Howard Halpern CPA (CDN), CA, CPA (USA), CFP

Chartered Professional Accountant · Certified Public Accountant (USA) · Certified Financial Planner

Web: <u>www.HowardHalpern.com</u> E-mail: <u>info@HowardHalpern.com</u>

2020 TAX RETURN ORGANIZERTM

HALPERN Chartered Professional Accounting Firm is proud to present its updated annual 2020 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 your information from last year, please just write 'ON FILE'.

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Please ensure we receive your tax documents and completed **2020 TAX RETURN ORGANIZER**TM as soon as possible, preferably no later than **Monday March 15, 2021**. To arrange your free, no-obligation, strictly confidential **FinancialCHECKUP**TM, please call **905.709.4357** or <u>click here</u>.

HALPERN Chartered Professional Accounting Firm is a full-service Tax, Business Advisory, Accounting 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 will also enable us to help you and your business organization save money and solve problems by significantly enhancing your ability to build value, improve performance and manage risk.

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 and also your CRA Notices of Assessment and Reassessment plus any CRA correspondence you have received.

| Name: | Marital status at December 31: Single Married | | | | | |
|---|---|--|--|--|--|--|
| Address: | Common-law Separated Divorced Widowed | | | | | |
| Talanhana (hama): | Spouse (or common-law) name: | | | | | |
| Telephone (home): | Spouse telephone (work): | | | | | |
| Telephone (work): | | | | | | |
| Social Insurance No.: | Spouse Social Insurance No.: | | | | | |
| | Spouse date of birth (yyyy-mm-dd): | | | | | |
| Date of birth (yyyy-mm-dd): | Spouse E-mail: | | | | | |
| 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 indic | cate (√): Into Out ofDate of move: | | | | | |
| If you disposed any property for which you may | v claim Principal Residence Exemption , please indicate $()$: | | | | | |

1-B DEPENDANTS

Please give details (including, if any, children's TOSI Split Income received directly or indirectly from you, adoption expenses, etc.) of persons you would like to consider as dependants (children, parents, grandparents, et al.)

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

List or check (√) if attached

| 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 | |
| 2 - C | BUSINESS INCOME AND WEBSITE | |
| | Please provide Financial Statements or details of income and expenses from your proprietorship or partnership. Please 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 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 | |

| | | List or check $()$ 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 INCLUDING TOSI SPLIT INCOME | |
| | Please provide all tax slips/details and, if desired, please confirm% of your pension income to be split and allocated to your spouse. | |
| | COVID-19 Emergency Benefits (T4A/E) | TAXABLE |
| | Annuity: T4A | |
| | Canada Pension Plan: T4A (P) | |
| | TOSI Split Income and Form T1206 | |
| | 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 | |

List or check (√) if attached

| | Scholarship or bursary: T4A | |
|-------|--|---|
| | Unemployment Insurance: T4E | |
| 3 - A | EMPLOYMENT EXPENSES | |
| | Please provide detailed expenses. If applicable, attach a <u>completed</u> COVID-19 Form T2200S or T2200 and H/GST Form 370 signed by your employer. Please complete Appendix A . | |
| 3 - B | 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 | |
| 3 - E | 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. | |
| | | 1 |

| | | | <u>if attached</u> |
|-------|----------------|--|--------------------|
| | | 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 EXPEN | ISE | |
| | | Amounts paid for investment and student loan interest. Documentation need not be filed, but must be retained by you. | |
| 3 - G | OTHER INVESTM | ENT EXPENSES | |
| | | Please attach all receipts for any amounts paid (accounting fees, investment counsel fees, etc.) | |
| 3 - H | TAX SHELTERS | T5003, T5004 and T5013 slips. The tax shelter number must be indicated. Financial statements are beneficial. | |
| 3 - I | TUITION TAX CR | EDIT | |
| | | 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. | |
| 3 - J | MEDICAL | | |
| | | 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 <u>private</u> health care insurance premiums, these can be credited (in most cases, deducted for the self-employed). Check to see if <u>you</u> pay these. If your <u>employer</u> pays them for you, no deduction is available. | |
| 3 - K | CHARITABLE DO | NATIONS | |
| | | Official tax receipts attached must show the charitable registration numbers. | |

List or check $(\sqrt{})$

| 3 - L | OTHER EXPENSE | S | List or check (√) if attached |
|---------|---|--|----------------------------------|
| | OTHER EXTENSE | | |
| | | <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 AN | ND OTHER VARIOUS | |
| | Rent paid | Name of landlord | |
| | Property taxes paid | Name of municipality | |
| | you incur eligible Home Acipts and provide details. | accessibility Expenses to renovate an eligible dwellin | g? If yes, please attach |
| ii) Did | l you invest in any Ontario | investor programs? If so, please attach OIEO form a | nd tax credit certificate. |
| iii) Di | d you donate to a federal o | r provincial political party? If so, please attach all off | ficial political donation slips. |
| iv) Die | d you incur eligible Digital | News Subscription Expenses to a qualified Canadian | n journalism organization? |
| | ase provide details of any of attach a separate letter or r | other tax matters you want us to consider in respect on the with full details. | f your income tax return. |
| 4 - B | INCOME TAX INS | STALMENTS | |
| | | | |
| | | CRA statements showing the amounts paid and dates. If these are not available, cancelled cheques | |
| 4 - C | DISABILITY AND | CAREGIVER AMOUNTS | |
| | | If a first year claim for 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 you may qualify for a Canada 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 \$1,000,000 | \$700,000- \$1,000,000 | \$500,000- \$700,000 | \$300,000- \$500,000 | \$100,000- \$300,000 | Less than \$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 | 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:

| you muie commonis. | |
|--------------------------------|--|
| 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

| Cost of vehicle purchased in 2020: | | \$ | _(attach contract copy) |
|---|----------------------------|--------------------|--------------------------|
| Provincial sales tax (PST) included in above | | | _ |
| H/GST included in above price | | | <u>_</u> |
| Proceeds from disposal of old vehicle: | | | _ |
| | 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* | | km/year | |
| Total kilometers driven | | km/year | |
| *exclude personal travel between home and office | ; | | |
| Home Office Expenses for Business and/or Employment (If you are an H/GST Registrant, please exclude H/GST, an | | T separately on ex | (nenses) |
| | u she will os | 1 separately on en | .penses) |
| Number of rooms exclusively used for business | | | _ |
| Total number of rooms in your home | | | <u>-</u> |
| Actual sq. ft. used for business | | | |
| Total sq. ft. in your home | | | _ sq. ft. |
| Percentage of space used exclusively for business | | | _ % |
| Rent paid | | \$ | _ |
| Heat | | | _ |
| Electricity | | | _ |
| Insurance** | | | _ |
| Maintenance and repairs | | | _ |
| Mortgage interest*** | | | <u>-</u> |
| Property taxes** | | | _ |
| Alarm monitoring | | | _ |
| Other (Please specify all) | | | _ |
| **must be self-employed or commission employed | e | | |
| ***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 | Sale | Acquisition | Proceeds of | Selling |
|--------------|------------------------------|----------|------|-------------|-------------|---------|
| | | date | date | costs (1) | sale (2) | costs |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- 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 eac following information (in CDN\$): | h rental property, please attac | ch a copy. If not, please provide |
| ione wing information (in ΘΣ1 (ψ). | | |
| | Property A | Property B |
| Days of personal use | | |
| Days rented | | |
| Days held for rent but not rented | | |
| | | |
| Rental revenue | | |
| Advertising | | |
| Insurance | | |
| Interest | | <u> </u> |
| 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.

the

| ADDITIONAL NOTES AND INFORMATION: | | | | | | |
|-----------------------------------|--|--|--|--|--|--|
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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, and you accept responsibility for any failure to supply all relevant documents and information. 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.