



MANAGEMENT ACCOUNTANTS & TAX CONSULTANTS

### 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): \_\_\_\_\_

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:

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