



Personal Information		Spouse Information	
Name:		Name:	
SIN Number:		SIN Number:	
Date of Birth: YYYY MM DD		Date of Birth: YYYY MM DD	
Phone Number:		Phone Number:	
Email:		Email:	
Street Address:		Street Address:	
City, Province:		City, Province:	
Postal Code:		Postal Code:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Date Marital status changed (if applicable)			
Province or territory of residence on December 31			
Are we preparing your spouse's return?		If no, please provide Net Income (line 23600)	
Did you move in the year?		If Yes, did you own or rent your home?	

Dependants Information

Name	Date of Birth	Relationship	SIN Number	Net Income	DTC *	Post Secondary study
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

* Eligible for Disability Tax Credit

Mandatory Questions (Please Check if Yes)

If this is your first year filing with us, please provide a copy of your prior year Personal Tax Return

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|---|---|
| <input type="checkbox"/> Are you a Canadian Citizen? | <input type="checkbox"/> Is your Spouse a Canadian Citizen? |
| <input type="checkbox"/> Are you a US Citizen? | <input type="checkbox"/> Is your Spouse a US Citizen? |
| <input type="checkbox"/> Do you own/hold foreign property with a total cost of more than \$100,000 CAD? | |
| <input type="checkbox"/> Did you sell your principal residence in the current tax year? | |
| <input type="checkbox"/> Do you authorize CRA to provide information about you/your spouse to Elections Canada? | |
| <input type="checkbox"/> Do you authorize CRA to provide information about you/your spouse to Ontario Health for information regarding tissue donation? | |
| <input type="checkbox"/> Do you want to register for online mail with the email address given above? | |