

			MAK ACCOUNTING & TAX SERVICES				
			INFORMATION REQUIRED				
			SELF	SPOUSE	MOTHER	FATHER	BROTHER
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					
Tuition Fee							
RENTAL INCOME							
BUSINESS INCOME							
	Business Expenses (List down)						