

Personal Tax Information Form

Please provide us with copies of prior year's tax return AND Notice of Assessments for all family members for whom we are preparing tax returns

Identification

Client full name
SIN#
Date of birth
Mailing address
E-mail address
Phone numbers

home	cell
bus.	other

Marital status

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Spouse (if applicable)

Spouse's full name
SIN#
Date of birth
E-mail address
Phone numbers

home	cell
bus.	other

Are we preparing returns for both you and your spouse?
If no, please explain

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Dependents

Full Name	SIN# (if applicable)	Date of Birth	Tax Return Requested?



