

TS CPA PROFESSIONAL CORPORATION
INFORMATION REQUIRED FOR TAX RETURN

		SELF	SPOUSE	DEPENDENT (If >19)
GENERAL INFORMATION				
	First Name			
	Last Name			
	Middle initial			
	Date of birth			
	S.I.N.			
	Address			
	Street Name & Number			
	Apt. #			
	City			
	Postal code			
Date of Landing in Canada (if new in Canada)				
Dependents (If more than one)				
	First & Last Name			
	Date of birth			
	S.I.N.			
Rent Paid				
	Amount of rent paid			
	Landlord name			
	Period:			
Medical expenses (Prescription only)				
Direct deposit information (Banking)				
	Bank name			
	Bank transit# (5 digit)			
	Bank account #			
SALARY INCOME				
	Employer name			
	T4 copy	LINE 14		
	T5	LINE 16		
		LINE 18		
		LINE 22		
		LINE 24		
	Employer name			
		LINE 14		
		LINE 16		
		LINE 18		
		LINE 22		
		LINE 24		
Tuition Fee (paid for self)				
Social Assistance				
Rental Income (contact us for details)				