

DROP-OFF Information Checklist for New Client's (or changes)

Welcome to J & T Income Tax Service Inc. We ask that you spend a few minutes completing the following form.
Please fill out as much as possible, but only if it applies to you.

First time visiting J & T Income Tax Service? Yes No Last year here? _____

Service Offered: Cash Back Refund E-file (refund approximately 8-10 days later)

Client Information:

First Name: _____ Initial: _____ Last Name: _____

Social Insurance Number (SIN): _____ Date of Birth: _____ *MMM / DD / YYYY* _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Marital Status: Single Married Common-law Widowed Separated Divorced

If status changed last year, date: _____ Province of Residence on December 31st: _____

Phone: _____ E-mail: _____

Spouse or Common-law partner information: Filing return? Yes No

(Information still needed even if not filing)

First Name: _____ Initial: _____ Last Name: _____

SIN: _____ Date of Birth: _____ *MMM / DD / YYYY* Net Income: _____

Phone: _____ E-mail: _____

Dependents: Filing return? Yes No

(oldest to youngest)

First Name	Last Name	Date of Birth	Net Income	Relationship	Post-Secondary Student	Claims Disability