



National Tax and Business Services

CLIENT

SIN #: _____ Address: _____
 First Name: _____ City: _____ Province: _____
 Last Name: _____ Postal Code: _____
 Date of Birth:(yyyy/mm/dd) _____ Telephone (H): _____, (W): _____

Marital status: Married Single Widowed Divorced Separated.

Are you self-employed? YES NO Your Province: _____ Landed Date: _____

CLIENT'S SPOUSE

SIN #: _____ Address: _____
 First Name: _____ City: _____ Province: _____
 Last Name: _____ Postal Code: _____
 Date of Birth:(yyyy/mm/dd) _____ Telephone (H): _____, (W): _____

Is he / she self-employed? YES NO His / Her Province: _____

CLIENT'S DEPENDENT(S)

Name(s)	Date of Birth (yyyy/mm/dd)	SIN #	Relationship

INCOME / EXPENSES

- | | | |
|--|---|---|
| <input type="checkbox"/> RRSP | <input type="checkbox"/> RC62 - Universal Childcare benefit | <input type="checkbox"/> Carrying Charges & Interest |
| <input type="checkbox"/> T4 - Employment Income | <input type="checkbox"/> Medical expenses | <input type="checkbox"/> Donations |
| <input type="checkbox"/> T4AP - Pension, Retirement, Annuity | <input type="checkbox"/> Union & Professional Dues | <input type="checkbox"/> T2202 - Tuition fees |
| <input type="checkbox"/> T4AOAS - Old Age Security | <input type="checkbox"/> Children's Fitness Amount | <input type="checkbox"/> Student Loan interest |
| <input type="checkbox"/> T5 - Investment Income | <input type="checkbox"/> Childcare expense | <input type="checkbox"/> Public Transit Passes |
| <input type="checkbox"/> T5007 - Statement of benefits | <input type="checkbox"/> Moving expenses | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> T4E - Employment Insurance Income | <input type="checkbox"/> Rent Receipt/ Property taxes | <input type="checkbox"/> T2200 Declaration of Condition of Employment |

DECLARATION FOR PROPERTY TAX CREDIT (RENTAL INFORMATION)

Address	Months	Rent paid	P. Tax	Name of Landlord/Municipality

DIRECT BANK DEPOSIT INFORMATION

Name of Bank	Institution #	Transit #	Account #

Applicant's Signature _____

Date _____