

Welcome to Ford City Financial! Please fill out the following form. Provide as much details as possible. **Easy Drop-Off**

If you have any questions while completing this form, please do not hesitate to contact us.

Once your tax return is ready, the Tax Professional will contact you to set up an appointment to finalize your tax return.

Client Information:

First Name: _____ Initial: _____ Last Name: _____

Social Insurance Number (SIN): _____ Date of birth _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred contact method: Phone Email Preferred method to review tax return: In person By phone

Phone: _____ Alternate phone number: _____

Best time to call: _____ Email: _____

Marital Status on December 31 last year: Single Married Common-law Separated Divorced

Spouse or Common-law partner information: (if applicable)

Last Name	First Name	Date of Birth	Net Income	Post-secondary Student		Disabled	
				YES	NO	YES	NO

Dependents: (if applicable) Children, parents, grandparents, etc – living at the same address

Last Name	First Name	Date of Birth	Net Income	Relationship	Post-secondary Student	Disabled

*Require Dependant's SIN during Tax Interview

1. Do you have an incorporated business? YES NO
2. Do you need to complete an Estate Return of file for a deceased person? YES NO
3. Are you self-employed, did you own your own business, or did you work for a placement agency? YES NO
4. Are you currently in Bankruptcy status? YES NO
5. Did you work outside Canada or have foreign employment or foreign pension income? YES NO
6. Do you have any investments, own any rental properties or sell your principal residence last year? YES NO
7. Did your employer reimburse you for office or vehicle expenses? YES NO
8. Did you move to Canada last year or switch provinces? YES NO
9. Are we preparing more than one return for you today? YES NO

10. Any other information: _____