SUN COAST CPA FIRM
WE EMPOWER YOUR BUSINESS WITH FINANCIAL CLARITY AND PEACE OF MIND

Tel..... 604-365-1235
Email..... suncoastcpa@pro-accountant.ca
Interac e-Transfer..... eric.sun@pro-accountant.ca

Family Information

Filling Date : Year Month Day
Tax Year :

CLEAR FORM

Non-resident Spouse Information *If your spouse is a Canadian tax resident, please complete the "Tax Checklist"

Last Name		Date of Birth	Year Month Day
First Name		Net Income	

Dependants Information (children, senior parents living with you)

Last Name		Date of Birth	Year Month Day
First Name		Relationship	
Social Insurance Number		Identity	☐ CITIZEN ☐ PR ☐ Other
Last Name		Date of Birth	Year Month Day
First Name		Relationship	
Social Insurance Number		Identity	☐ CITIZEN ☐ PR ☐ Other
Last Name		Date of Birth	Year Month Day
First Name		Relationship	
Social Insurance Number		Identity	☐ CITIZEN ☐ PR ☐ Other

Certification and Signature

☐ **I certify that the information given on this form is correct and complete, and fully discloses the related information.**

PRINT NAME	SIGNATURE	DATE(YYYY-MM-DD)

SUN COAST CPA FIRM