

TEL: HOME: _____ BUS: _____ DATE: _____

NAME: _____ S.I.N. _____
Surname, Given Name

ADDRESS: _____ Postal Code _____

EMAIL ADDRESS(ES): _____

DATE OF BIRTH _____ SPOUSE NAME: _____
Y/M/D

SPOUSE'S D.O.B. _____ SPOUSE'S S.I.N. _____
Y/M/D

SPOUSE'S NET INCOME: _____

MARITAL STATUS: _____ IF STATUS CHANGED DURING THE YEAR

DATE OF CHANGE : _____ INFO TO ELECTIONS CANADA Y/N _____

DEPENDANTS: TYPE: EQUIVALENT: _____ DISAB: _____ OTHER: _____

<u>FIRST & LAST NAME</u>	<u>RELATIONSHIP</u>	<u>D.O.B.</u>	<u>INCOME</u>	<u>BABYSITTING</u>	<u>S.I.N.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER: _____

WORK AT HOME: _____ CG/LOSS/CF: _____ SHARES/REAL ESTATE: _____ NOTE _____

RRSP: CAL. YEAR \$ _____ 1st 60 days _____ CONTR.LIMITS \$ _____

CARRYING CHGS: _____ MOVING: _____ ALIMONY: _____ FOREIGN PROP: _____

TUITION \$ _____ MEDICAL \$ _____ DONATIONS \$ _____

OTHERS: _____

PRINCIPAL RESIDENCE:

RENT \$ _____ TAXES \$ _____ PAIDYEARS _____ MONTHS \$ _____ \$MHT _____

LANDLORD/MUN: _____

OTHERS: _____

EFILE: _____ DD _____ T183 SIGNED _____ ACCEP. BY REV.CANADA _____

PROMISED FOR: _____ DATE CLIENT CALLED: _____ DATE DELIVERED _____

NOTES: _____

MOVING Y/N _____ REFERRED BY: _____