



# KAMAL PROFESSIONAL CORPORATION

**Certified General Accountant**

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Social Insurance Number (SIN): \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ \* EFILE: Y / N

Last Name \_\_\_\_\_ First \_\_\_\_\_ M. Initial \_\_\_\_ Sex: M / F

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number, Home: ( \_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

**SPOUSE:** Last Name: \_\_\_\_\_ First \_\_\_\_\_ M. Initial \_\_\_\_

Social Insurance Number: \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ Worked: Yes / NO

**CHILDREN INFORMATION:**

1) Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Social Insurance Number: \_\_\_\_\_ SON / DAUGHTER

2) Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Social Insurance Number: \_\_\_\_\_ SON / DAUGHTER

3) Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Social Insurance Number: \_\_\_\_\_ SON / DAUGHTER

4) Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Social Insurance Number: \_\_\_\_\_ SON / DAUGHTER

5) Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

**OTHER DEPENDENTS THAT LIVING WITH YOU (IF ANY):**

1) Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Social Insurance Number: \_\_\_\_\_ Relation to You \_\_\_\_\_

1) Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Social Insurance Number: \_\_\_\_\_ Relation to You \_\_\_\_\_

**RENTAL INFORMATION:**

Rent / Property Tax Paid \_\_\_\_\_ X Month \_\_\_\_\_ Address (if Different than Present): \_\_\_\_\_

I/ we certify that the information given on this form and any document(s) attached herewith is/are correct, complete and fully discloses all my income and expenditures in preparation the tax return.

Signature of Individual \_\_\_\_\_ Signature of Spouse \_\_\_\_\_