

## 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.

<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Farming Income	<input type="checkbox"/> Professional/Business Income
<input type="checkbox"/> Commission Income	<input type="checkbox"/> Pre/Post Bankrupt Return	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Deceased Returns	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Investment Income over \$1,000
<input type="checkbox"/> Employment Expenses	<input type="checkbox"/> Other Complex Returns	
<input type="checkbox"/> Single (over \$40,000)	<input type="checkbox"/> Married Couple (over \$55,000 plus \$5,000 for each dependent)	
<input type="checkbox"/> Single Parent (over \$40,000 plus \$5,000 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 \_\_\_\_\_

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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.**