

## M. Shad Professional Corporation

Tax Payer:				Spouse/Common-Law:		
Last/Family Name:			First Name:			
• First/Given Name:			Last Name:			
• SIN:			SIN:			
• Date of Birth:			Date of Birth:			
• Mari	tal Status:					
• Phone #:			Phone #:			
Canadian Citizen: Yes No			Canadian Citizen: Yes No			
If yes, wants name in election Canada list?			If yes, wants name in election Canada list?			
Yes No			Yes No			
Province of Residence:			Province of Residence:			
(December 31, 2019)			(December 31, 2019)			
Address:			Address:			
			(If diff: with Spouse)			
• Own foreign property cost you > \$100K? No Yes			Own foreign property cost you > \$100K? No Yes			
• Is this your first Return? Yes No			Is this your first Return? Yes No			
Childre	en Information:			<u> </u>		
Sr.#	Last Name	First Name		DoB (dd-mm-yyyy)	Relation	
1						
2						
3						
4						
				(Please fill another form if more to	han 4 entries are required)	
Other 1	Information (please tick if applicable)	:	Credits:			
Business / Rental Income			Eligible dependent			
Capital Gains			Infirm/disability			
Interest Income			Disability Tax Credit (DTC)			
Investment Income			First Time Home Buyer			
Deductions (please tick if applicable):				Student Loan Interest		
Northern Residence Deduction (Full/Basic)			Education/Tuition (T-2202A required)			
Northern Travel			Medical Expenses			
RRSP Deduction			Donations			
	Support Payments Made					
Employment Expenses (T-2200 from employer)			Children:			
Installment Payments made to CRA			Childcare Expenses			
Dues (union or professional)						
	Moving Expenses					
(Please	attach relevant slips / receipts/documen	ts to claim any of the above d	eductions /cı	redits)		