



## PERSONAL TAX INFORMATION FORM

### BASIC INFORMATION

	YOU	YOUR SPOUSE	INDICATE YOUR MARITAL STATUS
First Name:			<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> COMMON LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
Last Name:			
SIN #:			
Date of Birth:			
Email Address:			
Home Phone:			

### DEPENDENTS INFORMATION

Name	Age	SIN	Relationship	Date of Birth

MEDICAL EXPENSES	AMOUNT PAID BY YOU	AMOUNT PAID BY YOUR SPOUSE	AMOUNT PAID FOR DEPENDENTS	AMOUNT PAID FOR DEPENDENTS
Health Insurance and Dentist				
Prescription drugs				

### CONTRIBUTIONS

	YOU (AMOUNT PAID)	YOUR SPOUSE (AMOUNT PAID)
Charity's		
Church and Other		

### CHILD CARE EXPENSES

Amount paid	
Name of provider	
Address of provider	

## TAXES AND ONTARIO CREDITS

<b>Tax Name</b>	<b>Amount Paid</b>	<b>Address</b>	<b>Municipality</b>	<b># Of Months</b>
Property Tax Paid				

	<b>Amount Paid</b>	<b>Address</b>	<b>Paid To</b>	<b># Of Months</b>
Rent Paid				