

## TAX WALLET CANADA. Returning Client Information Sheet

<u>Updated Address? Please fill out below:</u>		Type of return: ☐ Personal ☐ Business ☐ GST		
Current Phone Number: _				
Email Address:			10	
First Name:	Las	st Name:		
Mailing Address:				
City:	Province:	Postal code	<u></u>	
***DID YOU SELL YOUR HO PRINCIPAL RESIDENCE			HICH YOU ARE CLAIMING A	
If Yes Above: Purch	nase year	Value at sale \$		
Address:				
Alone on Title? No	50/50 Spouse:	No 50/50 Other:	Yes:	
***Did you own any forei	gn property valued o	ver \$100,000 at any tim	ne in the tax year? YES: NO:	
Did your Marital Status Ch	ange in the Tax Year	? Please fill out below:		
☐ Married ☐ Common-la	aw 🗆 Widowed		Please note, if your status changed	
□ Divorced □ Separated □ Single			in the tax year, please include Date marital status changed	
Spouse info: Male	_ Female			
First Name:		Last Name:		
SIN:	Birthdate: Year	MonthDay		
			Service Ltd): \$	
Spouse Current Phone Nu	mber:			
Spouse Email Address:				
New Dependant in the Ta	x Year? Please fill out	t below:		
First Name:	Las	st Name:		
Birthdate: Year	Month Da	av □ Male□	Female	