

1. Your Name:

Full Name: _____ Address: _____
SIN: _____ City: _____
Date of Birth: _____ Postal Code: _____
Telephone: _____ Bus/Cell (optional): _____
Marital Status: _____ E-mail (optional): _____

2. Spouse/Common-Law Partner's Name (if applicable):

Full Name: _____ Address: _____
SIN: _____ City: _____
Date of Birth: _____ Postal Code: _____
Tel: _____ Bus/Cell (optional): _____

3. Dependents (if applicable):

Full Name: _____ **Date of Birth:** _____

SIN: _____ **Relationship:** _____

Does your child have any disabilities or infirmities? Yes No

Full Name: _____ **Date of Birth:** _____

SIN: _____ **Relationship:** _____

Does your child have any disabilities or infirmities? Yes No

Full Name: _____ **Date of Birth:** _____

SIN: _____ **Relationship:** _____

Does your child have any disabilities or infirmities? Yes No

Full Name: _____ **Date of Birth:** _____

SIN: _____ **Relationship:** _____

Does your child have any disabilities or infirmities? Yes No

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4. Carry Forwards (you will find these amounts in your most recent Notice of Assessment):

- Medical: \$ _____
- Donations: \$ _____
- Tuition/Educ. Amts: \$ _____
- Student Loan Interest: \$ _____
- Moving Expenses: \$ _____
- RRSP Carry Forward \$ _____

Note – put zero beside each category that does not apply or the amount is zero

5. RRSP Home Buyer’s Plan/Lifelong Learning Plan

- RRSP Home Buyer’s Plan
Payment Maturity Date: _____
Annual Payments: \$ _____
- RRSP Lifelong Learning Plan
Payment Commencement Date: _____
Annual Payments: \$ _____

6. Do you have a home-based business?

Checklist:

- Income Statement
- CCA
- Square footage of home _____ ft²
- Square footage of office _____ ft²
- Office use of vehicle _____ %
- Paperwork back-up

7. Is your income or your spouse’s income zero? Yes No

If yes, please specify whose income is zero _____

8. Tax years being filed (write in all years that are applicable)

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