

## PERSONAL INFORMATION PLEASE PRINT IN BLOCK CAPITALS

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	First Name	Surname
Date of Birth <small>DD / MM / YYYY</small>	Nationality	SIN/ITN <input type="text"/> - <input type="text"/> - <input type="text"/>
Current Address		
Phone	Mobile	E-mail
Application for a tax refund from: 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> Other (please specify) _____		
Have you applied for a Canadian refund from the tax office for any tax year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the year(s) you have lodged a tax return: 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> Other (please specify) _____ <i>Please attach the most recent Notice of Assessment you have from Canadian applications (if applicable)</i>		
How did you receive your refund? by cheque <input type="checkbox"/> by direct deposit into my Canadian bank account <input type="checkbox"/> . Is this bank account still open? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Which is the current address that the Canadian tax office have for you?		
Date of arrival in Canada <small>DD / MM / YYYY</small>	Date of departure from Canada <small>DD / MM / YYYY</small>	
How did you hear about our company?		

## EMPLOYMENT INFORMATION PLEASE LIST ALL EMPLOYERS

How many employers did you have while you were in Canada?

EMPLOYER 1	
Company name	Occupation
Full company address	City Province
Phone Fax / Email	Worked from <small>DD / MM / YYYY</small> until <small>DD / MM / YYYY</small>
Do you have your T4 and Revele 1? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, do you want us to retrieve it for you?* Yes <input type="checkbox"/> No <input type="checkbox"/>
EMPLOYER 2	
Company name	Occupation
Full company address	City Province
Phone Fax / Email	Worked from <small>DD / MM / YYYY</small> until <small>DD / MM / YYYY</small>
Do you have your T4 and Revele 1? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, do you want us to retrieve it for you?* Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you have had more than 2 employers in Canada, please write their details on a separate page. Also enclose copies of all available income statements.**

\*Document retrieval fee applies.

## OTHER INCOME

Did you receive income from any source other than employment while in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what type _____
Did you receive income from any country other than Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide amount and currency _____
During your time in Canada what was / is your marital status: Single <input type="checkbox"/> Common-Law Partner <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
While you were in Canada, were any of the following people living with you: Spouse <input type="checkbox"/> Children <input type="checkbox"/> Other dependants <input type="checkbox"/>

\*Please enclosed a copy of marriage certificate.

**Please complete the below if you were married or had a common-law partner during your time in Canada and if you had any dependants during that time**

Spouse / Common-Law Partner Details		
First Name	Surname	Date of Birth <small>DD / MM / YYYY</small>
SIN/ITN <input type="text"/> - <input type="text"/> - <input type="text"/>		Nationality
Did your spouse or common-law partner earn any income in the year you are applying for? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, provide their net income amount and documents proving this income. If they earned income in Canada attach T4, NR4 or similar statement for your spouse/common-law partner)</small>		

Child/Dependant's Information*				
Full Name	Date of Birth	Full time student?	Relationship to you	Number of months lived with you during the tax year
	DD / MM / YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	DD / MM / YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>		

\*If more than 2 dependants provide additional information on a separate sheet.

## RESIDENCY QUESTIONNAIRE

The information you provide below will allow us to establish your residency for tax purposes. If you have already left Canada, please answer the questions below as you would have answered them while still in Canada.

Full Name	SIN/ITN [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]
Did you apply for Canadian citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide date when you became Canadian citizen. DD / MM / YYYY	
Were you a Canadian Citizen / Resident in any year prior to the tax years you are applying for? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Programme type: Working Holiday <input type="checkbox"/> Intern <input type="checkbox"/> Student <input type="checkbox"/> Other (please list):	
What is your main reason for being in Canada? Permanent employment <input type="checkbox"/> temporary employment <input type="checkbox"/> education <input type="checkbox"/> other <input type="checkbox"/> (please specify):	
What are your living arrangements and which personal assets do you hold in Canada (tick all that apply)? staying with friends <input type="checkbox"/> own or buying home <input type="checkbox"/> renting or leasing accommodation <input type="checkbox"/> hotel, motel, hostel <input type="checkbox"/> employer provided accommodation <input type="checkbox"/> car or other vehicle <input type="checkbox"/> furniture <input type="checkbox"/> bank account / credit cards <input type="checkbox"/> Canadian Medical or Life Insurance Coverage <input type="checkbox"/> other investments / assets <input type="checkbox"/>	
What social ties do you have with Canada? member of a trade union/ professional organisation <input type="checkbox"/> member of religious or recreational organisation <input type="checkbox"/> member of a sports club <input type="checkbox"/> other <input type="checkbox"/> (please specify): _____	
Are you a full time student in Canada (in a Canadian educational institution)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>NOTE:</b> Please complete only if the information below is applicable to you. If any of the questions below are answered "Yes", please enclose copies of the supporting documents.	

## EXPENSES AND DEDUCTIONS

A number of expenses can be claimed by you to maximise your refund. Expenses and Deductions relate to expenses incurred in Canada to Canadian institutions and / or people.

Public transit passes	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please attach copies of all your monthly or annual public transit passes)	Amount
Medical expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please attach copies of medical receipts or other supporting evidence)	Amount
Tuition, education or textbook expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please attach copies of receipts issued by an educational institution)	Amount
Charitable donations	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please attach copies of receipts or other supporting evidence)	Amount
Children fitness and/or arts amounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please attach copies of receipts or other supporting evidence)	Amount
Child care expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please attach copies of receipts or other supporting evidence)	Amount
Interest on a student loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please attach copies of receipts or other supporting evidence)	Amount
Do you have any expenses not expressly mentioned? Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please attach copies of receipts or other supporting evidence)		Amount
Type			Amount
provide their details			

<p><b>Taxback.com</b>  <b>Vancouver Office:</b>                  311 Water Street #201                  Vancouver, BC V6B 1B8  <b>CANADA</b></p>	<p><b>Taxback.com</b>  <b>Whistler Office:</b>                  126-4338 Main Street                  Whistler, BC                  VON 1B4  <b>CANADA</b></p>	<p><b>Taxback.com</b>  <b>Banff Office:</b>                  404, Bear and Wolf Street Mall                  229 Bear Street                  Banff, Alberta  <b>CANADA</b></p>
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