

Drop Off Sheet

PRIOR YEARS TO BE FILED: 20__, 20__, 20__, 20__, 20__

Do you fit into any of the following situations? If YES, you are NOT eligible to participate in this program.

☐ Capital Gains ☐ Farming Income ☐ Professional/Business Income
☐ Commission Income ☐ Pre/Post Bankrupt Return ☐ Self-Employed
☐ Deceased Returns ☐ Rental Income ☐ Investment Income over \$1,000
☐ Employment Expenses ☐ Other Complex Returns
☐ Single (over \$40,000) ☐ Married Couple (over \$52,500 plus \$2,500 for each dependent)
☐ Single Parent (over \$40,000 plus \$2,500 for each additional dependent)

IF MARRIED OR COMMON LAW, PLEASE COMPLETE FOR SPOUSE/COMMON LAW PARTNER

MR/MRS/MS MALE FEMALE SELF-DESCRIBE ____

MARITAL STATUS ON DECEMBER 31, 20__?

(PLEASE CHECK ONE)

Married ☐ Widowed ☐ Divorced ☐ Single ☐Common-Law ☐ Separated ☐

Did marital status change at any time during 20__?

If yes, what was the date of change? _____

SOCIAL INSURANCE NUMBER _____

FIRST NAME _____ MIDDLE _____

LAST NAME _____

DATE OF BIRTH Day ____ Month ____ Year ____

ADDRESS _____

POSTAL CODE _____

TELEPHONE NUMBER HOME _____

WORK _____

MR/MRS/MS MALE FEMALE SELF-DESCRIBE ____

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FIRST NAME _____ MIDDLE _____

LAST NAME _____

DATE OF BIRTH Day ____ Month ____ Year ____

ADDRESS _____

POSTAL CODE _____

TELEPHONE NUMBER HOME _____

WORK _____

- Did you have and **income** for year 20__ YES ☐ NO ☐ If **YES**, include income slips
- What province did you live in on December 31, of the current year tax? _____
- If filing for **prior year** fill in the province you lived in, on December 31, of each year to be filled? _____
- Did you immigrate to Canada in the current year, and if so what date? D/M/Y _____
- Are you Canadian Citizen? YES ☐ NO ☐ Is this your first time filing taxes? YES ☐ NO ☐
- Authorization for Election Canada? YES ☐ NO ☐
- Are you the main caregiver for someone with disability or chronic illness? YES ☐ NO ☐
- Are you applying for GSTC? YES ☐ NO ☐
- Do you claim Disability Tax Credit for yourself or a dependent? YES ☐ NO ☐
- Do you have tuition/education amount? Carry forward amounts? YES ☐ NO ☐
- Do you have childcare, children's fitness, children's art class expenses? YES ☐ \$ _____ NO ☐
- Do you have medical expenses? YES ☐ \$ _____ NO ☐
- Do you have charitable donations? Carry forward amount? YES ☐ \$ _____ NO ☐
- Do you have Indigenous status under the Act? YES ☐ NO ☐

CHILDREN INFORMATION (CHILDREN IN YOUR CARE ONLY)

First Name	Last Name	Date of Birth D/M/Y	Relationship	Net Income

ELIGIBLE DEPENDANT INFORMATION

First Name	Last Name	Date of Birth D/M/Y	Relationship	Net Income

RENT OR PROPERTY TAX - Name of Landlord

Address	Number of Months	Total Rent paid in 20__?	Property Taxes		School Taxes	
			Taxes paid (\$)	Credit Received (\$)	Amount paid (\$)	Seniors school tax credit (\$)

Proper Identification provided and verified for security purposes: YES NO

PLEASE COMPLETE and then Sign the Form TIS60, located on the back. Please note that if the form is not completed, we will not be able to complete or electronically file your return. Thank you.