

## **Sudbury Community Service Centre**

Income Tax Drop Off Form

1166 Roy Ave 9:00 Sudbury, ON P3A 3M6 Monday to

9:00AM to 5:00PM (closed 12:30PM -1:30PM) Monday to Friday Closed Statutory Holidays

## \*\*\* email back to scsc@scscsudbury.ca\*\*\*

: <u> </u>			Previous Client	: Yes	NO	
tial Status: Single	Married	Common-Law	Divorced	Separated	Widow	
ne:		DOB:	(Day/Month/Yea	SIN:_		
ne: DOB:					SIN:	
ent Mailing Addre	ess:					
ne Number:			enefit (baby bon			
(Name	,			(Birthday D	D-MM-YY)	
(Name	(Name Relationship)  (Name Relationship)			(Birthday DD-MM-YY)		
(Name			(Birthday DD-MM-Y		D-MM-YY)	
stions to answer:  . What city were  2. Did you pay re  3. Did you sell a h  4. Were you inca	nt or propert	y taxes in	_? Yes No No	Total for	year?	
5. Do you or one If yes, who?	of your depe	ndents have a [	Disability Tax Cre	edit? Yes	No	
6. Were you borr	n in Canada?	Yes No	When did y	ou arrive in	Canada? 20	
•	_	•	a, what was you rived in Canada?		fore coming (CAD)	
8. Do vou identif	v as Indigeno	us? Yes N	lo Are vou Fi	rst Nation In	nuit. or Met	

<sup>\*\*</sup>The information above  $\underline{must}$  be complete to file your taxes. Any missing information will only delay your taxes being filed\*\*