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2016 TAX RETURN ORGANIZERTM

We are proud to present our updated annual **2016 TAX RETURN ORGANIZERTM**, your indispensable reference guide to help you save money by reducing your income taxes. Please complete the sections that apply to you. If we already have any of the information from last year, please just write 'ON FILE'.

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Please ensure your tax documents and completed **2016 TAX RETURN ORGANIZER[™]** are received by our office as soon as possible, preferably by **Monday March 13, 2017**. To arrange your free, no-obligation, strictly confidential **FinancialCHECKUP[™]**, please call **905.709.4357** or <u>click here</u>.

HALPERN Chartered Professional Accounting Firm is a **full-service** Tax, Accounting, Business Advisory and Financial Planning CPA firm. We will help ensure you **pay the least amount of tax** with knowledgeable and innovative advice, leading-edge technology, and a strong relationship with our clients. Our **creative** and **strategic** thinking enables us to help you and your business organization **save money and solve problems** by significantly enhancing your ability to improve performance, manage risk and build value.

If you are not already an online subscriber to our **free Tax & Financial eNewsletter**, please sign up today at **www.HowardHalpern.com**

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 taxes and increasing your wealth.

1-A IDENTIFICATION

Please answer all questions below and please provide us copies of your last three (3) years' tax returns with Notices of Assessment and Reassessment along with any CRA correspondence you have received.

Name:	Marital status at December 31: Single Married
Address:	Common-law Separated Divorced Widowed
Telephone (home):	Spouse (or common-law) name:
	Spouse telephone (work):
Telephone (work):	Spouse Social Insurance No.:
Social Insurance No.:	
Date of birth (yyyy-mm-dd):	Spouse date of birth (yyyy-mm-dd):
E-mail:	Spouse E-mail:
If you or your spouse/common-law partner are	U.S. citizens or Green Card holders, please indicate ($$):
If you moved into or out of Canada, please indi-	cate ($$): Into Out of Date of move:
If you disposed any property for which you are	claiming Principal Residence Exemption , please indicate ($$): _

1-B DEPENDANTS

Please provide details (**including children's adoption expenses, if any, paid by you**) of all persons you would like to consider as dependants (children, parents, grandparents, et al.)

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

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

2 - A **EMPLOYMENT INCOME** T4 slips Details on 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 **BUSINESS INCOME AND WEBSITE** 2 - C Please provide financial statements or details of income and expenses from your proprietorship or partnership. Please also complete Appendix A. How many **Internet** websites and webpages does your business earn income from? Please provide full details including URL addresses. If a partnership, please provide T5013 slip or financial statements and tax information if a T5013 slip is not available. Details of expenses incurred outside the partnership (e.g. automobile, supplies, interest, office-in-home). If p/ship is HST registrant, please exclude HST and 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, acquired (if different) & maturity; plus 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 AND 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 fees: 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 or death benefit: T4A

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

Scholarship or bursary: T4A Unemployment Insurance: T4E **EMPLOYMENT EXPENSES** Please provide detailed expenses, including Eligible Educator School Supplies. If applicable, attach a completed Form T2200 and H/GST Form 370 signed by your employer. Please also complete Appendix A. **RRSP AND PRPP CONTRIBUTIONS** Attach all RRSP and PRPP receipts plus the CRA "RRSP Contribution Limit Statement" from your prior year Notice of Assessment. 3 - C ALIMONY, SEPARATION AND 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 MOVING Details of all expenses (moving goods and people, storage, meals and temporary accommodations, commissions, legal or lease cancellation fees, changed addresses on legal documents, replaced vehicle permits and drivers licenses, new 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.

3 - A

3 - B

3 - E

<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** Amounts paid for investment and student loan interest. Documentation need not be filed, but must be retained by you. **OTHER INVESTMENT EXPENSES** 3 - G Please attach all receipts for any amounts paid (accounting fees, investment counsel fees, etc.) **TAX SHELTERS** 3 - H T102, T5003, T5004, T5013, T1-CP slips. The tax shelter number must be indicated. Financial statements are beneficial. 3 - I **TUITION, EXAM 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 also show the amount of her/his income. Exam fees or study materials may qualify so please attach details. **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** Did you/spouse claim any donation since 2007? Yes____ No____ Attach official receipts.

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

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 OTHER TAX CREDITS – VARIOUS

Rent paid _____

Name of landlord _____

Property taxes paid _____ Name of municipality _____

i) Was your child enrolled in eligible Physical Activity Programs or Children's Arts Programs that qualify for the Children's Fitness Tax Credit or Children's Arts Tax Credit? If yes, please attach all receipts and provide details.

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, please attach OIEO form and tax credit certificate.

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

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

vi) Please provide all details for any other tax matter(s) you want us to consider in respect of your income tax return. If so, please attach a separate letter or notes with full details.

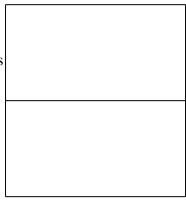
vii) Did you incur eligible Home Accessibility Expenses to renovate an eligible dwelling? If yes, please attach all receipts and provide details.

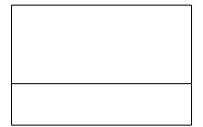
4 - B INCOME TAX INSTALMENTS

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

4 - C DISABILITY AND CAREGIVER AMOUNTS

If your first year claim of Disability Tax Credit, please provide a completed Form T2201. If you have a dependant living with you, please indicate his/her date of birth and net income, as may qualify for Caregiver Credit.





5 - A NON-CANADIAN PROPERTY

Did you own/hold beneficial interest in non-Canadian property with <u>total cost</u> of more than CDN\$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 yes, please check the appropriate boxes below to indicate the total Canadian dollar cost 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-resident						
Interests in trusts						
Real property						
Other property						

If you checked yes to any of the above, please fully complete below all applicable sections:

1. Funds Held outside Canada

Name of bank or entity holding funds	Country	Max funds in yr	Funds at yr end	Income (loss)

2. Shares of Non-resident Corporations (Other Than Foreign Affiliates)

Name of corporation	Country	Max cost in yr	Cost at yr end	Income (loss)	Gain (loss) disposal

3. Indebtedness Owed by Non-resident

Description indebtednes C	Country	Max cost in yr	Cost at yr end	Income (loss)	Gain (loss) disposal

4. Interest in Non-resident Trusts

Name of trust	Country	Max cost in yr	Cost at yr end	Income rec'd	Capital rec'd	Gain (loss) disposal

5. Real Property Outside Canada (other than personal use and real estate used in active business)

Description of property	Country	Max cost in yr	Cost at yr end	Income (loss)	Gain (loss) disposal

6. Other Property Outside Canada (including foreign insurance policies/partnerships/ETFs/ADRs etc.)

Description of property	Country	Max cost in yr	Cost at yr end	Income (loss)	Gain (loss) disposal

7. Property held in account with a Canadian registered securities dealer or a Canadian trust company

Name of dealer/trust co.	Country	Max FMV/yr	FMV at yr end	Income (loss)	Gain (loss) disposal

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	
Trustees	
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

Did you emigrate from Canada during the year? If so, please complete this table. It does not need to be completed if the "total value" of all assets owned at the time of emigration is less than CDN\$25,000. If the "total value" is over CDN\$25,000, you must report <u>all</u> assets.

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

APPENDIX A – BUSINESS AND EMPLOYMENT EXPENSES

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

Car or Truck (Please describe your Make, Model and Year):

Cost of vehicle purchased in 2016 : 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 show 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	\$ 	\$
*exclude personal travel between home and office	:		

Home Office Expenses for Business and/or Employment

(If you are an H/GST Registrant, please exclude and 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 all)	

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 (CDN\$) for all dispositions and exchanges of capital property such as stocks, bonds, real estate, **principal residences**, partnership interests, personal property and other investments. If they are available, please attach transactions slips and brokers' statements.

Who sold it?	Full description of property	Purchase date	Sale date	Acquisition costs (1)	Proceeds of sale (2)	Selling costs
		uure	uule	$\cos(1)$	sule (2)	COSIS

- 1) Indicate actual costs including improvements. Please also indicate the following:
 - If the item had a gain "crystallized" using the Canadian capital gains deduction, please provide details (likely contained in the tax 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 you previously sold any residences (house, condo, cottage, foreign property, etc.) please attach all historic documents and information including ownership details, full descriptions, dates and amounts.
- 3) If there were two or more residences, please provide the values as at December 31, 1981.
- 4) Are a portion of the proceeds of sale of the above properties not due until after year end? If yes, please provide details.
- 5) 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.
- 6) Did you sell shares of an SBC Small Business Corporation and then reinvest the proceeds in another corporation (that meets specified criteria)? If yes, please provide details.

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 (in CDN\$):

	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 on your prior years' tax returns, please indicate CCA capital cost allowance claimed in prior years and the method of depreciation.

ADDITIONAL NOTES AND INFORMATION:

In completing this questionnaire, you hereby confirm to HALPERN Chartered Professional Accounting Firm that the accuracy and completeness of all your disclosed information is 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.