

**Taxation year :** \_\_\_\_\_

**Province of residence as of December 31 of the taxation year:** \_\_\_\_\_

**Client**

First name : \_\_\_\_\_

Last name : \_\_\_\_\_

**Partner**

First name : \_\_\_\_\_

Last name : \_\_\_\_\_

**Current contact information**

Address : \_\_\_\_\_ App. \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code : \_\_\_\_\_

Phone number : \_\_\_\_\_ Email (optional): \_\_\_\_\_

**Partner**

**Do we treat the tax return of the spouse?**

**Yes**

**No**

If **No**, please indicate his / her income for the year :

Federal Line 236 : \_\_\_\_\_ CAD

Provincial Line 275 : \_\_\_\_\_ CAD

▶ Have you lived alone during the full year? (**excluding dependent person**)  **Yes**  **No**

▶ Do you or your spouse own more than 100 000\$ of foreign assets?  **Yes**  **No**

▶ A first home buyer in the year?  **Yes**  **No**

▶ Did you sell your principal residence or another property in the year?  **Yes**  **No**

*(if "Yes", fill in the relevant form)*

**Drug insurance**

(Indicate the months that the situation applies )

**With the government**

**Client**

From \_\_\_\_\_ to \_\_\_\_\_

**Partner**

From \_\_\_\_\_ to \_\_\_\_\_

**My own group insurance**

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

**My partner/parents insurance**

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

**Exception : Working Holiday Program, Refugee**

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

**Change to civil status (Only if your civil status has changed)**

New civil status : \_\_\_\_\_

Date of change (ddmmyy) : \_\_\_\_\_

**New partner's details :**

**M**

**F**

Date of birth (ddmmyy): \_\_\_\_\_

SIN: \_\_\_\_\_

**New dependent person**

**M**

**F**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth (ddmmyy): \_\_\_\_\_

SIN (if available): \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

(ddmmyy)