

## 2017 Personal information

## Taxpayer personal information

SIN	
Title	
First name	
Last name	
Last name changed in 2017?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you want to change your address?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Care of	
Street address	
P.O. Box	
City	
Province	
Postal code	
Primary phone	( ) -
Birth date	yyyy/mm/dd
Date of Death	yyyy/mm/dd
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Province or territory where taxpayer resides if different from mailing address:	
CRA online mail:	<input type="checkbox"/> Already registered <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	
By providing an email address, I understand I am registering for online mail and accept the following Terms and Conditions.	
Do you want preparer to get Electronic Notice of Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
By checking yes on the box above, I am allowing the CRA to electronically provide my assessment results and my notices of assessment and reassessment to the electronic filer (including a discount) named in Part C of T183. I will now receive a copy of my notices of assessment and reassessment from my electronic filer.	

## Marital status

Indicate your marital status on December 31, 2017

1 ☐ Married      2 ☐ Living common-law      3 ☐ Widowed  
 4 ☐ Divorced      5 ☐ Separated      6 ☒ Single

If status changed in 2017, enter date of change mm/dd

Were you married or living common-law at any time in this tax year? ☐ Yes ☐ No

## Residency

Province of residence on 2017/12/31 NA

Province of self-employment

If you became or ceased to be a Canadian resident in 2017, enter date of: entry mm/dd or departure mm/dd

Are you a non-resident? ☐ Yes ☒ No

Residency status Resident

Country (other than Canada)

Did you dispose of a property (or properties) in 2017 for which you are claiming a principal residence exemption? ☐ Yes ☐ No

Use preparer address for:  
☒ Nothing ☐ Notice of Assessment and Refund ☐ N of A  
☐ I1 mailing address

## Filing

EFILE this return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EFILE multiple years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Authorization for filer to represent taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization for filer will expire on	yyyy/mm/dd
First time filer in 2017?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of contact for:	Pre-assessment Post-assessment
Contact preparer by mail	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is return discounted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is return completed under the CRA's volunteer program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If your province or territory of residence changed in 2017, enter the date of your move.	yyyy/mm/dd
Is the home address the same as the mailing address ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide information to Elections Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did taxpayer own specified foreign property at any time in 2017 with a total cost of more than CAN\$100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is taxpayer's income zero?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Claim disability amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, is this a first year claim?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mentally or physically infirm?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Indian within the meaning of the Indian Act?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this an Early Filed or Elective deceased return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language of correspondence	
Signing date	2018/02/03

## Spousal information

SIN	
Title	
First name	
Last name	
Care of	
Street address	
P.O. Box	
City	
Province	
Postal code	
Primary phone	( ) -
Birth date	yyyy/mm/dd
Net income	0.00
Spouse's province of residence on 2017/12/31	
Is spouse's net income zero?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Additional contact information

Work phone number	( ) - ext.
Fax number	( ) -
Secondary phone	( ) -



Only complete this section if I am doing only your return but not your spouses. If I am completing the return for your spouse then they need to provide the same personal info as above.