

Name: \_\_\_\_\_ SIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # H: \_\_\_\_\_ C: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Partner Name: \_\_\_\_\_ SIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Dependent # 1: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Dependent # 2: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

1. a) Did you sell your principal residence recently? Yes? \_\_\_\_\_ No? \_\_\_\_\_ Year \_\_\_\_\_  
 b) Details of sale \_\_\_\_\_
2. Did you sell any property or investments? Yes? \_\_\_\_\_ No? \_\_\_\_\_  
 b) Details of sale \_\_\_\_\_
3. Do you receive /pay (circle) spousal support? Amount: \_\_\_\_\_
4. Do you receive /pay (circle) child support? Amount: \_\_\_\_\_
5. a) Do you have tuition or student loan interest? Yes? \_\_\_\_\_ No? \_\_\_\_\_  
 b) Are you transferring tuition to a parent? To Whom: \_\_\_\_\_
6. Do you pay rent/property taxes (circle)? Amount: \_\_\_\_\_
7. Did you purchase a home for the first time this year? Yes? \_\_\_\_\_ No? \_\_\_\_\_
8. Do you have moving expenses for a new job or school? Yes? \_\_\_\_\_ No? \_\_\_\_\_
9. a) Are you claiming employment expenses? Yes? \_\_\_\_\_ No? \_\_\_\_\_  
 b) Do you have a signed T2200 from your employer? Yes? \_\_\_\_\_ No? \_\_\_\_\_
10. Do you have a disability for self or dependant on file? Yes? \_\_\_\_\_ No? \_\_\_\_\_
11. Do you have medical expenses? Yes? \_\_\_\_\_ No? \_\_\_\_\_
12. Do you have donation receipts? Yes? \_\_\_\_\_ No? \_\_\_\_\_
13. Do you have daycare or camp receipts? Yes? \_\_\_\_\_ No? \_\_\_\_\_
14. If 65 or older, did you do any renovations to your home that were needed for medical reasons that allowed you to stay there? Yes? \_\_\_\_\_ No? \_\_\_\_\_
15. Do you have investment income and/or carrying costs? Yes? \_\_\_\_\_ No? \_\_\_\_\_
16. If separated or divorced:
  - a) Who is claiming the children? \_\_\_\_\_
  - b) Can you provide us with separation agreement? Yes? \_\_\_\_\_ No? \_\_\_\_\_
  - c) Can you provide a SIN number or birth certificate for children? Yes? \_\_\_\_\_ No? \_\_\_\_\_
17. Do you have your direct deposit information? Yes? \_\_\_\_\_ No? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Signature

Date