

**TS CPA PROFESSIONAL CORPORATION & MAK ACCOUNTING & TAX SERVICES
 INFORMATION REQUIRED FOR PREPARING PERSONAL TAX RETURN-1ST TIME**

	SELF	SPOUSE	PARENTS
GENERAL INFORMATION			
First Name			
Last Name			
Middle initial			
Date of birth			
S.I.N #			
Address			
Street Name & Number			
Apt. #			
City			
Postal code			
LANDING IN CANADA			
Dependents			
First & Last Name			
Date of birth			
S.I.N #			
Rent Paid			
Amount of rent paid			
Landlord name			
Period:			
Medical expenses (Prescription only)			
DIRECT DEPOSIT INFO (BANKING)			
Bank account/transit#			
SALARY INCOME			
Employer			
T4 copy	LINE 14		
T5	LINE 16		
	LINE 18		
	LINE 22		
	LINE 24		
	Employer		
	LINE 14		
	LINE 16		
	LINE 18		
	LINE 22		
	LINE 24		
Tuition Fee			
RENTAL INCOME			
BUSINESS INCOME			
Business Expenses (List down)			