

<p><b>Taxpayer personal information</b></p> <p>SIN <input type="text"/></p> <p>Title <input type="text"/></p> <p>First name <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Street address <input type="text"/> Apt # <input type="text"/></p> <p>P.O. Box <input type="text"/> R.R. <input type="text"/></p> <p>City <input type="text"/></p> <p>Province <input type="text"/></p> <p>Postal code <input type="text"/></p> <p>Home phone <input type="text"/> Cell phone <input type="text"/></p> <p>Birthdate <input type="text"/></p> <p>Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p><b>Additional contact information</b></p> <p>Work phone number <input type="text"/></p> <p>Fax number <input type="text"/></p> <p>Email address <input type="text"/></p>	<p><b>Marital status</b></p> <p>Indicate your marital status on December 31, 2017</p> <p><input type="radio"/> 1 Married    <input type="radio"/> 2 Living common-law    <input type="radio"/> 3 Widowed</p> <p><input type="radio"/> 4 Divorced    <input type="radio"/> 5 Separated    <input type="radio"/> 6 Single</p> <p>If status changed in 2017, enter date of change <input type="text"/></p> <p><b>Residency</b></p> <p>Province of residence <input type="text"/></p> <p>on 2017/12/31 <input type="text"/></p> <p>Province of self-employment <input type="text"/></p> <p>If you became or ceased to be a Canadian resident in 2009, enter date of: entry <input type="text"/></p> <p>or departure <input type="text"/></p> <p>Are you a Canadian Citizen? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Provide information to Elections Canada? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Did taxpayer own foreign property at any time in 2017 with a total cost of more than CAN\$100,000? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is taxpayer's income zero? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Claim disability amount? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, is this a first year claim? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Did you dispose a property at any time in the year for which you are claiming a principal residence exemption? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If taxpayer is deceased, enter date of death <input type="text"/></p>
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**Spousal information**

SIN <input type="text"/>	Street address <input type="text"/> Apt # <input type="text"/>	
Title <input type="text"/>	P.O. Box <input type="text"/> R.R. <input type="text"/>	
First name <input type="text"/>	City <input type="text"/>	
Last name <input type="text"/>	Province <input type="text"/>	Birthdate <input type="text"/>
Home phone <input type="text"/>	Postal code <input type="text"/>	Net income <input type="text"/>

**Dependant information**

	Dependant #1	Dependant #2	Dependant #3	Dependant #4	More Dependants?
SIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>I need more</b>
Birthdate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Claim as eligible dependant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependant claiming GST credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did he/she live with you in 2017?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Disability/infirmity</b>					
Qualify for disability amount?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mentally or physically infirm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Income Information Slips in my possession for tax year 2017**

Name	Description	I have it	Numbers of them
<b>T2202/TL11</b>	Tuition and education credit certificate	<input type="checkbox"/>	<input type="checkbox"/>
<b>T3</b>	Statement of Trust Income	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4</b>	Statement of Remuneration paid	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4A</b>	Statement of Pension, annuity and other income	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4OAS</b>	Statement of Old Age Security	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4AP</b>	Statement of Canada Pension Plan Benefits	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4ARCA</b>	Statement of Distributions from RCA	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4E</b>	Statement of Employment Insurance and other benefits	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4PS</b>	Statement of profit-sharing plan, allocations and payments	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4RIF</b>	Statement of Income from RRIF	<input type="checkbox"/>	<input type="checkbox"/>
<b>T4RSP</b>	Statement of RRSP Income	<input type="checkbox"/>	<input type="checkbox"/>
<b>T5</b>	Statement of Investment Income	<input type="checkbox"/>	<input type="checkbox"/>
<b>T101</b>	Statement of Renounced Resource	<input type="checkbox"/>	<input type="checkbox"/>
<b>T5006</b>	Labour-Sponsored fund tax credit	<input type="checkbox"/>	<input type="checkbox"/>
<b>T5007</b>	Statement of Benefits	<input type="checkbox"/>	<input type="checkbox"/>
<b>T5008</b>	Statement of Securities transactions	<input type="checkbox"/>	<input type="checkbox"/>
<b>T5013</b>	Statement of Partnership income	<input type="checkbox"/>	<input type="checkbox"/>
<b>RC62</b>	Universal Child Care Benefit	<input type="checkbox"/>	<input type="checkbox"/>
<b>RC210</b>	WITB advance payment	<input type="checkbox"/>	<input type="checkbox"/>

**I NEED STATEMENTS OF BUSINESS AND PROFESSIONAL ACTIVITIES**

**I have the receipts in my possession for tax year 2017 for the following categories:**

RRSP Receipts	<input type="checkbox"/>	Moving Expenses	<input type="checkbox"/>	Medical Expenses	<input type="checkbox"/>
Child Care Expenses	<input type="checkbox"/>	Support payments	<input type="checkbox"/>	Donations and Gifts	<input type="checkbox"/>
Other receipts specify:	<input type="text"/>				

**Residency information and cost for Provincial tax credit:**

Full Addresses you lived in year 2017	# of Months lived in year 2017	Rent or Prop. Tax paid in Year 2017	Name of Landlord or Municipality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>