



PERSONAL TAX INFORMATION FORM.

	YOU	YOUR SPOUSE	Indicate Your Marital Status	
FIRST NAME			MARRIED	
LAST NAME			SINGLE	
SIN #			COMMON LAW	
DATE OF BIRTH			SEPARATED	
ADDRESS			DIVORCED	
CITY AND POSTAL CODE			WIDOWED	
HOME PHONE			NOTE Re Last Tax Return Filed	
WORK PHONE			Please send us a copy of your last personal	
EMAIL ADDRESS			Tax return filed for you and your spouse. Or	
OCCUPATION			Or Fax us page 1, to (246) 271-4625	

DEPENDENTS INFORMATION				
NAME	AGE	SIN	RELATIONSHIP	DATE OF BIRTH

T-SLIPS FROM ALL SOURCES	YOU	YOUR SPOUSE	Other Taxable income if applicable	
NUMBER OF T4 SLIPS			Income Amount	
NUMBER OF T4A SLIPS				
NUMBER OF T5 SLIPS				
NUMBER OF T3 SLIPS				
NUMBER OF RRSP/RSP				

RRSP Repayment Required	\$	\$		

Interest and Dividend Income	YOU	Your Spouse	Home Buyers Repayment Notes	
NUMBER OF T5 SLIPS			Repayment Amount	
NUMBER OF OTHER T SLIPS			Original Loan Amount	
MEDICAL EXPENSES -	YOU	YOUR SPOUSE	Amount Outstanding	
Health Insurance/Dentist	# of Receipts -	# of Receipts -	Repayment Required	
Prescription drugs	# of Receipts-	# of Receipts-	Amt to be repaid per-y	
Amounts Paid to Dentists	\$	\$		

CONTRIBUTIONS	YOU	YOUR SPOUSE		
CHARITY'S	# of Receipts -	# of Receipts -		
CHURCH AND OTHER	# 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	RETAIN COPIES OF ALL RECEIPTS FOR AUDIT SUPPORT IF REQUIRED
	\$	