

Welcome to H&R Block! Please fill out the following form. Provide as much detail as possible. If you have any questions while completing this form, please do not hesitate to ask.

**Once your tax return is ready, the Tax Professional will contact you to set up an appointment to finalize your tax return.**

**Client Information:**

First Name: \_\_\_\_\_ Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_ Date of birth: dd / mm / yyyy

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred contact method:  Phone  Email Preferred method to review tax return:  In person  By phone

Phone : \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status on December 31 last year:  Single  Married  Common-law  Widowed  Separated  Divorced

**Spouse or Common-law partner information: (if applicable)**

Last Name	First Name	Date of Birth	Net Income	Post-secondary Student	Disabled
		dd/mm/yyyy		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**Dependents\*:** (if applicable) Children, parents, grandparents, etc - living at the same address

Last Name	First Name	Date of Birth	Net Income	Relation-ship	Post-secondary Student	Disabled
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				

\*Require Dependant's SIN during Tax Interview

See reverse for additional space

1. a) Are you a U.S. Citizen by birth or bloodline? B) Do you meet the Green Card Test (Lawful Permanent Resident of U.S.)? c) Were you PHYSICALLY PRESENT in U.S. at least 183 days during current year?  
(check Yes if any of the questions above are true) YES  NO
2. Do you have an incorporated business? YES  NO
3. Do you need to complete an Estate Return or file for a deceased person? YES  NO
4. Are you self-employed, did you own your own business or did you work for a placement agency? YES  NO
5. Are you currently in Bankruptcy status? YES  NO
6. Did you work outside Canada or have foreign employment or foreign pension income? YES  NO
7. Excluding RRSPs, do you have any investments, own any rental properties or sell your principal residence last year? YES  NO
8. Are you claiming employment expenses (did your employer reimburse you for office or vehicle expenses)? YES  NO
9. Did you move to Canada last year or switch provinces? YES  NO
10. Are we preparing more than one return for you today? YES  NO

**Other Information:**

**Last year, did you receive any government related financial assistance such as CERB or CRB?** YES  NO

Any other information: \_\_\_\_\_

# Easy Drop-Off continued \_\_\_\_\_

Dependents\*: (if applicable) Children, parents, grandparents, etc - living at the same address

Last Name	First Name	Date of Birth	Net Income	Relation-ship	Post-secondary Student	Disabled
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				
		dd/mm/yyyy				

\*Require Dependant's SIN during Tax Interview

Do you have a preferred Tax Professional? (Please provide name) \_\_\_\_\_