

**CLIENT TAX FORM**

**\*FILL OUT ENTIRE FORM\***

**TAX PAYER 1:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ SIN \_\_\_\_\_

Date of Birth: yyyy \_\_\_\_\_ mm \_\_\_\_\_ dd \_\_\_\_\_

Preferred contact method:  Phone  Email

(Please provide both) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Canadian Citizen: Yes  No: \_\_\_\_\_

Provide info to Elections Canada? Yes  No

**TAX PAYER 2:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ SIN \_\_\_\_\_

Date of Birth: yyyy \_\_\_\_\_ mm \_\_\_\_\_ dd \_\_\_\_\_

Preferred contact method:  Phone  Email

(Please provide both) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Canadian Citizen: Yes  No: \_\_\_\_\_

Provide info to Elections Canada? Yes  No

**MARITAL STATUS:** Married  Separated  Common Law  Divorced  Widowed  Single

Did your marital status change during the tax year? No  Yes : mm \_\_\_\_\_ dd \_\_\_\_\_

Spousal Support: No  Yes : Paid: \_\_\_\_\_ Received: \_\_\_\_\_

**HOME ADDRESS:** Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Update Address with CRA? Yes:  No:

Rent  Own  Other  \_\_\_\_\_

First time Home Buyer? No  Yes

**SALE OF PRINCIPAL RESIDENCE:**

Year of Sale: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_ Proceeds of Sale: \_\_\_\_\_

**DEPENDANTS:** N/A:  (skip section)

NAME:	DOB (yyyy,mm,dd)
1: _____	_____
2: _____	_____
3: _____	_____
4: _____	_____

<b>CUSTODY AGREEMENT</b> N/A <input type="checkbox"/> Y <input type="checkbox"/>			
Support: Pd	Rec'd	% of custody	Eligible Dep?
None <input type="checkbox"/>			
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>

**OTHER INFORMATION:**

Any Family Members with a DTC? Name: _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Self-employment: Y <input type="checkbox"/> N <input type="checkbox"/>	Rental Income: Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a child in Post-Secondary?	Y <input type="checkbox"/> N <input type="checkbox"/>	Require HST filed: Y <input type="checkbox"/> N <input type="checkbox"/>	Access Code for Netfile: _____
Transfer Tuition Credits to a parent?	Y <input type="checkbox"/> N <input type="checkbox"/>		