

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.

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|---|---|---|
| <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 \$52,500 plus \$2,500 for each dependent) | |
| <input type="checkbox"/> 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 _____
 MARITAL STATUS ON DECEMBER 31, 20__?
 (PLEASE CHECK ONE)
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 Common-Law Separated
 Did marital status change at any time during 20__?
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SOCIAL INSURANCE NUMBER _____
 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 |
|------------|-----------|---------------------|--------------|------------|
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ELIGIBLE DEPENDANT INFORMATION

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

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.