2015 Personal Income Tax Return Checklist

Dependant #1

NAME		DATE OF BIRTH (MM/DD/YY)	SIN #
STREET ADDRESS			CITIZENSHIP
CITY	PROVINCE	POSTAL CODE	INCOME

Dependant #2

NAME		DATE OF BIRTH (MM/DD/YY)	SIN #
STREET ADDRESS			CITIZENSHIP
CITY	PROVINCE	POSTAL CODE	INCOME

Dependant #3

NAME		DATE OF BIRTH (MM/DD/YY)	SIN #
STREET ADDRESS			CITIZENSHIP
CITY	PROVINCE	POSTAL CODE	INCOME

Dependant #4

NAME		DATE OF BIRTH (MM/DD/YY)	SIN #
STREET ADDRESS			CITIZENSHIP
CITY	PROVINCE	POSTAL CODE	INCOME

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