TEL: HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.I.N.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname, Given Name

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y/M/D

SPOUSE’S D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE’S S.I.N.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y/M/D

SPOUSE’S NET INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARITAL STATUS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF STATUS CHANGED DURING THE YEAR

DATE OF CHANGE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INFO TO ELECTIONS CANADA Y/N \_\_\_\_\_\_\_\_

DEPENDANTS: TYPE: EQUIVALENT: \_\_\_\_\_\_\_ DISAB:\_\_\_\_\_\_\_\_OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST & LAST NAME RELATIONSHIP D.O.B. INCOME BABYSITTING S.I.N.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK AT HOME:\_\_\_\_\_ CG/LOSS/CF:\_\_\_\_\_\_\_\_ SHARES/REAL ESTATE:\_\_\_\_\_\_\_\_NOTE\_\_\_\_\_\_\_\_

RRSP: CAL. YEAR $\_\_\_\_\_\_\_\_\_\_\_ 1st 60 days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTR.LIMIT$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARRYING CHGS:\_\_\_\_\_\_\_\_\_\_ MOVING:\_\_\_\_\_\_\_\_\_\_ ALIMONY:\_\_\_\_\_\_\_FOREIGN PROP:\_\_\_\_\_\_\_

TUITION $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDICAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DONATIONS $\_\_\_\_\_\_\_\_\_\_\_\_

OTHERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINCIPAL RESIDENCE**:

RENT $\_\_\_\_\_\_\_\_\_ TAXES\_$\_\_\_\_\_\_\_\_ PAIDYEAR$\_\_\_\_\_\_\_\_\_MONTHS\_$\_\_\_\_\_\_$MHT\_\_\_\_\_\_\_\_\_\_

LANDLORD/MUN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EFILE:\_\_\_\_\_\_\_\_\_\_DD\_\_\_\_\_\_\_\_\_ T183 SIGNED\_\_\_\_\_\_\_ ACCEP. BY REV.CANADA\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROMISED FOR:\_\_\_\_\_\_\_\_ DATE CLIENT CALLED:\_\_\_\_\_\_\_\_\_ DATE DELIVERED\_\_\_\_\_\_\_\_\_\_\_\_

NOTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOVING Y/N \_\_\_\_\_\_\_\_\_\_REFERRED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_