

## Royal City Mail & Business Services

720 6th St. New Westminster, BC V3L 3C5

Phone: 604-526-3539 Fax: 604-526-3579

### **INFORMATION FOR 2015 TAX RETURNS**

#### **YOUR INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*Did Last name change in the tax year?* Yes ☐ No ☐

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

S.I.N.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

YYYY / MM / DD

Married ☐ Common-law ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐

Province of residence on December 31, 2015: \_\_\_\_\_

If you were self-employed in 2015, which province: \_\_\_\_\_

Did you reside within Nisga'a Lands on Dec. 31, 2015? Yes ☐ No ☐

If yes, are you a citizen of the Nisga'a Nation? Yes ☐ No ☐

Are you a Canadian Citizen? Yes ☐ No ☐

If yes, do you authorize Canada Revenue Agency to provide your name, address and date of birth to Elections Canada for the national Register of Electors? Yes ☐ No ☐

Did you own or hold foreign property at any time in 2015 with a total cost of more than CAN \$ 100,000? Yes ☐ No ☐

#### **SPOUSE INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*Did Last name change in the tax year?* Yes ☐ No ☐

Same address ☐, or: \_\_\_\_\_

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

Spouse's S.I.N.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

YYYY / MM / DD

**SPOUSE INFORMATION** (continued)

Province of residence on December 31, 2015: \_\_\_\_\_

If spouse were self-employed in 2015, which province: \_\_\_\_\_

Did you reside within Nisga'a Lands on Dec. 31, 2015? Yes ☐ No ☐

If yes, are you a citizen of the Nisga'a Nation? Yes ☐ No ☐

Are you a Canadian Citizen? Yes ☐ No ☐

If yes, do you authorize Canada Revenue Agency to provide your name, address and date of birth to Elections Canada for the national Register of Electors? Yes ☐ No ☐

Did you own or hold foreign property at any time in 2015 with a total cost of more than CAN \$ 100,000? Yes ☐ No ☐

**DEPENDANT'S INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

YYYY / MM / DD

Health Status: *Normal* ☐ *Infirm* ☐ *Disabled* ☐ Net Income: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

YYYY / MM / DD

Health Status: *Normal* ☐ *Infirm* ☐ *Disabled* ☐ Net Income: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

YYYY / MM / DD

Health Status: *Normal* ☐ *Infirm* ☐ *Disabled* ☐ Net Income: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

YYYY / MM / DD

Health Status: *Normal* ☐ *Infirm* ☐ *Disabled* ☐ Net Income: \_\_\_\_\_