



## PERSONAL INFORMATION

Phone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address \_\_\_\_\_

Home address \_\_\_\_\_

Are you a New immigrant? ( Yes / No ) Date of Arrival MM/DD/YYYY \_\_\_\_\_

	LAST NAME	FIRST NAME	SOCIAL INSURANCE NO.	DATE OF BIRTH
Single				
Husband				
Wife				
Child 1st				
Child 2nd				
Child 3rd				
Child 4th				
Other				

### RENTAL INFORMATION

Principal Address	No. of Month	Owned/Rented	Rent Property Tax	Name of Landlord/City of Municipality

### CHILD CARE EXPENSES

Child Name	Paid to (Name & Address)	Payee SIN	Amount

### ADDITIONAL INFORMATION/DOCUMENT REQUIRED

Please read "**DOCUMENT CHECKLIST**" carefully and check off the document you are submitting for your tax return. Please submit all the checked-off documents in **PDF format** to our office email at [electroaccounting@hotmail.ca](mailto:electroaccounting@hotmail.ca)