

Ste Anne Tax Service Application Form

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

** Please bring in your most recent Notice of Assessment and tax return for us to review and compare **

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 name does Canada Revenue have on file?

Spouse: _____
What name does Canada Revenue have on file?

Preferred first name: _____

Preferred first name: _____

Date of birth yyyy/mm/dd: _____

Date of birth yyyy/mm/dd: _____

SIN: _____

SIN: _____

Marital Status: (circle one) married, common-law, widowed, divorced, separated, single
 Changed in the past year? Complete additional info checklist

Mailing Address: _____
Town/City Postal Code

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

Did you sell your home or any other property in the past year? No or Yes (we will contact for more info)

Cell Ph: _____

Cell Ph: _____

Landline or Other Ph: _____

Email: _____

Email: _____

Correct Bank Info for CRA on file? (circle one) Yes or No? *If no or need to update, ask us how*

Claim Disability Tax Credit? (circle one) Self or Other (add name in grid at bottom of page)?

Claim the MB Primary Caregiver Tax Credit? Yes or No? If yes, we need a copy of the approval letter

Self Employed? Business Name: _____ GST #: _____
We will contact for more info

Children under 18 or student(s) in post-secondary or other financial dependants (parent, other family)

Legal Name (as per their SIN letter)	Date of Birth** yyyy/mm/dd	SIN*

* If single, separated, divorced, dependant's SIN is required; need separation or custody agreement

** Turning 18 in the current year, may need to file for the **Canada Dental Care Plan and/or Canada Disability Benefit**