

PERSONAL TAX INFORMATION

SECTION 1 - PERSONAL IN	IFORMATION							
Last Name:	Name: First Name:		S.I.N.:			D.O.B. (YYYY/MM/DD):		
Mailing Address:			PO Box:	Postal Code:				
Home Tel:	Work Tel:		Cell:					
Email:			Preferred Contac	: Method:				
			Home Tel	N	lork Tel	Cell	Emai	
SECTION 2 – MARITAL STA	тие							
Marital Status:	105							
Married Divorce	ed 🗌 Common Law	Separated	Widowed		ingle			
Date of Marriage/Separation/Divorc				Is N&L doing your spouses taxes				
						ease give details be	how for shouses	
Spouses Last Name: Spouses First):	Spouses S.I.N.:		o ii yes, uicii pi	-	B. (YYYY/MM/DD):	
SECTION 3 - DEPENDENTS								
Do you have any children?								
Yes NO If yes, then	please give details below per ch	ild						
Last Name		irst Name		D.0.B. (YYY/MM/DD):		
Who receives Child Care Benefit?					·			
SECTION 4 – ADDITIONAL	INFORMATION							
Canadian Citizen?								
Yes NO If no, state	citizenship/status:							
Do you have any self-employment i	ncome for this tax year?							
Yes NO If yes, pleas	se expect a phone call or email fr	rom us to gather further i	information.					
As a Canadian citizen do you author	rise the CRA to provide your name	e, address and date of bi	rth to Elections Canad	a for the Nati	onal Register of	f Electors?		
Yes NO								
Do you authorise the CRA to contac	t us to request any supporting do	cuments if the return is	selected for a pre-ass	essment or p	ost-assessment	t review?		
Yes NO								

Is there any other information you wish us to know?

By signing below you acknowledge all information given above in confidence to Numbers & Letters Business Solutions Ltd to be true and accurate.

Client Signature: