



The Tax Place

Client Contact Information

Name: _____

Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Date of Birth: _____

Social Insurance Number: _____

Tel #: _____ Cell #: _____

	Yes	No
Disability Tax Credit (Self)		
Did you sell a principal residence		
Are you a Canadian Citizen		
Did you reside in Labrador Inuit Land		

Marital Status

Common Law

Widowed

Divorced

Separated

If Married or Common Law

Spouse Name: _____

Spouse Social Insurance Number: _____

Spouse Income: _____

(Will need it if we are not doing the return)

Children or other Dependents

Name	Date of Birth	Relationship