



THOMAS A. STEWART*

CHARTERED PROFESSIONAL ACCOUNTANT

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PERSONAL TAX ORGANIZER

Name		Contact Name (if different)	
Current Address			
City, Prov		Postal Code	
Date of Birth (YYYY/MM/DD)		SIN#	
Phone (Home)		(Cell)	
E-mail			
Year to be completed		Tax Province of Residence	
Marital Status (Circle One)	married	common-law	widowed
		divorced	separated
			single

How would you like your copies of returns? PDF Paper

Would you like to receive communication via E-mail? (Email listed above) Yes No

Change of address from prior year? Yes No

Change in Marital Status from prior year? (If yes, date) _____ Yes No

Change in name from prior year? Yes No

Have you included a copy of prior years Notice of Assessment from CRA?
(If no, please provide) Yes No

Is this the first year we are preparing your personal tax return?
(If yes, please provide previous year tax return) Yes No

Does Thomas A. Stewart P.C. complete your corporations's T2 Tax Returns? Yes No

Company Name: _____

Do you hold investments or real estate property outside Canada with an
original cost in excess of \$100,000 CDN? Yes No

PERSONAL TAX CHECKLIST

SPOUSE / PARTNER INFORMATION:

DEPENDENT INFORMATION:

Name		Name	Relation (Son/Daughter)	DOB (YYYY/MM/DD)	SIN
Phone (Home)					
(Cell)					
SIN#					
Date of Birth (YYYY/MM/DD)					
Net Income (if not filed by TAS)					

PLEASE CHECK OFF AND INCLUDE ALL OF THE FOLLOWING THAT APPLY:

INCOME:

- | | |
|---|---|
| <input type="checkbox"/> T4 Employment Income
<input type="checkbox"/> T4A Other Income
<input type="checkbox"/> T4A(OAS) Old Age Security
<input type="checkbox"/> T4AP Canada Pension Plan
<input type="checkbox"/> T4RIF RIF Withdrawal
<input type="checkbox"/> T4RSP RSP Withdrawal | <input type="checkbox"/> T4E Employment Income
<input type="checkbox"/> T3 Employment Expenses
<input type="checkbox"/> T5 Interest and Investment Income
<input type="checkbox"/> Business or Professional Activities
<small>(Self Employment Income and Expenses)</small>
<input type="checkbox"/> Rental Property (Income and Expenses) |
|---|---|

DEDUCTIONS:

- | | |
|--|---|
| <input type="checkbox"/> RRSP's
<input type="checkbox"/> Child Care
<input type="checkbox"/> Moving Expenses
<input type="checkbox"/> Employment Expenses
<small>(Requires Form T2200)</small> | <input type="checkbox"/> Union or Professional Dues
<input type="checkbox"/> Spousal or Child Support
<input type="checkbox"/> Carrying Charges
<small>(Management Fees, Interest Expenses)</small> |
|--|---|

NON-REFUNDABLE TAX CREDITS:

- | | |
|--|--|
| <input type="checkbox"/> Disability Deduction
<input type="checkbox"/> Medical Expenses
<input type="checkbox"/> Charitable Donations | <input type="checkbox"/> Interest on Student Loans
<input type="checkbox"/> Tuition Fees
<small>(Requires Form T2202A)</small> |
|--|--|

OTHER INFORMATION:

- | | |
|---|---|
| <input type="checkbox"/> Capital Gains Information | <input type="checkbox"/> Foreign Income and Investment Details |
|---|---|

(Please ask our professionals for a detailed worksheet if these forms apply to you.)