Office: 50_____ Year: 20_____

Requesting Office	Requesting Date	SIN	Tax Year	Client Name	Box	Date Pulled	Date Returned	Initial
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	
50____	DD/MM	XXX-XXX-XXX	20___			D / M	D / M	