

Please complete the following (if applicable)

Name _____	Address _____
Birth Date _____	_____
S.I.N. _____	Postal Code _____
Spouse's Name _____	Telephone _____
Birth Date _____	Email Address _____
S.I.N. _____	Children's Names, Birth Dates and Income _____
_____	_____
_____	_____

Are you a Canadian Citizen? Yes  No

Sale of Principal Residence Yes  No

Did you own foreign property at any time during the current tax year over \$100 000? Yes  No

What is your marital status? Married  Common Law  Widowed  Divorced  Separated  Single

Did your status change at any time during the current tax year? Yes  No

If yes, date of change to marital status and reason the for change \_\_\_\_\_

Do you consent to provide information to Elections Canada? Yes  No

Slips	Other Documents	Receipts
<input type="checkbox"/> All T4 slips	<input type="checkbox"/> Universal Child Care Benefit confirmation	<input type="checkbox"/> Interest and dividends
<input type="checkbox"/> All other information slips (T3, T5, T4E, T4A, T4AP, T4RSP, T4RIF)	<input type="checkbox"/> Declaration of Conditions of Employment (T2200)	<input type="checkbox"/> Sale or deemed sale of stocks, bonds or real estate
<input type="checkbox"/> Employment income (i.e. pay cheque stubs)	<input type="checkbox"/> Notice of Assessment	<input type="checkbox"/> Support for a child, spouse or common-law partner
<input type="checkbox"/> Old Age Security and CPP benefits	<input type="checkbox"/> Canada Revenue Agency correspondence	<input type="checkbox"/> RRSP contributions
<input type="checkbox"/> Other pensions and annuities	<input type="checkbox"/> Capital gains/losses records	<input type="checkbox"/> Professional fees or Union dues
<input type="checkbox"/> Employment Insurance benefits	<input type="checkbox"/> Northern residents deductions	<input type="checkbox"/> Tool expenses
<input type="checkbox"/> Social assistance payments	<input type="checkbox"/> Rental income and expense records	<input type="checkbox"/> Medical expenses
<input type="checkbox"/> Workers' compensation benefits	<input type="checkbox"/> Disability Tax Credit certificate (T2201)	<input type="checkbox"/> Tuition/Education amounts for qualifying students
<input type="checkbox"/> _____	<input type="checkbox"/> Business income & expense records	<input type="checkbox"/> Transit passes
<input type="checkbox"/> _____	<input type="checkbox"/> Farm/fishing income & expense records	<input type="checkbox"/> Charitable donations
<input type="checkbox"/> _____	<input type="checkbox"/> Automobile/Travel logbook	<input type="checkbox"/> Political contributions
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Child care expenses
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Adoption expenses
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Children's fitness programs
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Moving expenses
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Interest paid on student loans
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Carrying charges and interest expenses
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Automobile expenses
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Travel expenses
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Office-in-home expenses