

Address: 115 Broadway Ave.,
East Redcliff Alberta
Phone : 587-289-4142
Fax: 403-487-4434
Email: rocc.lending@gmail.com
Website: www.roccclending.com

Part A. Taxpayer's Information:

Tax Year: 2019

New Resident Existing Resident Canadian Citizen? Yes No (If yes provide info to election Canada? Y or N

(Please make sure your name is the same as your 2018 Notice of Assessment)

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: _____ Phone number: _____ Email add: _____

Fill in the address below if different from the T4:

Address: _____

Marital Status: _____ (if married complete Part B)

Married/ Common Law this year? _____ (Yes or NO) Date of Marriage: _____

If new resident, please complete the following:

Date of Entry: _____ (mm/dd/yy) Place of Entry: _____

Income from country of origin (converted to CAD): _____

Taxes Paid from the country of origin (converted CAD): _____ (if applicable)

Part B. Spouse's Information

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: _____ SIN: _____ Phone Number: _____

Total Income of the Year: _____

Current Address of spouse/common-law:

Address: _____

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Part C. Dependent's Information: (if applicable)

Last Name	First Name	M.I	Birthdate (mm/dd/yy)	SIN Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

(if you have more than 5 dependents please provide additional dependents in a separate sheet)

D. Other Information:

Donation: _____

RRSP: _____

CCTB: _____

Medical Expenses: _____

Tools: _____

Investments: _____

Business Name (for sole proprietor only) _____

I hereby Certify that above information is true and correct and provided for the filing of my tax return for the year ____.

Taxpayer's Signature: _____

Date: _____