## **TAX YEAR: 2021**

## Part A – Identification and address as shown on your return (required)

First name			Last name		Social Insurance Number
Mailing address: Apt	t No – Street nu	mber and na	me		
РО Вох	RR	City		Prov./Ter	r. Postal code
declare that the inf	ormation ente	ed in Part A	s correct and complete. I also declare that the Tax Preparer in the Agency to correct any errors or omissions.	dentified in	Part C is filing my return. I allow
Signature (individual identified in Part A)			Name and title of legal representative	Name and title of legal representative, if applicable	
art C — Tax Pr By signing Part B abo signed before the re	ove, the individ		on (required)  declares that the following person or firm is filing, on the tax	payer's beha	alf, his or her return. Part B must be
Name of person / fir		ORD EVANS	FINANCIAL SOLUTIONS		