

Drop Off Form



Client Information

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____
 Phone: _____ Cell: _____ Email: _____ Preferred Contact: _____
 Social Insurance Number: _____ Date of Birth: _____ Marital Status: _____
 Province/Territory of residence on December 31 of tax year being filed: _____

Spouse/Common Law

First Name: _____ Middle Initial: _____ Last Name: _____
 Phone: _____ Cell: _____ Email: _____ Preferred Contact: _____
 Social Insurance Number: _____ Date of Birth: _____
 Net Income (if filed separate): _____ Disability: Yes _____ No _____

Dependents

First Name	Last Name	SIN	DOB	Relation	Net Income	Disabled Y/N

Tax Year being prepared? _____

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 _____ Spousal _____

Additional Information:

**Please drop off to: 479 King Street, Midland ON L4R 3N4 – Main Floor
Ensure this form is either printed off and attached
to documents OR emailed ahead of time to
Kirsten@balancedonthebay.com**