



Drop Off Form

Welcome To OneMax Tax!

Please fill out the following form. Provide as much detail as possible. If you have any question, please feel free to ask.

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

Client Information:

First Name: _____ Initial: _____ Last Name: _____

SIN: _____ Date of Birth: _____ / _____ / _____
dd mm yyyy

Address: _____

Preferred contact method: ☐Phone ☐Email Preferred method to review tax return: ☐In Person ☐By Phone

Phone #: _____ Alternate Phone #: _____

Best Time to Call: _____ Email: _____

Marital Status on Dec 31, 2022: ☐Single ☐Married ☐Common-law ☐Widowed ☐Separated ☐Divorced

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

First Name: _____ Initial: _____ Last Name: _____

SIN: _____ Date of Birth: _____ / _____ / _____
dd mm yyyy

Preferred contact method: ☐Phone ☐Email Preferred method to review tax return: ☐In Person ☐By Phone

Phone #: _____ Alternate Phone #: _____

Best Time to Call: _____ Email: _____

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

Last Name	First Name	SIN	Date of Birth (dd/mm/yyyy)	Net Income	Relationship	Post-Secondary Student	Disabled

Continue on back...



Drop Off Form Continued....

	Client		Spouse	
	Yes	No	Yes	No
1. Are you a Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. a) Are you a U.S. Citizen by birth or bloodline? b) Do you meet the Green Card Test (Lawful Permanent Resident of .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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have an incorporated business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you need to complete an Estate Return or file for a deceased person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you self-employed, did you own your own business or did you work for a placement agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently in Bankruptcy status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you work outside Canada or have foreign employment or foreign pension income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Excluding RRSPs, do you have any investments, own any rental properties or sell your principal residence last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you claiming employment expenses (did your employer reimburse you for office or vehicle expenses)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you move to Canada last year or switch provinces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are we preparing more than one return for you today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you eligible for Disability Tax Credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>