

PASH ACCOUNTING & TAX SERVICES

PERSONAL TAX INFORMATION

FULL LEGAL NAME:

FIRST

LAST

ADDRESS:

PHONE #:

DATE OF BIRTH:

YEAR MONTH DATE

M / F

GENDER

S.I.N # :

MARITAL STATUS:

(Any change in marital status from last year, indicate date of change)

CANADIAN CITIZEN:

YES

NO

SPOUSE INFO:

FULL LEGAL NAME:

FIRST

LAST

DATE OF BIRTH:

YEAR MONTH DATE

S.I.N # :

DEPENDENTS INFO:

(1) FULL LEGAL NAME:

FIRST

LAST

DATE OF BIRTH:

YEAR MONTH DATE

M / F

GENDER

S.I.N # :

(If there is one)

(2) FULL LEGAL NAME:

FIRST

LAST

DATE OF BIRTH:

YEAR MONTH DATE

M / F

GENDER

S.I.N # :

(If there is one)

(3) FULL LEGAL NAME:

FIRST

LAST

DATE OF BIRTH:

YEAR MONTH DATE

M / F

GENDER

S.I.N # :

(If there is one)

(4) FULL LEGAL NAME:

FIRST

LAST

DATE OF BIRTH:

YEAR MONTH DATE

M / F

GENDER

S.I.N # :

(If there is one)

PERSONAL TAX INFORMATION

Did You Sell Your Home or Property For Which You Are Claiming a Principal Residence Exemption?

Email: _____

Additional Comments: