

Name:	ame: Date:					
Contact: Work:	Contact: Work: Home:					
Cell:		En	nail:			
U.S. taxpayer identifica Birth Date:	ess: Attach a copy of your SSN card. Date:					
Marital Status: [ Your occupation:						
Details of Spouse/Depe						
Vame	Relationship		U.S. Social Security # or ITIN	Citizenship		
Countries of citizenship	):					
Country of Birth:						
If you are a U.S. citizer	n, when did you bed	come a U.S. citize	n?			
Countries issuing your	Passport:					
Country of Residence:		Date Estat	blished Residency:			
Do you Rent or Own yo	our Residence?					
			was it issued? Attach a co			
For what tax year did y	ou last file a U.S. t	ax return?				
Please provide the follo	owing:					
✓ Full copy of your C	Canadian personal t	ax return (if not p	repared by Taylor Leibow) plus all	tax slips.		
✓ Full copy of your la	ast US tax return fi	led.				
✓ Correspondence from	om the IRS regarding	ng your prior year	return.			
✓ Details of any estim	nated U.S. tax payr	nents for the 2021	calendar year.			
April 15, 2021:		(USD) June	15, 2021:(U	SD)		
September 15,	2021:	(USD) Janu	ary 15, 2022: (US	SD)		
✓ Amount of the $2^{nd}$ a	and 3 <sup>rd</sup> Economic In	mpact Payment yo	ou and your family received in 202	l, if any:		
Received in Jan	nuary 2021:	(USD)				
Received in or						



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✓	Did you receive any funds from the Advanced Child Tax Credit between July and 2021? $\Box$ Yes $\Box$ No (If yes, please provide a copy of Letter 6419).	l Decembe	er of
	ring the year, did you incur the following expenses? (If so, provide the dollar amou rency)	unt and no	ote the
-	Property Taxes for Real Estate Located in the US (USD) Medical Expenses		
-	Charitable Donations to Canadian Charity (CDN) Charitable Donations to US Charity (USD)		
Plea	se answer YES or NO to the following questions and <u>provide details</u> if you answ	er Yes.	
1.	expenses for personal protective equipment and other supplies used for COVID-19 measures	□ Yes	□ No
2.	Were you self-employed during the year and due to COVID-19 were you unable to work for reasons related to your own health or to care for a family member?	□ Yes	□ No
3.	With respect to any U.S. Individual Retirement Arrangement ("IRA") or 401(k) accounts, did you make any contributions, rollovers, or withdrawals during the year?	□ Yes	□ No
4.	Do you have a 529 college savings plan or are you the beneficiary of a 529 college savings plan?	□ Yes	□ No
5.	Do you have a U.S. Roth IRA?	□ Yes	🗆 No
6.	Do you have a U.S. revocable living trust?	□ Yes	🗆 No
7.	Did you sell any assets (stocks, bonds, real estate, etc.) during the year? If yes, provide the cost of the initial purchase, the date of purchase, the sale proceeds, and the date of sale.	□ Yes	□ No
8.	Do you, or any immediate family member, have any investments in a company not listed on a stock exchange?	□ Yes	□ No
9.	Did you own any mutual funds during the year in an investment account outside your RRSP, RRIF or LIRA?	□ Yes	□ No
10.	At any time during the year, did you own or control, 10% or more of a Corporation, Trust, or Partnership?	□ Yes	□ No
11.	Were you an officer or director of a corporation during the year?	□ Yes	🗆 No





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13.	During the year, were you the owner or beneficiary of a Registered Disability Savings Plan (RDSP), Registered Education Savings Plan (RESP) or Tax Free Savings Account (TFSA)?	□ Yes	□ No
	If yes, please provide the annual statement for each RDSP/RESP/TFSA showing the amount and type of income earned during the year, the contributions, the withdrawals and the December 31st balance.		
	If Form 3520 and/or Form 3520-A were prepared and filed for the prior year, please provide a copy of each form filed.		
14.	Do you receive US Social Security?	□ Yes	□ No
	If yes, did you start receiving benefits on or before January 1, 1997?	□ Yes	□ No
15.	During the year, did you gift property (cash, investments or real estate etc.) in excess of \$15,000 USD to any person?	□ Yes	□ No
16	Were you the owner of, or did you have signature authority over any bank account, securities or other financial account (including RRSPs and RRIFs) located outside of the US at any time in the year?	□ Yes	□ No
	If yes, was the aggregate value at any time in the year more than \$10,000 USD?	□ Yes	□ No
	If yes, please complete the FBAR summary enclosed. An electronic version of the form is available at <u>www.taylorleibow.com/us-tax-services</u>		
17.	Do you have a life insurance policy with a cash surrender value?	□ Yes	□ No
	If yes, please provide a December statement showing the current value.		
18.	Do you have a pension plan or deferred compensation arrangement (does not include CPP, OAS, US Social Security)?	□ Yes	□ No
	If yes, please provide the current value of the plan if available.		
19.	At any time during the year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	□ Yes	□ No
20	At any time during the year, did you receive gambling winnings or incur gambling losses? This includes, but is not limited to, winnings from lotteries, raffles, horse races and casinos.	□ Yes	□ No
21	At any time during the year, did you receive more than \$100,000 USD as a gift or bequest from a non-U.S. person or a foreign estate (non-U.S. estate)?	□ Yes	□ No

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If you have not answered all questions & supplied all documents requested on this organizer, please explain, otherwise your tax return may be delayed and/or additional fees may be incurred because of the extra time required.

The information disclosed above is accurate and complete to the best of my knowledge.

Signature

Date

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