



INCOME TAX INFORMATION FORM

Basic Information

Legal Name	
SIN	
Address	
Phone	
Date of Birth	
Email	
Marital Status	<i>If this status changed during the tax year please indicate date:</i>

Spouse Information

Legal Name	
SIN	
Address	
Phone	
Date of Birth	
Email	

I consent to my personal information being maintained in a joint client file with my spouse, and being disclosed to my spouse. *Requires signature of spouse if selected.*

Client Name	Signature	Date
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Client Name	Signature	Date
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Dependent Information – *If more space is required please add on another page*

Legal Name	
SIN	
Date of Birth	
Relationship	
Legal Name	
SIN	
Date of Birth	
Relationship	
Legal Name	
SIN	
Date of Birth	
Relationship	
Legal Name	
SIN	
Date of Birth	
Relationship	



Hoffman Professional Services

Please check all that apply:

<input type="checkbox"/>	Child support received for any above listed dependents? If so how much:
<input type="checkbox"/>	Child care paid for any above listed dependents? If so how much per child:
<input type="checkbox"/>	Any of the above listed dependents eligible for the disability tax credit? If so please indicate which dependent:

General Questions & Notes

Please check all that apply

Spouse 1 Spouse 2

Spouse 1	Spouse 2	
<input type="checkbox"/>	<input type="checkbox"/>	Self-employed income (business, farm, rentals, etc)
<input type="checkbox"/>	<input type="checkbox"/>	RRSP contributions
<input type="checkbox"/>	<input type="checkbox"/>	First time home buyer
<input type="checkbox"/>	<input type="checkbox"/>	Home-buyers or lifelong learning plan repayment plan
<input type="checkbox"/>	<input type="checkbox"/>	Split pension with spouse
<input type="checkbox"/>	<input type="checkbox"/>	Annual or union dues
<input type="checkbox"/>	<input type="checkbox"/>	Disability tax credit
<input type="checkbox"/>	<input type="checkbox"/>	Alimony payments received or paid
<input type="checkbox"/>	<input type="checkbox"/>	Property tax or rent payments
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer firefighter
<input type="checkbox"/>	<input type="checkbox"/>	Outstanding student loans
<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses not covered by insurance plan
<input type="checkbox"/>	<input type="checkbox"/>	Donations
<input type="checkbox"/>	<input type="checkbox"/>	Capital loss carryforward
<input type="checkbox"/>	<input type="checkbox"/>	Business loss carryforward

Please let us know anything else you feel is relevant to completing your tax return:

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Do you have any questions or anything you need clarification or more information on? (Ex: Climate Action Incentive information, or how RRSP contributions affect your tax return).

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