



# GALLO & COMPANY

CHARTERED PROFESSIONAL ACCOUNTANTS

Date of Completion _____ / _____ / _____ YYYY          DD          MM
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	DOB	SIN	ADDRESS	PHONE #
<b>Name:</b>				
<b>Spouse:</b>				
<b>Dependent 1:</b>				
<b>Dependent 2:</b>				
<b>Dependent 3:</b>				
<b>Dependent 4:</b>				

**Marital Status:** Married      Common-Law    Separated      Divorced      Widowed      Single

**Any Changes in Year:** Y/N                      **Date of Change:**

SLIPS	CLIENT	SPOUSE	DEP. 1	DEP. 2	DEP. 3	DEP. 4
T4						
T4A						
T4AOAS						
T4AP						
T4E						
T4RIF						
RRSP						



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<b>T3</b>						
<b>SLIPS</b>	<b>CLIENT</b>	<b>SPOUSE</b>	<b>DEP. 1</b>	<b>DEP. 2</b>	<b>DEP. 3</b>	<b>DEP. 4</b>
<b>T5</b>						
<b>T5007</b>						
<b>Split Pension</b>						
<b>Foreign Property</b>						
<b>Self - Employment</b>						
<b>GST</b>						
<b>Rental Property</b>						
<b>Farm</b>						
<b>Employment Expense(T2200)</b>						
<b>Tuition (T2202)</b>						
<b>Disability Tax Credit (T2201)</b>						
<b>Investments</b>						
<b>Child Art or Fitness Credit</b>						
<b>Child Care Expenses</b>						
<b>Child/Spousal Support</b>						



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**NOTES:**
