

## 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 31<sup>st</sup>: \_\_\_\_\_

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