



Drop Off Sheet

Date: _____

Prior Client New Client*

*new clients must sign & attach authorization form

Interested in **CIS Fast Cash Refund®**? Yes No

Taxpayer Information

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): ___/___/___ Phone: _____ E-Mail: _____

Street: _____ City: _____ Postal Code: _____ Province: _____

Social Insurance Number: _____ Canadian Citizen? Yes No

Social Security Number (if applicable): _____ American Citizen? Yes No

Marital Status on December 31 of last year (please circle):

Married Single Common Law Widowed Separated Divorced Date of Change: _____

Spouse/Common-Law Partner Information (if applicable)

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): ___/___/___ Net Income (if filing separately): _____

Social Insurance Number: _____ Canadian Citizen? Yes No

Social Security Number (if applicable): _____ American Citizen? Yes No

Dependents Information (if applicable)

1. First Name: _____ Last Name: _____ SIN: _____

D.O.B: ___/___/___ Relationship: _____ Income: _____ Post-Secondary Student? Yes No
MM DD YYYY Disability Tax Credit on File? Yes No

2. First Name: _____ Last Name: _____ SIN: _____

D.O.B: ___/___/___ Relationship: _____ Income: _____ Post-Secondary Student? Yes No
MM DD YYYY Disability Tax Credit on File? Yes No

3. First Name: _____ Last Name: _____ SIN: _____

D.O.B: ___/___/___ Relationship: _____ Income: _____ Post-Secondary Student? Yes No
MM DD YYYY Disability Tax Credit on File? Yes No

*Add additional dependents on next sheet under "additional information"

Other Information

Paid Rent Paid Property Taxes N/A

Amount Paid in 2022: _____ Landlord Name (if applicable): _____

Address (if different than address provided above): _____

	<u>Taxpayer</u>	<u>Spouse</u>
Do you have the Disability Tax Credit on file with CRA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you travel in Ontario in 2022? (attach hotel/cottage/Airbnb receipts)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you sell any property last year? (attach statement of adjustments)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own any foreign property over \$100,000 CAD?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you self-employed or do you own your own business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an incorporated business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you enrolled in a Post-Secondary school last year? (attach T2202)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own any rental properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you work from home last year due to COVID-19?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>*Note: Temporary \$500 credit for working from home is available – max. 250 days – no receipts needed</small>		
	If yes, # of days: _____	_____

New Clients: How did you hear about us?

Referral: Online Web Search Advertisement Other : _____

First Time Filing in Canada?

Date you entered Canada (mm/dd/yyyy): _____ From (country): _____

Income prior to entering Canada (in CAD) 2023: _____ 2022: _____ 2021: _____ 2020: _____

Additional Information

