

Please fill out the following form. Provide as much detail as possible. If you have any questions while completing this form, please do not hesitate to ask.

Once your tax return is ready, the Tax Professional will contact you to set up an appointment to finalize your tax return.

Client Information:

First Name: _____ Initial: _____ Last Name : _____

Social Insurance Number (SIN): _____ Date of birth: _____ / _____ / _____ Gender: Male Female Other

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred contact method: Phone Email Preferred method to review tax return: In person By phone

Phone : _____ Alternate phone number: _____

Best time to call: _____ Email: _____

Marital Status on December 31 last year: Single Married Common-law Widowed Separated Divorced

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

Last Name	First Name	Date of Birth	Net Income	Post-secondary Student	Disabled
		dd/mm/yyyy		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

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

Last Name	First Name	Date of Birth	Net Income	Relationship	Post-secondary Student	Disabled
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				

*Require Dependent's SIN during Tax Interview

See reverse for additional space

1. a) Are you a U.S. Citizen by birth or bloodline? b) Do you meet the Green Card Test (Lawful Permanent Resident of U.S.)?
 c) Were you PHYSICALLY PRESENT in U.S. at least 183 days during current year?
(check Yes if any of the questions above are true) YES NO
2. Do you have an incorporated business? YES NO
3. Do you need to complete an Estate Return or file for a deceased person? YES NO
4. Are you self-employed, did you own your own business or did you work for a placement agency? YES NO
5. Are you currently in Bankruptcy status? YES NO
6. Did you work outside Canada or have foreign employment or foreign pension income? YES NO
7. Excluding RRSPs, do you have any investments, own any rental properties or sell your principal residence last year? YES NO
8. Are you claiming employment expenses *(did your employer reimburse you for office or vehicle expenses)?* YES NO
9. Did you move to Canada last year or switch provinces? YES NO
10. Are we preparing more than one return for you today? YES NO

Do you have a preferred Tax Professional? *(Please provide name)* _____

Any other information: _____

Easy Drop-Off *continued*

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

Last Name	First Name	Date of Birth	Net Income	Relationship	Post-secondary Student	Disabled
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				

*Require Dependent's SIN during Tax Interview

***Please include a copy of a valid government issued ID.**

I have included a copy of valid government issued ID.

How did you hear about us?

Facebook

Google

Kijiji

Other:

BARK

Client Referral

Employee

Employee Use:

ID Confirmed by:

Type of ID: Driver's License

Passport

Other: