



Drop Off Sheet

Date (mm/dd/yyyy): ___/___/_____

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

Would you like to register for email updates from our office about important income tax updates and reminders? **Yes** **No**

Marital Status on December 31 of last year:

Single Married Common-Law Divorced Separated Widowed

Date of Change, if occurred last year (mm/dd/yyyy): ___/___/___

Spouse/Common-Law Partner Information (if applicable)

First Name: _____ Last Name: _____

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

Phone: _____ E-Mail: _____

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

Total Amount Paid in 2023: _____ Landlord Name (if applicable): _____

Address (if different than address provided above): _____

	<u>Taxpayer</u>	<u>Spouse</u>
Do you have the Disability Tax Credit (DTC) on file with CRA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you contribute to your RRSP or FHSA last year? (attach 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"/>
Are you self-employed?	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 renovate your home to add an additional unit for a family member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own foreign property with cost or value over \$100,000 CAD?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>*Note: Includes foreign bank/investment accounts, shares, bonds, real estate, and/or foreign property held with a Canadian bank or securities dealer</i>		

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) 2024: _____ 2023: _____ 2022: _____ 2021: _____

Additional Information
