any automobile or home office expenses to be claimed.

Fixed assets purchased during the year

Date acq'd	Vendor	Item acquired	if applicable		
			Cost with HST included	HST	Cost with HST excluded

Automobile expenses

Name _____

Description of automobile _____
Date purchased (yyyy/mm/dd) _____
Purchase price of automobile with HST paid _____
HST paid on automobile purchase _____
Km driven for business/employment in 2017 _____
Total km driven in 2017 _____

Expenses (Amount)

Fuel _____
Repairs and maintenance _____
Insurance _____
License and registration _____
car washes _____
Parking _____
Others _____

Reimbursement of expenses (amount) _____

Allowance received (amount) _____

Financed automobile

Amount of loan _____ Payments _____
Loan term starts _____ Loan term ends _____
Interest rate _____

Leased automobile

Lease term starts _____ Lease term ends _____
Manufacturer's list price at time of lease start _____
Lease payments made for 2017 _____
Lease payments made in prior years _____

Notes:

- 1 The business requires the individual to work away from the normal place of business.
- 2 Automobile expenses must be supported by a detailed travel log, and receipts.

Note: Driving between home and normal place of employment is not considered driving for business or employment purposes.

Home office expenses

Name _____

Total square footage of home _____
 Square footage used for business/employment _____

Expenses (amount)

Heat	
Electricity	
Insurance	
Repairs and Maintenance	
Mortgage Interest	
Property Taxes	
Common Area Charges	
Rent	

Reimbursement of expenses received _____
Allowance received _____

For **self employed**, one of the following conditions must be met:

- 1 Workplace is the principal place of business.
- 2 Workplace is used exclusively, or regularly and continuously, for business purposes such as meeting clients.

For **employee**, both of the following conditions must be met:

- 1 The T2200 "Declaration of Conditions of Employment" should indicate that the employee is required to provide and pay for a workplace, and employer has signed the declaration.
- 2 The employee receives no reimbursement, and expenses are incurred solely for the purpose of earning income from employment.

The following expenses may be included in the home deductions calculation.

	Employees	Commissioned sales people	Self employed
Rent	*	*	*
Utilities	*	*	*
Repairs and maintenance	*	*	*
Telephone	*	*	*
Supplies	*	*	*
Home insurance		*	*
Property taxes		*	*
Mortgage interest			*
Capital cost allowance (CCA)			* (Note)

Note: Consider the effect on Principal Residence Deduction if CCA is claimed

Slips and information can be sent in electronic format; either on a disc, email, or USB drive. The electronic format should be either in Excel, Word, or PDF.

MEDICAL EXPENSES

Name _____

Payment date yyyy/mm/dd	Name of patient	Payment made to	Description of expense	Amount

Premiums paid to private health service plan _____
Employee-paid premiums for health services plan _____
Total _____

Please enter only the portion of medical expenses that were "not reimbursed under a medical health plan" in the above table. Alternatively, if it is easier, include the "gross medical expenses" and medical reimbursements separately.

You may claim medical expenses for you, your spouse or common-law partner, and you or your spouse's or common-law partner's children born in 2000 or later.

A claim may be made for eligible medical expenses paid in any 12-month period ending in 2017 which were not claimed in 2016. Generally, you can claim all amounts paid even if they were not paid in Canada.

DONATIONS

Name _____

Charitable donations

Date (yyyy/mm/dd)	Name of organization	Amount paid
Total		

Charitable donations to U.S. Organization

Date (yyyy/mm/dd)	Name of organization	Amount paid

Political donations

Date (yyyy/mm/dd)	Name of organization	Amount paid
Total		

Slips and information can be sent in electronic format; either on a disc, email, or USB drive.

The electronic format should either be in Excel, Word, or PDF.

Please advise us if you received a donation receipt for a gift (i.e. shares gifted charitable organization)

Donations maybe claimed up to five years after the donation has been made.

Donations to U.S. organizations may only be claimed against U.S. income. There are some exceptions.