

RETURNING CLIENT TAX FORM

REVIEW ENTIRE FORM

TAX PAYER #1: (Last)	(First)	
TAX PAYER #2: (Last)	(First)	
Preferred contact	method: Phone Email Email: Email:	
MARITAL STATUS: Did your r	narital status change during the tax year? No Yes : mm dd	
Current Status: Married	Separated 🔲 Common Law 🗌 Divorced 🗌 Widowed 🗌 Single 🗌	
Spousal Support: No 🗌 Ye	S: Paid: Received:	
Apt # City: Update Add	t year? Yes No: Fill in new home address below: Street: Province:Postal Code: Iress with CRA? Yes: No: Own Other :	
-	ence during tax year? No Yes : Proceeds of Sale: er? No Yes :	
DEPENDANTS: Same as last ye	ear? Yes (skip section) No (fill out below)	
Namo	DOB (yyyy,mm,dd) SIN	
Name: Name: Name:		
CUSTODY AGREEMENT: Same	e as last year? Yes ((skip section) No ((fill out below)	Incontivo
	Child Support: Paid Received : % of custody: Eligible Dependent? C.A.I?	, —
	Y N N Y N N Y N N Y N N Y N N N Y N _	=
OTHER INFORMATION:		
Any Family Members with a [oyment
Do you have a child in Post-So Transfer Tuition Credits to a		
	parent? Y N Access Code for Netfile:	