C&R TAX

Tax Payer Information Form

Please fill out following. Provide as much details as possible. Name must match with your SIN Document or Previous Notice of assessment by CRA.

First Name:	Middle Name:	Last Name:
Social Insurance Number (SIN):	Date Of Birth:	
Address:		
City:	Province:	Postal Code:
Phone:	Alternate Phone:	
Best time to Call:	Email:	

Marital status on December 31 Last year:	Single	Married	Com-Law	Widow	Separated	Divorced
	☐	☐	☐	☐	☐	☐

Spouse or Common-Law partner Information: (If applicable)

First Name	Last Name	Date of Birth	SIN	Net Income	Post-Secondary Student		Disabled	
					Yes ☐	No ☐	Yes ☐	No ☐

Dependant: (If Applicable) Children, Parent, Grandparent...etc., living in same address.

First Name	Last Name	Date of Birth	SIN	Net Income	Relationship	Post-Secondary Student		Disabled	
						Yes ☐	No ☐	Yes ☐	No ☐
						Yes ☐	No ☐	Yes ☐	No ☐

Special Conditions, (check ✓ if applicable)

- ☐ Have Other Source of Income. (Uber, Skip The dishes....., Rental income)
- ☐ Buy or Sell house in Last year
- ☐ Employment expencess to be claimed.
- ☐ Have Investment and/or RRSP
- ☐ Rental Expenses Last Year
  Monthly _____ for _____ months
- ☐ Moved to Canada or Switched Provinces in Last Year.
  Date Landed: _____
  Back home Income : _____
  (Total for last year)