Taxation year :								
Province of residence as of Decemb	er 31 of the	e taxation y	ear:					
Express service: • Yes (Additional charges apply)	□ No		-					
Client		Part	tner					
First name:			name :					
Last name :		Last	name :					
Date of birth (ddmmyy):		Date	of birth	(ddmmy	y):			
SIN:		SIN:						
<b>Current contact information</b>								
Address:					A	Арр.		
City:	Prov.			Postal c		11		
Phone number :		il (optional)	:		_			
Civil status  Single Common law partner  If civil status has changed:	er • Marı Pevious civ		parate	d • Div	vorced	- V	Vidov	v
	Date of cha	nge (ddmmyy	7):					
Partner  If No, please indicate his Federal Line 236: Provincial Line 275:		declaration ne for the ye CAD	ar :	partner?		Yes		No
► Have you lived alone during the fu	11 yoor? (ov	aludina dar	andant	norgon)	_	Vos	_	Na
•	•			-		Yes Yes	0	No No
<ul><li>▶ Do you or your spouse own more than 100 000\$ of foreign asset</li><li>▶ A first home buyer in the year?</li></ul>				•		Yes	_	No
<ul><li>▶ Did you sell your principal residence in the year?</li></ul>					_	Yes	_	No
<ul><li>▶ Did you become a resident of Canada during the year?</li></ul>						Yes		No
• Date of arrival in Canada (ddn	_	<i>j</i>						- 10
• Your income before the date	of arrival:			CAD				
• Spouse's income before date of	of arrival:			CAD				
D								
<u>Drug insurance</u> (Indicate the months that the situation	annlies)	Client			Partnei	•		
With the government	applies )	From	to		From	L	to	
My own group insurance		From	to to		From		to _	
My partner/parents insurance		From	to to		From		to –	
Exception: Working Holiday Program,	Refugee	From	to to		From		to –	
	_				_			
Dependent persons								
• M • F First name:			_ Last r					
Date of birth (ddmmyy):		SIN	(if avail	able):				
□ M □ F First name:			Last r	name:				
Date of birth (ddmmyy):		SIN	_ (if avail					
Signature :				Date	e :			

Are you a Canadian citizen? Yes No

(ddmmyy)