

DROP OFF CHECKLIST

1. DID WE PREPARE YOUR RETURN LAST YEAR: Y / N

2. **Taxpayer #1:** _____

Date of Birth: _____

Marital Status: Married, , common-law, divorced, separated, single, widowed

Taxpayer #2: _____

Date of Birth: _____

3. **Rent** Y / N Or **Property Tax** Y / N

4. **Current Address:** _____

5. **Phone Number:** Home: _____

Cell: _____

6. **Email address:** _____

7. Children under the age of 18 that live with the taxpayer? Y / N

Name: _____

Date of Birth: _____

SIN # (if available): _____

Name: _____

Date of Birth: _____

SIN # (if available): _____

Name: _____

Date of Birth: _____

SIN # (if available): _____

Name: _____

Date of Birth: _____

SIN # (if available): _____

Name: _____

Date of Birth: _____

SIN # (if available): _____