

**Office Use:**

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_  
Scanner: \_\_\_\_\_ Date: \_\_\_\_\_

Red preparer: \_\_\_\_\_



69 Ontario Street  
St. Catharines  
Ontario, L2R 5J5  
T. (905) 680-8669  
F. (905) 680-8346  
www.tonydipaola.com

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

SIN: \_\_\_\_\_

Phone Number (all): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Spouse:  
Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

SIN: \_\_\_\_\_

Children(s)  
Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Canadian Citizen  
 Yes  No

Marital Status:  
 Single  Divorced

Foreign Property over \$100,000:  
 Yes  No

Married  Separated

Widowed  Common  
- law

Authorize the CRA to provide name, address, date  
of birth, and citizenship to Elections Canada

Date of change:

Yes  No

Agreement completed? Copy?  
\_\_\_\_\_

Owned Rental Properties in the year?

Buy or Sell a Home in the year

Yes  No

Yes  No

Do you have Direct Deposit with the CRA?

Had unincorporated Business in the year?

Yes  No

Yes  No

Other information you feel we should have to complete your personal tax return

\_\_\_\_\_  
\_\_\_\_\_

The above information is correct and accurate to the best of my knowledge

Signature: \_\_\_\_\_

Date: \_\_\_\_\_