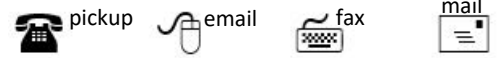




# Richmond Centre for Disability

Personal Information Form (個人資料表)



Date: \_\_\_\_\_ File: \_\_\_\_\_

## Identification (個人資料)

First name and initial (名) : \_\_\_\_\_ Last name (姓) : \_\_\_\_\_ Gender (性別) :  
 M (男)  
 F (女)

Social Insurance Number (SIN)(社會保險號碼) : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
yyyy(年) / mm(月) / dd(日) Email (電郵): \_\_\_\_\_

Your date of birth (生日) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone (電話) : \_\_\_\_\_

## Marital status on Dec. 31, 2021 (婚姻狀況)

- Married 結婚
- Divorced 離婚
- Living common-law 同居
- Separated 分居
- Widowed 鰥寡
- Single 單身

## Address changed? (地址變更?)

- Same as 2020 (與 2020 年相同)
- Different with 2020 (與 2020 年不同)

Marital Status same as 2020? (婚姻狀況是否與 2020 年相同?) .....  Same (相同)  Different (不同)

## Information about your spouse or common-law partner (配偶資料)

Enter his or her SIN (配偶 工卡號碼): \_\_\_\_\_

First his or her first name (配偶名字) : \_\_\_\_\_

Enter his or her net income for 2021 to claim certain credits (配偶/同居者 2021 收入) : \$ \_\_\_\_\_

Enter the amount of universal child care benefit (UCCB) of his or her return : \$ \_\_\_\_\_  
(配偶/同居者 2021 年收到多少金額的兒童福利)

Enter the amount of UCCB repayment of his or her return : \$ \_\_\_\_\_  
(配偶/同居者 2021 年償還多少金額的兒童福利)

Tick this box if he or she was self-employed in 2021 : .....   
(若配偶/同居者在 2021 年為自雇者，請打勾)

## Information about your residence (居住資料)

Enter your province or territory of residence on December 31, 2021: \_\_\_\_\_  
(2021 年 12 月/31 日 居住的省份)

Are you a newcomer on 2021.....  Yes (是)  No (否) If yes, arrived on date: \_\_\_\_\_  
(你是新移民嗎?) 若是，請填入入境日期

Enter the province or territory where you currently reside if it is not the same as your mailing address above:  
(若 2021 年 12 月 31 日居住的省份與現在地址不同，請填寫) \_\_\_\_\_

## Election Canada (選舉資料)

Do you have Canadian citizenship? (是否是 加拿大 公民?).....  Yes (是)  No (否)

Do you authorize the CRA to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors? .....  Yes (是)  No (否)  
(是否授權 稅務局 CRA 將您資料，給加拿大選舉部門 Election Canada?)

## Foreign Property (海外資產)

Did you own or hold specified foreign property where the total cost amount of all such property, at any time in 2021, was more than CAN\$100,000? .....  Yes (是)  No (否)  
(在 2021 年，是否擁有超過 10 萬加幣的國外財產?)

If you have dependent(s) to declare, fill-out their name(s), SIN(s) and date of birth

(若有撫養親屬，填入他們的姓名、工卡號碼及生日)

### Dependents (撫養親屬資料)

	First name and initial (名)	Last name (姓)	Social Insurance No. (社會保險號碼)	Date of Birth (生日) yyyy / mm / dd
1			___ - ___ - ___	___ / ___ / ___
2			___ - ___ - ___	___ / ___ / ___
3			___ - ___ - ___	___ / ___ / ___
4			___ - ___ - ___	___ / ___ / ___
5			___ - ___ - ___	___ / ___ / ___

### Personal Information Form Check List (個人資料表核覆清單)

Please review this checklist and make sure that, when this form is sent in, all documents are included.

Missing information will delay the process of your tax returns filing.

Submit your completed form with supporting documents to:

RCD Tax Clinic

**In-person:**

842 - 5300 No. 3 Rd., Richmond

**Fax:** 604-232-2415

**Email:** [taxfiling@rcdrichmond.org](mailto:taxfiling@rcdrichmond.org)

遞交此「個人資料表」前，請再次勾選右欄所附相關稅單或文件清單。

文件備妥，可：

**親臨：** 842 - 5300 No. 3 Rd., Richmond

**傳真：** 604-232-2415

**電郵：** [taxfiling@rcdrichmond.org](mailto:taxfiling@rcdrichmond.org)

即可登記報稅服務

- ID with photo, current address, date of birth
- Social Insurance Number (SIN) proof
- 2020 Notice of Assessment
- 2020 Tax filing summary
- Disability Tax Credit proof (if applicable)

#### Tax Slips

Type	# of Slips
<input type="checkbox"/> T3 .....	_____
<input type="checkbox"/> T4 .....	_____
<input type="checkbox"/> T4A .....	_____
<input type="checkbox"/> T4A (OAS).....	_____
<input type="checkbox"/> T4A (P).....	_____
<input type="checkbox"/> T5.....	_____
<input type="checkbox"/> T5007.....	_____
<input type="checkbox"/> T2202A.....	_____
<input type="checkbox"/> Other Income tax slips.....	_____
<input type="checkbox"/> .....	_____
<input type="checkbox"/> .....	_____
<input type="checkbox"/> .....	_____

Staff:

If you have any question to fill out the form, please feel free to contact Kathie or Jare at 604-232-2404

若在填表上有任何問題，請致電 604-232-2404 找 Kathie 或 Jare