

TruckersBooks

Bookkeeping Management Services and Support

Helping Truckers professionally manage the bookkeeping side of trucking without bookkeeping experience.



PERSONAL TAX INFORMATION FORM

BASIC INFORMATION

	YOU	YOUR SPOUSE	INDICATE YOUR MARITAL STATUS
First Name:			<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> COMMON LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
Last Name:			
SIN #:			
Date of Birth:			
Email Address:			
Home Phone:			

DEPENDENTS INFORMATION

Name	Age	SIN	Relationship	Date of Birth

MEDICAL EXPENSES	AMOUNT PAID BY YOU	AMOUNT PAID BY YOUR SPOUSE	AMOUNT PAID FOR DEPENDENTS	AMOUNT PAID FOR DEPENDENTS
Health Insurance and Dentist				
Prescription drugs				

CONTRIBUTIONS

	YOU (AMOUNT PAID)	YOUR SPOUSE (AMOUNT PAID)
Charity's		
Church and Other		

CHILD CARE EXPENSES

Amount paid	
Name of provider	
Address of provider	

TAXES AND ONTARIO CREDITS

Tax Name	Amount Paid	Address	Municipality	# Of Months
Property Tax Paid				

	Amount Paid	Address	Paid To	# Of Months
Rent Paid				