

Taxpayer Identification Details

Fill out if you are a First-Time Client or a New Immigrant

First Name: _____ Middle Name: _____ Last Name: _____

SIN: _____ Date of Birth: (YYYY/MM/DD) _____

Contact Number: _____ Email: _____

Marital Status: _____

Status Change Date: _____ (if changed in current tax year)

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Landing (for new immigrants): _____

Are you, your spouse, or your children disabled? ☐ Yes ☐ No

Did you sell any property? ☐ Yes ☐ No

Address of Property: _____

If yes, Selling Price \$ _____ Year of Purchase: _____

Are you a Canadian citizen? ☐ Yes ☐ No

Do you want to provide your name to
Election Canada (only if you are a citizen)? ☐ Yes ☐ No

Information of your spouse or common law partner (if applicable) :

First Name: _____ Middle Name: _____ Last Name: _____

SIN: _____ Date of Birth: (YYYY/MM/DD) _____

Contact Number: _____ Email: _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Information of your children / dependents (if applicable) :

Dependent 1

First Name: _____ Middle Name: _____ Last Name: _____

SIN:(if applicable) _____ Date of Birth: (YYYY/MM/DD) _____

Relationship to you: _____ Income (if any): \$ _____

Dependent 2

First Name: _____ Middle Name: _____ Last Name: _____

SIN:(if applicable) _____ Date of Birth: (YYYY/MM/DD) _____

Relationship to you: _____ Income (if any): \$ _____

Dependent 3

First Name: _____ Middle Name: _____ Last Name: _____

SIN:(if applicable) _____ Date of Birth: (YYYY/MM/DD) _____

Relationship to you: _____ Income (if any): \$ _____

Dependent 4

First Name: _____ Middle Name: _____ Last Name: _____

SIN:(if applicable) _____ Date of Birth: (YYYY/MM/DD) _____

Relationship to you: _____ Income (if any): \$ _____