



Personal Tax Drop-Off

Type of Client: New _____ Returning _____ Referral _____

Client Information:

First Name: _____ Email: _____
Last Name: _____ Address: _____
Sin: _____ City: _____ Province: _____
Birthdate: _____ Postal Code: _____
Phone: _____ Province of Residence on Dec 31: _____

Marital Status on December 31 last year: **(Please Circle One)**

Single Married Common-Law Widowed Separated Divorced

Spouse or Common-Law partner information: (if applicable)

First Name: _____ Phone: _____
Last Name: _____ Email: _____
Sin: _____
Birthdate: _____ Income (if filing elsewhere): _____

	Myself	Spouse
1) Are you a Canadian Citizen?	Y/N	Y/N
2) Has your name changed in the prior tax year?	Y/N	Y/N
3) Were you confined to prison for more than 90 days?	Y/N	Y/N
4) Did you go bankrupt or are you in bankruptcy?	Y/N	Y/N
5) Are you signed up for direct deposit with CRA?	Y/N	Y/N
6) Did you work for the government of another country?	Y/N	Y/N
7) Did you receive Child Special Allowance (for foster children)?	Y/N	Y/N
8) Did you want to provide your information to Elections Canada?	Y/N	Y/N
9) Did you sell your principal residence?	Y/N	Y/N
10) Did you sell any property?	Y/N	Y/N
11) Did you have any foreign assets over \$100,000 Canadian?	Y/N	Y/N
12) Do you hold an interest in a foreign company or trust?	Y/N	Y/N

Please Check any of the following income you have:



	Myself	Spouse		Myself	Spouse
1) Employment -T4	_____	_____	6) Spousal Support Received	_____	_____
2) Government – T4A/T4E/T5007	_____	_____	7) RRSP Withdrawals	_____	_____
3) Investments/Dividends	_____	_____	8) Farm	_____	_____
4) OAS or CPP	_____	_____	9) Rental	_____	_____
5) Pension – T4RIF	_____	_____	10) Small Business (not incorporated)	_____	_____
12) Other: _____			11) Foreign Income or Pensions	_____	_____

Please Check any Deductions and Credits you have:

	Myself	Spouse		Myself	Spouse
1) RRSPs or FHSA	_____	_____	9) Spousal Support	_____	_____
2) Tuition	_____	_____	10) Adoption Expenses	_____	_____
3) Medical	_____	_____	11) Moving Expenses	_____	_____
4) Donations	_____	_____	12) Teacher Tax Credit	_____	_____
5) Union Dues	_____	_____	13) Employment Expenses	_____	_____
6) Child Care	_____	_____	(Truck Driver, Vehicle, Cell, home office)		
7) First Time Home Buyer	_____	_____			
8) Student Loan Interest	_____	_____			

There are many medical issues that can qualify you or your spouse for extra credits. If there are any medical concerns for you, your spouse or a dependent, please explain so that we can see if there are any other possible credits. (ex: dementia, ADHD, Autism, Wheelchair or mobility, diabetes, fibromyalgia etc)

Is there any other information you would like us to know to accurately prepare your tax return?

Dependents*: (if applicable) Children, parents, grandparents, etc. - living at the same address.

Last Name	First Name	Date of Birth	Relationship	Post-Secondary Student		Disabled	
		YYYY / DD / MM		YES	NO	YES	NO
		YYYY / DD / MM		YES	NO	YES	NO
		YYYY / DD / MM		YES	NO	YES	NO
		YYYY / DD / MM		YES	NO	YES	NO