

# RTS Reliable Tax Service – Client Identification Form

\*\*\*Please complete form with accurate information, as registered with the CRA. Inaccurate or incomplete information will impact the filing of your tax return, and will delay processing\*\*\*

First Name \_\_\_\_\_ SIN \_\_\_\_\_

Last Name \_\_\_\_\_ DOB (D/M/Y) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email address \_\_\_\_\_

## MARITAL STATUS

Common Law     Married     Single     Separated     Divorced     Widowed

## SPOUSE OR COMMON LAW PARTNER (if applicable)

First Name \_\_\_\_\_ SIN \_\_\_\_\_

Last Name \_\_\_\_\_ DOB (D/M/Y) \_\_\_\_\_

Net Income (if they are not filing their taxes with us) \$ \_\_\_\_\_

## DEPENDANTS

| First & Last Name | Relation | DOB (D/M/Y) |
|-------------------|----------|-------------|
|-------------------|----------|-------------|

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Date of Arrival(s) (if you/spouse are new to Canada) (D/M/Y each) \_\_\_\_\_

Date of Marital Status Change (if change from last filing) (D/M/Y) \_\_\_\_\_

NOTES \_\_\_\_\_

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