

Date Received: _____

Employee Initial: _____

Ste Anne Tax Service Application Form – First Time Filers

**** Complete and return to Reception with your tax slips and receipts ****

***** We need a photocopy of your SIN letter *****

Accepting clients from the following municipalities/communities: (circle the one you reside in)
Dufresne, Rosewood, Ste Anne (town and RM), Monominto, Ste Genevieve, Ostenfeld, Ross,
Hadashville, Prawda, McMunn, East Braintree, Falcon Lake, West Hawk Lake

Name: _____
What is the full name on your SIN letter?

Preferred first name: _____

Date of birth yyyy/mm/dd: _____

SIN: _____

Mailing Address: _____
Town/City Postal Code

Residential Address (if different): _____
Moved in the past year? Complete additional info checklist

Cell Ph: _____

Landline or Other Ph: _____

Email: _____

Claim Disability Tax Credit? (circle one) Yes or No

Is there anything we need to know? Are you self-employed? Do you have a child?
