

Welcome to SURE FILE! Please review this form and provide as much detail as possible.

Identification			
First name _____	Last name _____		
Mailing address: Apt # – Street # Street name _____	City _____	Prov. _____	Postal Code _____
Home Phone _____	Cell Phone _____	Email Address _____	
Preferred method of contact <input type="checkbox"/> Email		<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone
Preferred method of delivery <input type="checkbox"/> Email - Digital Copy		<input type="checkbox"/> Mail – Paper Copy (postage charge)	

Information about You		
Social Insurance No. _____	Date of Birth _____	Are you a Canadian Citizen ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Qualify for disability credit ? <input type="checkbox"/> YES <input type="checkbox"/> NO
Marital Status on December 31, 2024		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
<input type="checkbox"/> Tick box if your marital status changed in 2024 and provide Date of Change _____		

Information about Your Spouse/Common-Law Spouse		
Name _____	<input type="checkbox"/> Tick box if preparing return for spouse	
If NOT , enter spouse's net income \$ _____		
Social Insurance No. _____	Date of Birth _____	Is your spouse a Canadian Citizen ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Qualify for disability credit ? <input type="checkbox"/> YES <input type="checkbox"/> NO

Information about Your Dependants						
Please list all dependants (children, parents, grandparents etc.) for whom you provide shelter and/or financial support						
Name	Relationship	Date of Birth	Net Income	Disability Credit?	Caregiver Credit?	
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Other Information	
Do you authorize the CRA to provide information about you to Elections Canada ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you want to receive information about Ontario's organ and tissue donation program ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you own/hold foreign property with a total cost over \$100,000CAD ? Attach details if Yes	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you or your spouse has pension income, are you interested in pension splitting	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Tick box if you bought your first home in 2024 ; please provide a copy of Statement of Adjustments	
<input type="checkbox"/> Tick box if you sold your home in 2024 and please provide property details below including address, purchase date and selling price _____	
