

YEAR _____

NAME _____ S.I.N _____

DATE OF BIRTH _____ SPOUSE _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

PERSONAL INCOME TAX KIT

I HAVE ENCLOSED:

	TYPE	SOURCE
<input type="checkbox"/>	T4 and T4A slips	Employment income
<input type="checkbox"/>	T3 slips	Mutual fund income
<input type="checkbox"/>	Pension slips	Canada and Other
<input type="checkbox"/>	T5 slips	Interest/dividends
<input type="checkbox"/>	Employment Insurance	Benefits received
<input type="checkbox"/>	RRSP receipts	Contributions made
<input type="checkbox"/>	Child Care receipts	Payments made
<input type="checkbox"/>	Charitable Donations	Contributions made
<input type="checkbox"/>	Medical Expenses	Dental receipts etc.
<input type="checkbox"/>	RRSP Home Buyers Plan	Contributions made
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	

PROPERTY TAXES OR RENT PAID \$ _____

NAMES & DATE OF BIRTH OF CHILDREN UNDER AGE 19
