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2010 TAX RETURN ORGANIZER

We are proud to present our annual **2010 Tax Return Organizer**, your indispensable reference guide to help you **save money** by reducing your income tax liabilities. Please only complete the sections that apply to you. If we already have the information from last year, please just write 'ON FILE'.

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Please ensure your tax documents, and completed **2010 Tax Return Organizer**, are received by our office as soon as possible, preferably by **Monday March 21, 2011**. To arrange your no-obligation, personal, strictly confidential consultation, call now 905-709-HELP or email <u>hhcacpa@rogers.com</u>.

This is a **full-service** Tax, Accounting, Business Advisory and Financial Planning firm. Accurate and timely information will ensure you **pay the least amount of tax**, but it is only one piece of any effective solution. We are dedicated to bringing you all of the pieces together: knowledgeable and innovative **advice**, leading-edge **technology**, and a strong **relationship** with our clients. This type of **creative** thinking enables us to help you and your business organization **save money and solve complex problems** by significantly enhancing your ability to improve performance, manage risk and build value.

We have a vast network of talented and experienced associates and this publication is just one of the many services through which we offer creative, strategic thinking. If you are not already an online subscriber to our **free Tax & Financial eNewsletter**, please sign up today at <u>www.howardhalpern.com</u>

While anytime during the year is a good time for tax and financial planning, **now** is ideal to review planning opportunities **to save you money** by reducing your tax liabilities and increasing your wealth.

1-A IDENTIFICATION

If we prepared your tax return last year, please just indicate changes. Otherwise, please answer all questions below. Also, please provide us with copies of your tax returns for the last three years along with the related Notices of Assessment. In all cases, please be sure to include any Notices of Assessment or Reassessment and any CRA correspondence received.

| Name: | Marital status at December 31: | Single Married | | | |
|-----------------------------|-------------------------------------|----------------|--|--|--|
| Address: | Common-law Separated Div | orced Widowed | | | |
| Talankana (kama): | Spouse's (or common-law) name: | | | | |
| Telephone (home): | Spouse's telephone (work): | | | | |
| Telephone (work): | Spouse's Social Insurance No.: | | | | |
| Social Insurance No.: | Spouse's date of birth (yyyy-mm-dd) | | | | |
| Date of birth (yyyy-mm-dd): | | | | | |
| E-mail: | Spouse's E-mail: | | | | |
| | | | | | |

If you moved into or out of Canada, please indicate ($\sqrt{}$): Into_____ Out of_____ Date of move:_____

1-B DEPENDANTS

Please provide details of all persons you would like to consider as dependants (children, parents, etc.)

| Name | Date of birth (yyyy-mm-dd) | Relationship | Social Insurance Number (SIN) | Net income | Full time Student (5 mo+)? |
|------|-------------------------------|--------------|----------------------------------|------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

$\frac{\text{List or check } (\sqrt{)}}{\text{if attached}}$

| 2 - A | EMPLOYMENT INCOME | |
|-------|---|--|
| | | |
| | T4 slips | |
| | Details on any tips, gratuities, allowances etc. | |
| 2 - B | STOCK OPTIONS (on your employer or related corporation shares) | |
| | Did you exercise stock options? Date option was granted, date it was exercised, amount paid for the option, exercise price, value of the stock at the date the option was exercised, and value of the stock at the date of share sale. We also need a history of previously exercised options, along with a list of unexercised options | |
| 2 - C | BUSINESS INCOME | |
| | Please provide financial statements or details of income and expenses from your proprietorship or partnership. Please also complete Appendix A . | |
| | If partnership: please provide T5013 slip or financial statements and tax information if you have not been provided with a T5013 slip | |
| | Details of expenses incurred outside of the partnership (e.g. auto, supplies, interest, office- in-home). If the partnership is a HST registrant, please exclude/show HST separately | |
| 2 - D | DIVIDENDS AND INTEREST | |
| | T3, T5, T600, T-BD and T5008 slips | |
| | Details of foreign source income, including tax withheld | |
| | Compound interest (e.g. Canada Savings Bonds): For each investment - date of issue, date acquired (if different), date of maturity, face value, interest earned and method used to report income to date | |

$\frac{\text{List or check } (\sqrt{)}}{\text{if attached}}$

2 - E CAPITAL GAINS AND LOSSES

Please complete **Appendix B**.

2 - F RENTAL INCOME

Please complete Appendix C.

2 - G ALIMONY, SEPARATION, CHILD SUPPORT

Name, SIN, amounts received. Please attach a copy of your divorce/separation agreement

2 - H OTHER INCOME

Please provide all tax slips/details and, if desired, please confirm _____% of your pension income to be split and allocated to your spouse:

Annuity: T4A

Income averaging annuity: T4A

Canada Pension Plan: T4A(P)

Universal Child Care Benefits: RC62

Debt forgiveness: Details of debt forgiven

Deferred profit sharing plan: T4A

Director fee: T4

Employee Profit Sharing Plan withdrawals: T4PS

Estate or trust: T3

Old Age Security: T4A(OAS)

Pension: T4A and foreign plans info

Registered Disability Savings Plan: T4A

Retirement savings plan withdrawals: T4RSP, T4RIF, T1048 (Home-Buyer's Plan)

Retiring allowance, death benefit: T4A

<u>List or check $(\sqrt{)}$ </u> <u>if attached</u>

Scholarship, bursary: T4A

Unemployment insurance: T4U

3 - A EMPLOYMENT EXPENSES

Please provide us detailed expenses and also attach a <u>completed</u> Form T2200 and H/GST Form 370 (if applicable), signed by your Employer. Please also complete **Appendix A**.

3 - B RRSP CONTRIBUTIONS

Please attach all RRSP receipts and CRA "RRSP Contribution Limit Statement" (from prior year Notice of Assessment)

3 - C ALIMONY, SEPARATION, CHILD SUPPORT

Name, SIN, amounts paid. Please attach a copy of your divorce/separation agreement

3 - D CHILD OR ATTENDANT CARE

Amount paid, name, address and Social Insurance Number of each caregiver

3-E MOVING

Details of all expenses (moving goods and people, storage, meals and temporary accommodations, commissions, legal or lease cancellation fees, changing addresses on legal documents, replacing vehicle permits and driving licenses, utility hookups and disconnections, etc.)

Costs of maintaining your vacant former residence (including mortgage interest, property taxes, insurance premiums, heat and utilities)

Places moved from and to. Distance from old residence to new work location. Distance from new residence to new work location

<u>List or check $(\sqrt{)}$ </u> if attached If you were reimbursed by or received an allowance from your employer, please provide details. Also provide details of any home relocation loan provided 3 - F **INTEREST EXPENSE** Amount paid for investment and student loan interest. Documentation need not be filed, but must be retained by you **OTHER INVESTMENT EXPENSES** 3 - G Amount paid (safety deposit box charges, accounting fees, investment counsel fees, etc.) 3 - H **TAX SHELTERS** T102, T5003, T5004, T5013, T1-CP slips. The tax shelter number must be indicated. Financial statements are beneficial but not required 3 - I **TUITION FEES AND TEXTBOOK TAX CREDIT** T2202 or TL-11A receipts. If the claim is in respect of your dependant's attendance, s/he must sign form and must indicate the amount of her/his income **MEDICAL** 3 - J Receipts for medical expenses (for you, your spouse and dependants) paid this year as well as any unclaimed expenses from last year. If you paid private health care insurance premiums, these can be credited (in most cases, deducted for the self-employed). Check to see if you pay these. If your employer pays them for you, no deduction is available 3 - K **CHARITABLE DONATIONS** Official receipts. The receipt must include the registration number of the charity

<u>List or check $(\sqrt{)}$ </u> <u>if attached</u>

3-L OTHER EXPENSES

<u>Legal fees paid</u>: Details of fees incurred (e.g. to establish right to pension benefits, severance, or spousal/child support)

Professional, union dues: please attach receipts

4 - A TAX CREDITS - VARIOUS

Rent paid _____

Name of landlord _____

Property taxes paid _____ Name of municipality _____

i) Was your child enrolled in eligible physical activity programs that qualify for the Children's Fitness Tax Credit? If yes, please attach receipts.

ii) Did you contribute an amount to an Ontario Home Ownership Savings Plan? If so, please attach TIC-OHOSP.

iii) Did you invest in any Ontario investor programs? If so, attach OIEO form and tax credit certificate.

iv) Did you donate to a political party? If so, attach the official donation slips.

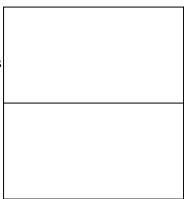
v) Please provide details of Public Transit used, for which family member and cost, if applicable.

4 - B INCOME TAX INSTALMENTS

CRA statements showing the amounts paid and dates. If these are not available, cancelled cheques

4 - C DISABILITY

If this is your first year claiming a disability credit, you must provide a completed Form T2201 (call us for one.) In case of a dependant, please indicate his/her relationship to you



5 - A NON-CANADIAN PROPERTY

Did you own/hold beneficial interest in non-Canadian property with total cost of more than C\$100,000, excluding:

- 1) Personal-use property, including a vacation home held primarily for personal use;
- 2) Property used in an active business (rental is *not* a business purpose);
- 3) A US Individual Retirement Account;
- 4) Shares, interest or indebtedness of a corporation or trust that is a foreign affiliate;
- 5) A trust to which neither you nor any person related to you contributed;
- 6) A trust that principally provides superannuation, pension, retirement, or employee benefits primarily to non-Canadians and which is tax-exempt in its home country;

If so, please check the appropriate boxes to indicate the total <u>cost</u> of property:

| | Over | \$700,000- | \$500,000- | \$300,000- | \$100,000- | Less than |
|------------------------------|-------------|-------------|------------|------------|------------|-----------|
| | \$1,000,000 | \$1,000,000 | \$700,000 | \$500,000 | \$300,000 | \$100,000 |
| Funds held outside Canada | | | | | | |
| Shares of corporation | | | | | | |
| Indebtedness from non-resid. | | | | | | |
| Interests in trusts | | | | | | |
| Real property | | | | | | |
| Other property | | | | | | |
| | • | • | • | • | | |

| Please indicate where the a | bove assets are located: | USA | UK | Other Europe |
|-----------------------------|--------------------------|-------|----|--------------|
| Southeast Asia | Caribbean | Other | | _ |

Did you own any foreign "tracking shares"? Yes _____

5 - B TRUSTS AND CORPORATIONS

Did you ever (directly or indirectly) lend or transfer funds to a trust or receive distributions from such a trust? (ignore mutual funds and retirement funds). If so, and the trust continues to exist, please complete the following:

| Name | |
|---------------------------------|--|
| Address | |
| Trustee(s) | |
| Country where trust is governed | |
| Cost of interest | |
| Income distributions received | |
| Indebtedness | |
| Capital distributions received | |
| Capital gain on disposition | |

If you made contributions:

| Residence of the trust | |
|--|--|
| Settlor | |
| Beneficiaries | |
| Persons with whom the trustee | |
| must consult before exercising | |
| discretionary powers | |
| Persons who have powers to: | |
| • Change the governing law | |
| Veto distributions | |
| • Remove or appoint trustees | |
| | |

Please include a copy of the trust documents, including the terms of the trust, memorandum of wishes, and all subsequent variations. Please include financial statements if they are prepared in the normal course of business.

Do you have a direct or indirect interest of 5% or more in any corporation? If so, please provide financial statements and details of ownership by all related persons.

5 - C ASSETS OWNED AT EMIGRATION

| Taxpayer/ | Description | Date of | Adjusted Cost | Value at |
|-----------|-------------|-------------|---------------|------------------|
| Spouse | | Acquisition | Base (C\$) | Emigration (C\$) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NOTES AND ADDITIONAL INFORMATION:

In completing this questionnaire, you hereby confirm to Howard Halpern CA, CPA, CFP, TEP, the accuracy and completeness of your disclosed information to the best of your knowledge and belief. The tax planning points in this publication are general in nature and should not be viewed as professional advice for your individual circumstances without consulting a professional advisor.

APPENDIX A – BUSINESS AND EMPLOYMENT EXPENSES

PLEASE REFER TO SECTIONS 2-C AND 3-A TO ENSURE WE RECEIVE ALL INFORMATION

Automobile

| Description and cost of vehicle purchased in 2010 Provincial sales tax (PST) included in above H/GST included in above price Proceeds from disposal of old vehicle: | : | \$ | _ (attach contract copy) - - - |
|--|-----------------------------|----------------------------|---|
| | Total Excl. H/GST | H/GST | Total Incl. H/GST |
| Gas and oil Maintenance and repairs Insurance License and registration fees Interest charges Lease costs (please detail any prepayments) Provincial sales tax included in lease costs H/GST (if any included in lease) Other (please specify) Reimbursement of above expenses from employer Kilometers driven for employment or business* Total kilometers driven | 1 | \$ km km | \$ |

*exclude personal travel between office and home

Home Office Expenses for Business/Employment

(If you are H/GST Registrant, please exclude/show H/GST separately on expenses)

| Number of rooms exclusively used for business | |
|---|----------|
| Total number of rooms in your home | |
| Actual sq. ft. used for business | sq. ft. |
| Total sq. ft. in your home | sq. ft. |
| Percentage of space used exclusively for business | % |
| Rent paid § | <u> </u> |
| Heat | |
| Electricity | |
| Insurance** | |
| Maintenance and repairs | |
| Mortgage interest*** | |
| Property taxes** | |
| Alarm monitoring | |
| Other (Please specify) | |

**must be self-employed or commission employee
***must be self-employed (not an employee)

APPENDIX B - CAPITAL GAINS AND LOSSES

Please provide the following information for all dispositions or exchanges of capital property such as stocks, bonds, real estate, partnership interests, personal property and other investments. If they are available, please attach transaction slips and broker's statements.

| Which spouse | Description of property | Purchase Date | Sale date | Acquisition cost (1) | Proceeds of sale (2) | Selling costs |
|--------------|-------------------------|------------------|--------------|-------------------------|----------------------|------------------|
| | | Duit | uuite | | Sale (2) | 00010 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- 1) Indicate actual cost, including improvements. Also, indicate the following:
 - If the item had a gain "crystallized" using the Canadian capital gains deduction, please provide details (likely contained in the return for the year of crystallization; check your 1994 return)
 - If it was acquired before you became a Canadian resident, the value at date of your entry to Canada
 - If it was acquired before 1972, the value at V-day, usually December 31, 1971
- 2) If this is a second residence, please provide the value as of December 31, 1981.
- 3) Are a portion of the proceeds of sale of the above properties not due until after year end? If yes, please provide details.
- 4) Have you made sales in prior years that have been reported on the instalment sale method which require reporting this year? If yes, please provide details.
- 5) Did you sell shares of a Small Business Corporation, and reinvest the proceeds in another corporation (that meets specific criteria)?

APPENDIX C - RENTAL INCOME

| | Property A | Property B |
|-------------------------------------|------------|------------|
| Address | | |
| Owner | | |
| Date acquired | | |
| Type of building | | |
| Cost of land | | |
| Cost of building | | |
| Cost of improvements this year | | |
| Cost of improvements - prior years | | |
| Date property first avail. for rent | | |
| Fair market value at date of rental | | |
| Proportion rented | | |
| - | | |

If financial statements are available for each rental property, please attach a copy. If not, please provide the following information:

| | Property A | Property B |
|--|------------|------------|
| Days of personal use | | |
| Days rented | | |
| Days held for rent but not rented | | |
| | | |
| Rental revenue | | |
| Advertising | | |
| Insurance | | |
| Interest | | |
| Maintenance and repairs | | |
| Management and administration fees | | |
| Automobile (not including CCA) | | |
| Supplies | | |
| Professional fees (legal & accounting) | | |
| Property taxes | | |
| Commission | | |
| Telephone | | |
| Utilities | | |
| | | |
| | | |

If it was not included with your prior year's tax return, please indicate capital cost allowance claimed in prior years and the method of depreciation.