

Personal Information

Social insurance number _____ Birth date _____ Age on Dec. 31 _____

Title _____ First name _____ Initial _____ Last name _____

Nickname _____

Gender Male Female Language of correspondence
1. English

Marital status on December 31

If Client's marital status changed in 2019, enter:

Date of change _____ Previous status _____

Did Client's **last name change** in 2019? Yes No

Is Client a **Canadian Citizen**? Yes No

If you are a **U.S. citizen** Yes No

Green Card holder Yes No

Email address _____

Home phone _____ Work phone _____ Extension _____
() - () -

Mobile phone _____ Fax _____
() - () -

Foreign address _____

State / region _____ Country _____ Postal / zip code _____

^ Contact

Care of _____

Street _____

Apartment _____ PO Box _____ PO Box location _____ RR# _____
PO Box _____ RR _____

City _____

Province / territory _____ Postal code _____
Ontario _____

^ Residency

Province / territory of residence on

- December 31, 2019, or
- the date Client died or emigrated from Canada

If the province or territory of residence changed in 2019, enter the date of your move: _____

Is the home address the same as the mailing address? Yes No

Province or territory where Client **currently resides** if it is **not** the same as in the **mailing address**, _____

Residency status _____

If Client became or ceased to be a resident of Canada in 2019, please enter:

Entry date _____ Exit date _____

Should non-refundable tax credit amounts be prorated? Yes No

Proration factor 365 / 365

^ Spouse

Social insurance number _____ Birth date _____

Title _____ First name _____ Initial _____ Last name _____

Nickname _____

Gender Male Female Language of correspondence
1. English

Email address _____

Home phone _____ Work phone _____ Extension _____
() - () -

Mobile phone _____ Fax _____
() - () -

Use same address as Client? Yes No

Care of _____

Street _____

Apartment _____ PO Box _____ PO Box location _____ RR# _____
PO Box _____ RR _____

City _____

Province / territory _____ Postal code _____

State / region _____ Country _____ Postal / zip code _____

If preparing a non-coupled return, see the Schedule 2 Worksheet

Personal Information

^ Credits

Is Client claiming the **disability amount**? Yes No

If Yes, does CRA have a **valid T2201** on file?..... Yes No

If Yes, does the T2201 have an expiry date? Yes No

T2201 expirydate

Education amount

In the year, did Client have a mental or physical impairment, certified by a doctor, the effects of which are such that they cannot reasonably be expected to be enrolled as a full-time student? Yes No

Canada caregiver amount

(supplement to the spousal amount)

Was Spouse dependant on Client due to mental or physical infirmity? Yes No

Volunteer Firefighter or Search & rescue credits

If Client qualifies, claim the:

federal volunteer firefighters' amount

federal search & rescue volunteers' amount

Life events

If Client is deceased, enter **date of death**

Legal representative Title

Type of return

The final return includes certain income from a **Section 104(13.4) election**? Yes No

If Spouse is deceased, enter date of death

If Client is **bankrupt**, enter date of bankruptcy

Type of return

Date of discharge

Confinement to a **prison** or similar institution (check if applicable)

	Client	Spouse
Confined for more than 90 days in 2019 (S6).....	<input type="checkbox"/>	<input type="checkbox"/>
Confined on Dec 31, 2019 and were there for 6 months or more	<input type="checkbox"/>	<input type="checkbox"/>

^ Filing

Provide information to **Elections Canada**? Yes No

Did Client own **foreign property** at any time in 2019 with a total cost of more than \$100,000? Yes No

Did Client sell a **home** in 2019 and want to claim the principal residence exemption? Yes No

Is Client's **income zero**? Yes No

Is Client filing for the **first time** in 2019? Yes No

Are returns for **prior years** being **filed at the same time** as the 2019 return? Yes No

Is this return **discounted**? Yes No

Filing a return for a **seasonal agricultural worker**? Yes No

Purpose

Contact person for this return

Client authorizes you to **represent** them for this return only? Yes No

If Yes, enter expiry date, if applicable:

Pre-assessment contact

Post-assessment contact

T183 - Delivery of the notice of assessment

How does Client want to receive their **Notice of assessment (NOA)**?

and/or

Online mail:

Note: The client can choose to have the preparer receive a copy, as well as be signed up for online mail.

Signing date Always use today

Dependent information:

Full Name:

Date of Birth:

Relationship: (Son)(Daughter)

Social Insurance Number:

Full Name:

Date of Birth:

Relationship: (Son) (Daughter):

Social Insurance Number:

Full name:

Date of Birth:

Relationship: (Son)(Daughter)

Social Insurance Number:

Full Name:

Date of Birth:

Relationship: (Son) (Daughter)

Social Insurance Number: