

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 : _____

Partner

First name : _____
Last name : _____

Current contact information

Address : _____ App. _____
City: _____ Prov. _____ Postal code : _____
Phone number : _____ Email (optional): _____

Partner **Do we treat the tax return of the spouse?** 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

Drug insurance

(Indicate the months that the situation applies)

| | Client | Partner |
|---|---------------------|---------------------|
| With the government | From _____ to _____ | 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 _____ |

Change to civil status (Only if your civil status has changed)

New civil status : _____ Date of change (ddmmyy) : _____

New partner's details :

M F Date of birth (ddmmyy): _____ SIN: _____

New dependent person

M F First name: _____ Last name: _____
Date of birth (ddmmyy): _____ SIN (if available): _____

Signature : _____

Date : _____
(ddmmyy)