

Personal Tax Organizer

Gliditeret	a Professional Acc	Uuntant						
Per	sonal Informatio	Spouse Information						
Name:			Name:					
SIN Number:			SIN Number:					
Date of Birth: DD MM YYYY			Date of Birth: DD MM YYYY					
Phone Number:			Phone Number:					
Email:			Email:					
Street Address:	treet Address:			Street Address:				
City, Province:	/, Province:			City, Province:				
Postal Code:			Postal Code:					
Marital Status: □ I	Married □ Single	e □ Common-law	☐ Separated ☐] Divorced □ Wi	dowed			
Date Marital status	changed (if appli	cable)						
Province or territor	ry of residence or	n December 31						
Are we preparing y	our spouse's retu	ırn? Yes No	If no, provide Ne	t Income (Line 2	3600)			
NEW Did you mov	ve in the year?	If Yes, P	ease fill out Form T2091 as found on our website					
Dependar	nts Informat	ion						
Name	Date of Birth	Relationship	SIN Number	Net Income	DTC *	Post Seconda study		
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* Eligible for Disability Tax Credit

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If this is your first year filing with us, please provide a copy of your prior year Personal Tax Return							
	Are you a Canadian Citizen?		Is your Spouse a Canadian Citizen?				
	Are you a US Citizen?		Is your Spouse a US Citizen?				
	Do you own/hold foreign property with a total cost of more than \$100,000 CAD?						
	Did you sell your principal residence in the current tax year? (if so, please complete Sale of						
	Real Estate)						
	Do you authorize CRA to provide information about you/your spouse to Elections Canada?						
	Do you want to register for online mail with the email address given above?						