

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

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

**Client**

First name : \_\_\_\_\_  
Last name : \_\_\_\_\_  
Date of birth (ddmmyy): \_\_\_\_\_  
SIN: \_\_\_\_\_

**Partner**

First name : \_\_\_\_\_  
Last name : \_\_\_\_\_  
Date of birth (ddmmyy): \_\_\_\_\_  
SIN: \_\_\_\_\_

**Current contact information**

Address : \_\_\_\_\_ App. \_\_\_\_\_  
City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code : \_\_\_\_\_  
Phone number : \_\_\_\_\_ Email (optional): \_\_\_\_\_

**Civil status**

Single  Common law partner  Married  Separated  Divorced  Widow

If civil status has changed : Previous civil status : \_\_\_\_\_  
Date of change (ddmmyy) : \_\_\_\_\_

**Partner**

**Do we treat the declaration of the partner?**  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)*
- ▶ Did you become a resident of Canada during the year?  Yes  No  
*(if "Yes", answer the following questions)*
  - Date of arrival in Canada (ddmmyy) : \_\_\_\_\_
  - Your income before the date of arrival : \_\_\_\_\_ CAD
  - Spouse's income before date of arrival: \_\_\_\_\_ CAD

**Drug insurance**

(Indicate the months that the situation applies )

	<b>Client</b>	<b>Partner</b>
<b>With the government</b>	From _____ to _____	From _____ to _____
<b>My own group insurance</b>	From _____ to _____	From _____ to _____
<b>My partner/parents insurance</b>	From _____ to _____	From _____ to _____
<b>Exception : Working Holiday Program, Refugee</b>	From _____ to _____	From _____ to _____

**Dependent persons**

M  F First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Date of birth (ddmmyy) : \_\_\_\_\_ SIN (if available): \_\_\_\_\_

M  F First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Date of birth (ddmmyy) : \_\_\_\_\_ SIN (if available): \_\_\_\_\_

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

Date : \_\_\_\_\_  
(ddmmyy)