



Date of Completion _____ / _____ / _____
 YYYY DD MM

	DOB	SIN	ADDRESS	PHONE #
Name:				
Spouse:				
Dependent 1:				
Dependent 2:				
Dependent 3:				
Dependent 4:				

Marital Status: Married Common-Law Separated Divorced Widowed Single

Any Changes in Year: Y/N **Date of Change:**

SLIPS	CLIENT	SPOUSE	DEP. 1	DEP. 2	DEP. 3	DEP. 4
T4						
T4A						
T4AOAS						
T4AP						
T4E						
T4RIF						
RRSP						



T3						
SLIPS	CLIENT	SPOUSE	DEP. 1	DEP. 2	DEP. 3	DEP. 4
T5						
T5007						
Split Pension						
Foreign Property						
Self - Employment						
GST						
Rental Property						
Farm						
Employment Expense(T2200)						
Tuition (T2202)						
Disability Tax Credit (T2201)						
Investments						
Child Care Expenses						
Child/Spousal Support						
Charitable Contributions						
Medical Expenses						



NOTES:
