



Drop-Off Service Form

Please complete this form to the best of your ability and provide as much information as possible.

Client Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Is this a cell phone? Yes No Best time to call: _____

Email: _____ Preferred contact method: Phone Email

Social Insurance Number (SIN): _____ Date of Birth (yyyy/mm/dd): _____

Province/Territory of Residence on December 31 of tax year being filed: _____

Marital Status on December 31: Single Married Common Law Widowed Divorced Separated

Spouse/Common Law Information *(if applicable)*

First Name: _____ Middle Initial: _____ Last Name: _____

Social Insurance Number (SIN): _____ Date of Birth (yyyy/mm/dd): _____

Net Income: *(if not filing together)* \$ _____ Disabled: Yes No

Dependant Information *(if applicable)* – living at same address

First Name	Last Name	SIN	DOB (yyyy/mm/dd)	Relation	Net Income	Disabled (Y/N)

For which tax year(s) would you like us to prepare a return? _____

Did you sell a residence, home or any property during the tax year? Yes No

Have you claimed bankruptcy in the past two years? Yes No

Are you self-employed or do you own your own business? Yes No

Do you have foreign income? Yes No

Do you have any RRSPs or other investments? Yes No

Do you own any rental properties? Yes No

Do you have employment expenses to claim? Yes No

Do you have any of the following receipts: *(receipts must be given with dropped off materials)*

Daycare Medical expenses Donations Political contributions

Do you pay or receive support? Pay Receive If yes, what kind of support? Child Spouse

Please provide any additional information:
