

Complete and return to Reception
with your tax slips and receipts

Ste Anne Tax Service Application Form

*** please bring in your previous year's tax return for us to review and compare ***

Name _____ Spouse _____
(what is on your Drivers License?)

Preferred first name _____ Preferred first name _____

Date of Birth _____ Date of Birth _____

SIN _____ SIN _____

Marital Status _____ (married, common-law, widow, separated, single)
(changed in past year? Complete additional info checklist)

Mailing Address _____
(moved in past year? Complete additional info checklist)

Residential Address (if not same) _____

Cell Ph _____ Cell Ph _____

Land line (if using) _____

Email _____ Email _____

Bank Info for CRA: On File? Yes or No or need to update? *(need detailed info)*

Claim Disability Tax Credit for Self or others? _____

Self Employed? Business Name & GST # _____ *(need detailed info)*

Did you sell your home or any other property? _____ *(need detailed info)*

Children under 18 or students in post-secondary <i>(or other disabled dependents: parents, other family)</i>	Date of Birth	SIN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____