

PERSONAL INFORMATION															
First and Last Name						SIN #			Date of Birth (yyyy/mm/dd)			Phone Number			
Individual Name -															
Spouse Name -															
Address															
Do you want copy of assessment via Email? If yes provide your Email :															
Marital Status		Married		Single		Common Law		Separated		Divorced		Widowed			
If Marital Status changed during the year, provide date						(yyyy/mm/dd)			For New Immigrants – Date of Entry (yyyy/mm/dd)						
Are you Canadian Citizen Yes No						Did you sell principal residence or housing unit (including a rental property, or rights to purchase a property) during the year? Yes No									
Do you own foreign assets with a cost greater than \$100,000? Yes No						If yes, provides details:									
Dependents															
Name:						DOB:			Relationship: Son / Daughter / Father / Mother						
Name:						DOB:			Relationship: Son / Daughter / Father / Mother						
Name:						DOB:			Relationship: Son / Daughter / Father / Mother						
Name:						DOB:			Relationship: Son / Daughter / Father / Mother						
												Do you required to pay back under HBP or LLP?		Yes No	
Circle Income slips applicable to you:															
T4	T4E	T4A	T5	T3	T4A (OAS)	T4AP (CPP)	T4PS	T4RIF	T4RSP	T5	T2202	TL11A	T5007	T5008	T5013
RC62	T5018	FHSA													
Tick applicable boxes for other Income(s):															
<input type="checkbox"/> Other Employment Income		<input type="checkbox"/> Business Income				<input type="checkbox"/> Support Payments		<input type="checkbox"/> Interest Income		<input type="checkbox"/> Investment Income		<input type="checkbox"/> T4A (OAS)		<input type="checkbox"/> Rental Income	
<input type="checkbox"/> Foreign Income		<input type="checkbox"/> Home Buyer plan withdrawal				<input type="checkbox"/> Sale/purchase of Real Estate		<input type="checkbox"/> Commission Income		<input type="checkbox"/> Farming Income		<input type="checkbox"/> Fishing Income		<input type="checkbox"/> Rental Income	
<input type="checkbox"/> RESP withdraw		<input type="checkbox"/> Scholarships, fellowships, Bursaries				<input type="checkbox"/> Gain on sale of stocks									
Tick applicable boxes for other Expenses/Claims:															
<input type="checkbox"/> Employment Expenses (T2200)		<input type="checkbox"/> Tools for Trades Person		<input type="checkbox"/> Rental Expenses		<input type="checkbox"/> Teachers education credit		<input type="checkbox"/> Investment counsel fees		<input type="checkbox"/> Moving expenses		<input type="checkbox"/> Child care Expenses			
<input type="checkbox"/> Donations		<input type="checkbox"/> Legal expenses		<input type="checkbox"/> Interest paid		<input type="checkbox"/> Caregiver claim		<input type="checkbox"/> Union Dues		<input type="checkbox"/> Disability credit		<input type="checkbox"/> Tuition fees			
<input type="checkbox"/> Interest on student loans		<input type="checkbox"/> Property tax / rent paid		<input type="checkbox"/> Medical expenses		<input type="checkbox"/> Digital News Subscription		<input type="checkbox"/> Capital Gains/loss		<input type="checkbox"/> Adoption expenses		<input type="checkbox"/> Support payments paid			
<input type="checkbox"/> Political Contribution		<input type="checkbox"/> Pension Splitting (T1032)		<input type="checkbox"/> First time home buyer credit		<input type="checkbox"/> Membership/ professional insurance		<input type="checkbox"/> RRSP contribution		<input type="checkbox"/> Healthy Home Renovation claim		<input type="checkbox"/> Disability tax credit			
<input type="checkbox"/> Tuition fees paid (Form T2202A)		<input type="checkbox"/> Home Office Expense		<input type="checkbox"/>		<input type="checkbox"/> First Home SavingAc (FHSA)									