

Anthony R. Lobmeier

Chartered Professional Accountant

2016 Personal Income Tax Organizer

| PERSONAL INFORMATION | | | | | | |
|--|----|-------------------------|--|---|---|--|
| | | Social Insurance Number | Date of Birth | | | |
| | | | D | M | Y | |
| Name | | | | | | |
| Name of Spouse/Partner | | | | | | |
| Name of Dependants | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |
| Address | | | Apt. # | | | |
| Street | | | City | | | |
| Province | | | Postal Code | | | |
| Telephone: Home () | | | Telephone: Office () | | | |
| Telephone: Cell () | | | Fax: () | | | |
| Is Your Address New This Year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | D | M | Y | |
| Date of Departure from or Entry to Canada if Within Tax Year | | | | | | |
| Date of Marriage if Within Tax Year | | | | | | |
| Date of Separation or Divorce if Within Tax Year | | | | | | |
| Date of Death | | | | | | |
| Date of Dependant's Birth if Within Tax Year | | | | | | |
| Province of Residency on December 31 | | | | | | |

INCOME (include T3s, T4s, T4As, T5s, T600s, and invoices)

| | | | | | |
|---|---|--|--|----------|----------|
| BUSINESS | | | | | |
| Type of Business | | | | | |
| Financial Statement | <input type="checkbox"/> Included <input type="checkbox"/> Not Included | | | | |
| Employer's Remittance Number | | | | | |
| Wages or Partnership Allocation to Spouse \$ | | | | | |
| CAPITAL GAINS | | | | | |
| REAL ESTATE | | | D | M | Y |
| Amount of Purchase \$ | Date of Purchase | | | | |
| Amount of Sale \$ | Date of Sale | | | | |
| LISTED PERSONAL PROPERTY | | | | | |
| Amount of Purchase \$ | Date of Purchase | | | | |
| Commissions Paid and Legal Fees \$ | | | | | |
| Amount of Sale \$ | Date of Sale | | | | |
| Other Costs of Sale \$ | | | | | |
| DO YOU HAVE DEBT OR SHARES IN A CANADIAN CONTROLLED PRIVATE CORPORATION? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| IF YES: | | | | | |
| Amount of Loan or Purchase \$ | Date of Loan or Purchase | | | | |
| Amount of Sale \$ | Date of Sale | | | | |
| Other Costs of Sale \$ | | | | | |
| DID YOU TRANSFER FARMING PROPERTY TO CHILDREN OR GRANDCHILDREN? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| DID YOU TRANSFER SHARES OF A SMALL BUSINESS CORPORATION? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| DID YOU TRANSFER FISHING PROPERTY TO A CHILD OR GRANDCHILD? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| DID YOU TRANSFER COMBINED FARMING AND FISHING PROPERTY TO A CHILD OR GRANDCHILD? (Proposed in 2014 Federal Budget) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| IF YES TO A TRANSFER: | | | | | |
| Value of Transfer \$ | Date of Transfer | | | | |
| DID YOU BUY OR SELL SHARES OR MUTUAL FUNDS DURING THE TAX YEAR? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Amount of Purchase \$ | Date of Purchase | | | | |

INCOME (include T3s, T4s, T4As, T5s, T600s, and invoices) (cont'd)

| | | | | |
|--|--------------------|---|---|---|
| Amount of Sale \$ | Date of Sale | | | |
| Other Costs of Sale \$ | | | | |
| FEBRUARY 24, 1994 CAPITAL GAINS ELECTION AMOUNTS \$ | | | | |
| CHILD SUPPORT | | | | |
| Date of agreement or order and amendments | | | | |
| Received \$ | | | | |
| Paid \$ | | | | |
| COMMISSIONS \$ | | | | |
| ELIGIBLE DIVIDENDS \$ | | | | |
| Notice of designation by corporation: | | <input type="checkbox"/> Included <input type="checkbox"/> Not Included | | |
| OTHER DIVIDENDS \$ | | | | |
| EMPLOYMENT \$ | | | | |
| TAXABLE BENEFITS \$ | | | | |
| Automobile | Documents Attached | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Residence | Documents Attached | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other | Documents Attached | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| LOW INTEREST OR NO INTEREST LOANS | | D | M | Y |
| Amount Outstanding \$ | Date Outstanding | | | |
| Amount Outstanding \$ | Date Outstanding | | | |
| GRATUITIES AND TIPS \$ | | | | |
| INTEREST FROM INVESTMENTS \$ | | | | |
| Canada Savings Bonds \$ | | | | |
| Other Bonds \$ | | | | |
| Mortgages \$ | | | | |
| Trusts \$ | | | | |
| FOREIGN ASSETS IN EXCESS OF \$100,000 \$ | | | | |
| PARTNER'S ALLOCATION OF PARTNERSHIP INCOME \$ | | | | |
| PENSIONS | | | | |
| RETIRING ALLOWANCES | | | | |

INCOME (include T3s, T4s, T4As, T5s, T600s, and invoices) (cont'd)

| | |
|---|--|
| Amount \$ | |
| RRSP CONTRIBUTIONS \$ | |
| Amount \$ | |
| Home Buyers' Plan Withdrawals | |
| Lifelong Learning Plan Withdrawals | |
| RRIF WITHDRAWALS | |
| Individual Pension Plans | |
| RESP CONTRIBUTIONS | |
| Amount \$ | |
| CESG | |
| Amount \$ | |
| RESP Withdrawals | |
| RDSP CONTRIBUTIONS | |
| Amount \$ | |
| CDSG and CDSB | |
| Amount \$ | |
| RDSP Withdrawals | |
| TFSA CONTRIBUTIONS | |
| Amount \$ | |
| TFSA Withdrawals | |
| Other | |
| RENTAL PROPERTY | |
| Address | |
| Apt. # | City |
| Province | Postal Code |
| TAX SHELTERS | |
| Number | TS |
| Expiration Date | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ / _____ / _____ Month Day Year | |
| Supporting Documents Attached | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| REPORTABLE TRANSACTION | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supporting Documents Attached | <input type="checkbox"/> Yes <input type="checkbox"/> No |

EXPENSES (include receipts)

| | |
|---|---|
| Adoption Expenses \$ | |
| Child Care Expenses \$ | |
| Child Support Payments \$ | |
| Charitable Donations \$ | |
| Medical Expenses \$ | |
| Moving Expenses \$ | |
| Professional Dues \$ | |
| Safety Deposit Box \$ (no longer deductible for taxation years that begin on or after March 21, 2013) | |
| Salesperson's Expenses (Form T2200) \$ | |
| Spousal Support Expenses \$ | |
| Spousal Support Receipts \$ | |
| Tuition Payments \$ | |
| Union Dues \$ | |
| Eligible Expenses for a Child's Program with Artistic, Cultural, Developmental, or Recreational Activities \$ | |
| Registration Fees for a Child's Qualified Fitness Program \$ | |
| Public Transit Passes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Other \$ | |

ALLOWABLE BUSINESS INVESTMENT LOSS (ABIL)

| | | | |
|---|--|---|---|
| DID YOU SELL SHARES TO A NON-RELATED PERSON AT A LOSS? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| IS AN OUTSTANDING LOAN TO YOU BY A CORPORATION UNCOLLECTIBLE? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| IF YES, TO EITHER QUESTION, DOCUMENT THE DETAILS FOR YOUR ALLOWABLE BUSINESS INVESTMENT LOSS | | | |
| FOR THE SMALL BUSINESS CORPORATION | D | M | Y |
| Name | | | |
| Date of Bankruptcy, Insolvency, or Wind-up | | | |
| FOR THE SHARES | | | |
| Class of Shares | Number of Shares | | |
| Date of Purchase | | | |
| Adjusted Cost Base \$ | | | |
| FOR THE DEBT | | | |
| Type of Debt | | | |
| | | | |

ALLOWABLE BUSINESS INVESTMENT LOSS (ABIL) (cont'd)

| | | | |
|----------------------------|--|--|--|
| Date of Acquisition | | | |
| Adjusted Cost Base \$ | | | |
| Proceeds of Disposition \$ | | | |
| Amount of Your Loss \$ | | | |

TRANSFERS TO SPOUSE ON SEPARATION

| | D | M | Y |
|-------------------------------|--|---|---|
| Your Spouse's Name | | | |
| Property That You Transferred | | | |
| Transfer Date | | | |
| Separation Date | | | |
| Consent to File Election | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

CHECKLIST FOR THE SELF-EMPLOYED



| | |
|---|--|
| Advertising | |
| Allowable Reserves | |
| Convention Expenses | |
| Disability Modifications | |
| Insurance | |
| Interest | |
| Interest and Borrowing Charges | |
| Health Plan Premiums | |
| Home Office, if Place of Business | |
| Square Footage or Proportion of Rooms Dedicated | |
| Rent or Mortgage Interest | |
| Property Tax | |
| Home Insurance | |
| Annual Utilities | |
| • Heat | |
| • Hydro | |
| | |

CHECKLIST FOR THE SELF-EMPLOYED (cont'd)



| | |
|-------------------------------------|--|
| • Water | |
| • Sewage | |
| Maintenance and Repairs | |
| Leasing Costs | |
| Meal Expenses | |
| Automobile | |
| Do you have an Automobile Log? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Own or Lease? | |
| • If Lease, Lease Costs Per Month | |
| • If Own, Interest Costs Per Month | |
| • Odometer at Beginning of Tax Year | |
| • Odometer at End of Tax Year | |
| • Percentage of Business Use of Car | |
| • Fuel Expenses | |
| • Car Insurance | |
| • Repairs and Maintenance | |
| • Parking Expenses | |
| Equipment Purchases Subject to CCA | |
| Office Expenses | |
| • Telephone & Fax | |
| • Internet | |
| • Stationery Supplies | |
| • New Capital Assets (attach list) | |
| • If Applicable, Tools | |
| Professional Membership Fees | |
| Fees for Professional Services | |
| Salaries Paid | |
| Travel | |