

PERSONAL TAX INFORMATION FORM

	YOU	YOUR SPOUSE	Indicate Your Marital Status	
FIRST NAME			MARRIED	
LAST NAME			SINGLE	
SIN #			Common Law	
DATE OF BIRTH			SEPERATED	
EMAIL ADDRESS			DIVORCED	
HOME PHONE			WIDOWED	

DEPENDENTS INFORMATION				
NAME	AGE	SIN	RELATIONSHIP	DATE OF BIRTH

MEDICAL EXPENSES -	AMOUNT PAID BY YOU	AMOUNT PAID BY YOUR SPOUSE	AMOUNT PAID FOR DEPENDENTS	AMOUNT PAID FOR DEPENDENTS
Health Insurance and Dentist				
Prescription drugs				

CONTRIBUTIONS	YOU AMOUNT PAID	YOUR SPOUSE	
CHARITY'S			
CHURCH AND OTHER			

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

CHILD CARE EXPENSES	AMOUNT PAID	\$	
NAME AND ADDRESS OF PROVIDER			