

PERSONAL TAX RETURN INFORMATION SHEET

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** **TAXPAYER** **/** **SPOUSE** **INFORMATION** | **TAXPAYER** **SIN#** | | | | |
|  | **SPOUSE** **SIN#** | | | | |
| **FULL** **NAME** (as shown on social security card): | | | | | |
| **Date** **of** **Birth** | MM: | DD: | Year: |  | |
|  |  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPOUSE** **FULL** **NAME** (as shown on social security card): | | | | |
| **Date** **of** **Birth** | MM: | DD: | Year: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MARITAL** **STATUS** (check  one): | □ Single | □ Married | □ Separated | □ Widowed | □ Common law | □ Divorced |

If there change in Marital Status in current Year □ YES □ NO

If YES, State the date of Change (DD/MM/YYYY)

\*\* IF you got married in Current year and your spouse not in Canada Yet, please also provide:

|  |  |
| --- | --- |
| Name of your Spouse |  |
| Date of Birth of your Spouse (DD/MM/YYYY) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **STREET** **ADDRESS:** | |  | |
| **CITY:** | **STATE:** | | **ZIP:** |
| Daytime Phone Number: ( ) | Email: | | |
|  |  | | |
|  | |  |  |

Please complete the following as applicable.

2. EXEMPTIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** **(as** **shown** **on** **SS** **card)** | **Date** **of** **Birth** | **Social** **Security** **Number** | **Relationship** **to** **Taxpayer** |
| **Dependent** |  |  | ( ) |  |
| **Dependent** |  |  | ( ) |  |
| **Dependent** |  |  | ( ) |  |
| **Dependent** |  |  | ( ) |  |
| **Dependent** |  |  | ( ) |  |

3. REFUND

Have you setup Direct Deposit with CRA to Get your Tax Refund and Credits?

□ YES

□ NO

**\*If You Selected No, Please attach a void Cheque.**

|  |
| --- |
| **Notes:** |

4. SIGNATURE

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

IF I CHOOSE NOT TO COMPLETE THE RETURN, UPON TAX INFORMATION BEING INPUT INTO THE COMPUTER BY A TAX PREPARER, THERE WILL BE A $50.00 DOLLAR CONSULTATION FEE.

**SIGNATURE:** **DATE:**

(PLEASE COMPLETE BACK OF FORM)

5. DOCUMENTS

Please attached the following Documents with this form (whatever applicable to you)

* T4- Employment Income
* T2125- Self-employed Business, Profession, Commission income
* T5- Statement of Investment Income
* T5008- Statement of Securities Transactions
* T4A- Statement of Pension, Retirement, Annuity, and Other Income
* T4A(P) Statement of Canada Pension Plan Benefits
* T4A(OAS) Statement of Old Age Security
* T4RSP Statement of RRSP Income
* T4RIF Statement of income from a Registered Retirement Income Fund
* T4E Statement of Employment Insurance and Other Benefits
* T5007 Statement of Benefits – Workers Compensation or Social Assistance benefits
* T2202A- Tuition/Education receipts
* T3-income from Trust
* Business/Self-Employed income (if any)
* Medical, dental, Prescription drugs, Union dues & any professional Dues
* Interest paid on student loans
* Child Care Expense
* Moving Expense
* First time Home Buyer
* Home Buyer Plan withdrawals/Payments
* Property Tax or Residential rent paid
* Charitable Donation receipts
* Prior Year’s Notice of Assessment, if you did not use us last year to file your tax return