



PERSONAL TAX RETURN INFORMATION FORM

FIRST YEAR OF FILING []

Description	YOU		SPOUSE (IF APPLICABLE)	
Name				
Any change in last name?	Yes [] No []		Yes [] No []	
Gender	Male [] Female []		Male [] Female []	
Telephone				
E-mail				
Address				
Date of Birth (YYYY/MM/DD)				
Social Insurance Number (SIN)				
Date of Immigration, if immigrated recently				
Are you Canadian Citizen?	Yes [] No []		Yes [] No []	
Residency Status	Resident [] Non-Resident [] Deemed Resi. []		Resident [] Non-Resident [] Deemed Resi. []	
Marital Status	Single [] Married [] Common-law [] Separated [] Divorced [] Widowed []			
Any change in Marital Status?	Yes [] No [] If Yes, then date of Change			
Do you qualify for Disability Tax Credit?	Yes [] No []		Yes [] No []	
Dependent Name	Date of Birth (YYYY/MM/DD)	SIN	Disability, if Any	Relationship
Did you sell your home in this tax year?	Yes [] No [], If yes, provide detail			
Do you own/hold foreign property with a total cost of more than CAN \$100,000?	Yes [] No [], If yes, provide detail			
Do you want your tax refund deposited directly to your bank account	1. Yes (Attached void cheque)		1. Yes (Attached void cheque)	
	2. No		2. No	
	3. Direct Deposit already setup		3. Direct Deposit already setup	
NOTES		OUTSTANDING ITEMS		