



Drop Off Sheet

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

Prior Client New Client*

*new clients must sign & attach authorization form

Taxpayer Information

First Name: _____ Middle Name: _____ Last Name: _____

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

Unit # (if applicable): _____ Street #: _____ Street Name: _____

City: _____ Postal Code: _____ Province: _____ Country: _____

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: _____ Middle Name: _____ Last Name: _____

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

Net Income (if filing separately): _____

Social Insurance Number: _____ Canadian Citizen? Yes No

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

Living with Taxpayer? 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

Living with Taxpayer? 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

Living with Taxpayer? 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

Living with Taxpayer? Yes No

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

Other Information

Paid Rent Paid Property Taxes N/A

Total Amount Paid in 2024: _____ Landlord Name (if applicable): _____

Address (if different than address provided): _____

	<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 real estate last year (including your principal residence)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you self-employed? (include summary of income and expenses with receipts)	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"/>
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"/>

**Note: Includes foreign bank/investment accounts, shares, bonds, real estate, and/or foreign property held with a Canadian bank or securities dealer*

US Clients:

Did you own non-US bank/financial accounts during the year with a cumulative value across all accounts over \$10,000 USD? Yes No Yes No

Did you own non-US bank/financial accounts during the year with a cumulative value across all accounts over \$200,000 USD? Yes No Yes No

Did you have a TFSA, FHSA, and/or RESP account? Yes No Yes No

Type of US Visa (if applicable)?: _____

First Time Filing in Canada?

	<u>Taxpayer</u>	<u>Spouse</u>
Date you entered Canada (mm/dd/yyyy):	____/____/____	____/____/____
Income prior to entering Canada (in Canadian Dollars):	2024: _____	_____
	2023: _____	_____
	2022: _____	_____

New Clients: How did you hear about us?

Referral Online Web Search Advertisement Other _____

Additional Information

