## J&J Solutions Canada Inc.



## Personal Income Tax Return Client Information

## \*one form per family \*\*e-mail back to jjsolutionscanada@gmail.com

Last Name:		Mi	Middle Name:			
First Name:		Da	te of Birth:Y	//		
Social Insurance	Number (SIN):					
Marital Status: (on December 31)		☐ Common-Law ☐ Separated		ł		
If your marital st	atus changed in the	e year, give date of chang	e		DD	
Home Address _	Street Number	Street Name	City	Province	Post Code	
Mailing Address	Street Number	Street Name	City	Province	Post Code	
Tel:	e-mail:					
For family member						
Last Name:		N	liddle Name:			
First Name:		D	ate of Birth:	/		
Relationship:						
Last Name:		N	liddle Name:			
First Name:		D	ate of Birth:	//	/ 1 DD	
Relationship:						
Social Insurance	Number (SIN):					

\*\*\*Use extra sheets for more family members.