**Taxpayer Information**

**Name:** First­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Province:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Postal Code:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail address:** \_\_if you wish to have your tax information emailed to you\_\_

**Date of Birth:** Day\_\_\_\_\_\_\_\_\_\_\_Month\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Newcomer in 2020?** Yes  \_\_\_arrival date\_\_\_\_ No

**On December 31, 2020, did you reside in Ontario?** Yes  No

**Marital status on December 31, 2020**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did your marital status change during 2020?** Yes  \_\_date of change\_\_\_ No

**Did you sell principal residence in 2020?** Yes  No

**Did you own foreign property in 2020 with a total cost over CAN$100,000?** Yes  No

**Are you a Canadian citizen?**  Yes  No

**Do you wish to register for direct deposit?** Yes  Transit#: 00000 Institution#: 000 Account#: 0000000 No

**Do you have a Disability Tax Credit approved by the CRA?** Yes  No

**Spouse/Partner Information** (if applicable):

**Spouse’s/Partner’s Name:** First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** Day\_\_\_\_\_\_\_\_\_\_\_\_Month\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_

**Was your spouse/partner a Canadian resident in 2020?** Yes  No

**Spouse's/Partner's net income for 2020:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent Information:** *Use the other side of the sheet if you need more space*

|  |  |  |  |
| --- | --- | --- | --- |
| Name (First/Last) | Date of Birth | Net Income | DTC approved? |
|  Son  Daughter | Day / Month / Year |  |  Yes  No |
|  Son  Daughter | Day / Month / Year |  |  Yes  No |
|  Son  Daughter | Day / Month / Year |  |  Yes  No |

**Rent or Property Tax:** January 1 through December 31, 2020

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # Months | Amount / Month | Total | Address (if different from mailing) | Landlord’s Name (for renters only) |
|  |  |  |  |  |
|  |  |  |  |  |

**How do you wish to receive Trillium?** monthly **or** alump sum in June 2022

**I allow tax clinic volunteers to prepare my tax return** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer's signature Date