# CLIENT DATA SHEET

**Privacy reminder: This form contains sensitive personal and tax information. Return it directly to your Liberty Tax office.**

**Drop-off date:** _____ **Client status:** ☐ **New client** ☐ **Existing client**

Complete as much as possible. Bring all tax slips, receipts, and supporting documents.

## 1 Authorization information

| | | |
|---|---|---|
| Are you registered for CRA My Account? | ☐ Yes | ☐ No |
| Are you able to sign in to your CRA My Account? | ☐ Yes | ☐ No |
| If you do not have a CRA My Account, do you have your most recent Notice of Assessment (NOA)? | ☐ Yes | ☐ No |

## 2 Client information

First name _____ Middle initial _____ Last name _____

Social Insurance Number (SIN) _____ Date of birth (yyyy/mm/dd) _____

Street address _____

City _____ Province/Territory _____ Postal code _____

Phone number (required) _____ Email (required) _____

Preferred contact method: ☐ Phone ☐ Email

Province/Territory of residence on December 31 of tax year being filed _____

Marital status on December 31: ☐ Single ☐ Married ☐ Common law ☐ Widowed ☐ Divorced ☐ Separated

## 3 Tax return information

Tax year(s) to prepare _____

| | | |
|---|---|---|
| Would you like to provide information to Elections Canada? | ☐ Yes | ☐ No |
| Are you filing a tax return for the first time ever this year? | ☐ Yes | ☐ No |
| Did you sell a residence, home, or other property during the tax year? | ☐ Yes | ☐ No |
| Did you own foreign property at any time during the tax year? | ☐ Yes | ☐ No |
| Have you claimed bankruptcy in the past two years? | ☐ Yes | ☐ No |

Were you incarcerated at any time during the tax year? ☐ Yes ☐ No

Are you self-employed or do you own a business? ☐ Yes ☐ No

Do you have foreign income? ☐ Yes ☐ No

Do you have any RRSPs or other investments? ☐ Yes ☐ No

Do you own any rental properties? ☐ Yes ☐ No

Do you have employment expenses to claim? ☐ Yes ☐ No

Do you pay or receive support? ☐ Pay ☐ Receive

If yes, what kind of support? ☐ Child ☐ Spousal

## 4 Receipts information

Check all that apply. Include the receipts with your dropped-off materials.

☐ Rent ☐ Daycare ☐ Medical expenses ☐ Donations ☐ Political contributions

## 5 Spouse/common law partner information (if applicable)

First name _____ Middle initial _____ Last name _____

Phone _____ Email _____

Social Insurance Number (SIN) _____ Date of birth (yyyy/mm/dd) _____

Net income (if not filing together) $_____ Disabled: ☐ Yes ☐ No

## 6 Dependant information (if applicable)

Provide information for each dependant living at the same address. Use the Additional information area if more space is needed.

| First name | Last name | SIN (if applicable) | DOB yyyy/mm/dd | Relation | Net income | Disabled Y / N |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## 7 Additional information

Include anything else that may affect your return or help us prepare it accurately.