

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 \*\*\*

Client \_\_\_\_\_ Client \_\_\_\_\_

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 \_\_\_\_\_  
(changed in past year? Complete additional info checklist)

Residential Address (if not same) \_\_\_\_\_

Cell Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Land line (if applicable) \_\_\_\_\_

Business Ph \_\_\_\_\_ Business Ph \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

Claiming 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)

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