

## Income Tax Filing Information

	Taxpayer	Taxpayer's spouse	Child 1	Child 2	Child 3	Child 4	Child 5
First Name:							
Middle Name:							
Last Name:							
Social Insurance Number:							
Date of Birth:							
Gender ( Sex)	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F					
When did you come to Canada:							
Immigration Status:	<input type="checkbox"/> PR	<input type="checkbox"/> PR					
	<input type="checkbox"/> NC	<input type="checkbox"/> NC					
	<input type="checkbox"/> SNI	<input type="checkbox"/> SNI					
Is this your first time to file for taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Your Home address:							
Your email address:							
Your phone number:							
Marital Status as of December 31st:	<input type="checkbox"/> Single	<input type="checkbox"/> Married					
	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law					
	<input type="checkbox"/> Divorced	<input type="checkbox"/>					
	<input type="checkbox"/> Separated	<input type="checkbox"/>					
Do you have Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, how many ?							
Did your Marital status changed in 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
How many T4 do you have?							
What's your total income?							
Do you have RRSP Contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how much is your contribution limit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have Tuition receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have child care expense receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have moving expense receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have medical expense receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you Your last year's Notice Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Bring a copy of last year's notice assessment							