File NO.	_
Filled By	_

Tax Situation

Information about you	u			
First name	Initial	Last name		
Social Insurance Numb	per (SIN)			
Date of Birth: Year	Month Day			
Address:				
City	Province:	Postal Code		
Phone:	Email:			
Marital Status on December 31, 2020:				
1 Married	2 Living common-law	3 Widowed		
4 Divorced	5 Separated	6 Single		
1: Are you an internation	onal student?	Yes	No	
2: Did you move to Canada last year or switch provinces?				
3: Do you have any in	vestment, or rental income	? Yes	No	
4: Are you self-employ	ved, did you own your own	business? Yes	No	
5: Do you have an inco	orporated business?	Yes	No	
6: Do you own or hold specified foreign property where the total				
cost amount of all such property at any time in 2020, was more				
than CAN\$100,000	?	Yes	No	
Information about you	ur spouse or common-lav	w partner		
First name	Last name	Net Income:		
Date of Birth: Year	Month Day			
Post-secondary Studer	nt: yes no	Disabled: yes	no	
Dependents information : (if applicable, could be your children, parents, grandparents, whoever financially relies on you, living at the same address)				