

Taxation year : _____

Province of residence as of December 31 of the taxation year: _____

Express service : Yes No

(Additional charges apply)

Client

First name : _____

Last name : _____

Date of birth (ddmmyy): _____

SIN: _____

Partner

First name : _____

Last name : _____

Date of birth (ddmmyy): _____

SIN: _____

Current contact information

Address : _____ App. _____

City: _____ Prov. _____ Postal code : _____

Phone number : _____ Email (optional): _____

Civil status

Single Common law partner Married Separated Divorced Widow

If civil status has changed : Previous civil status : _____

Date of change (ddmmyy) : _____

Partner

Do we treat the declaration of the partner? Yes No

If No, please indicate his / her income for the year :

Federal Line 236 : _____ CAD

Provincial Line 275 : _____ CAD

▶ Have you lived alone during the full year? (excluding dependent person) Yes No

▶ Do you or your spouse own more than 100 000\$ of foreign assets? Yes No

▶ A first home buyer in the year? Yes No

▶ Did you sell your principal residence in the year? Yes No

▶ Did you become a resident of Canada during the year? Yes No

• Date of arrival in Canada (ddmmyy) : _____

• Your income before the date of arrival : _____ CAD

• Spouse's income before date of arrival: _____ CAD

Drug insurance

(Indicate the months that the situation applies)

With the government

Client

From _____ to _____

Partner

From _____ to _____

My own group insurance

From _____ to _____

From _____ to _____

My partner/parents insurance

From _____ to _____

From _____ to _____

Exception : Working Holiday Program, Refugee

From _____ to _____

From _____ to _____

Dependent persons

M F First name: _____ Last name: _____

Date of birth (ddmmyy) : _____ SIN (if available): _____

M F First name: _____ Last name: _____

Date of birth (ddmmyy) : _____ SIN (if available): _____

Signature : _____

Date : _____

(ddmmyy)