**DATE:** Click or tap here to enter text.

**FIRST TIME FILING INCOME TAX IN CANADA:**

**When did you arrive in Canada?** Click or tap here to enter text.**(DD/MM/YYYY)**

*Please note that CRA may request extra information through letters before assessing your taxes,*

 *which may take longer than usual processing time.*

**Name:** Click or tap here to enter text.Mr. [ ]  Mrs. [ ]  Ms.[ ]  Mx. [ ]

**Date of Birth:** Click or tap here to enter text.(DD/MM/YYYY) **SIN:** Click or tap here to enter text.

**E-mail:** Click or tap here to enter text.

**Tel:** Click or tap here to enter text. **Are you a Canadian Citizen?** Yes[ ]  No[ ]

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **Postal Code:** Click or tap here. **Did your address change last year?** Yes[ ]  No[ ]

**If YES, did you buy OR sell a house?** **BUY** [ ]  **SELL** [ ]  **Are you a first-time home buyer?** Yes[ ]  No[ ]

**Are you Self-employed?** Yes[ ]  No[ ]  **Business activity:** Click or tap here to enter text.

**Marital Status:** Single[ ] | Married[ ] | Widow(er)[ ] | Divorced[ ] | Separated[ ] | Common-Law[ ]

**Is your Common-Law partner/ Wife/ Husband Self-employed?** Yes[ ]  No[ ]  **Business activity:** Click or tap here.

**Did your Marital Status change last year? If so, which date?** Click or tap here to enter text.(DD/MM/YYYY)

**If your Marital Status changed to Married, were you previously Common-Law Partners?** Yes[ ]  No[ ]

**Name of Spouse / Common-Law Partner:** Click or tap here to enter text.

**Is your Spouse / Common-Law partner a Canadian Citizen?** Yes[ ]  No[ ]

**Does your Spouse / Common-Law live in Canada?** Yes[ ]  No[ ] , **if yes what was his/her net income?**

**Date of Birth:** Click or tap here to enter text.(DD/MM/YYYY)  **SIN:** Click or tap here to enter text.

**LIST OF DEPENDENTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Name** | **Relationship** | **Does your dependent live in Canada?** | **Date of Birth** (DD/MM/YYYY) |
|  |  |  |  / / |
|  |  |  |  / / |
|  |  |  |  / / |