

PERSONAL TAX INFORMATION FORM

	YOU	YOUR SPOUSE	Indicate Your Marital Status	
FIRST NAME			MARRIED	
LAST NAME			SINGLE	
<i>SIN#s</i>			COMMON LAW	
DATE OF BIRTH			SEPERATED	
ADDRESS			DIVORCED	
CITY/POSTAL CODE			WIDOWED	
HOME PHONE			NOTE RE LAST TAX RETURN	
WORK PHONE			Please provide a copy of last personal	
EMAIL ADDRESS			Tax Return Filed, Including a copy of the	
OCCUPATION			Notice of assessment from CRA	

DEPENDENTS INFORMATION				
NAME	AGE	SIN	RELATIONSHIP	DATE OF BIRTH

T-SLIPS FROM ALL SOURCES	YOU	YOUR SPOUSE	Income from Self-employment - (YOU)	
NUMBER OF T4 SLIPS			Business Name	
NUMBER OF T4A SLIPS			Income Amount	
NUMBER OF T5/T3 SLIPS			OTHER INCOME	
NUMBER OF RRSP/RSP			Income Source	
	YOU	YOUR SPOUSE	Income Source	
<i>RRSP Repayment Required</i>	\$	\$	Income Amount	

T-Slips from all Sources	YOU	Your Spouse	Home Buyers Repayment Instructions	
NUMBER OF T5 SLIPS			Amount to Repay	
NUMBER OF OTHER T SLIPS			Original Amount	
MEDICAL EXPENSES -	YOU	YOUR SPOUSE	Amount Outstanding	

CONTRIBUTIONS	YOU	YOUR SPOUSE	Notes to Tax Preparation Department	
CHARITY'S	# of Receipts	# of Receipts		

TAXES - AND ONTARIO CREDITS	ADDRESS	PAID TO	# of Mths
PROPERTY TAX PAID	\$		
RENT PAID	\$		

CHILD CARE EXPENSES		
NAME AND ADDRESS OF PROVIDER	AMOUNT PAID	Please send us copies of the T-Slips and all support receipts by fax to (416) 840-6702
	\$	