



Block3 Finance

Drop-Off Service Form

Please complete this form to the best of your ability and provide as much information as possible.

Client Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Is this a cell phone? ☐ Yes ☐ No Best time to call: _____

Email: _____ Preferred contact method: ☐ Phone ☐ Email

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

Marital Status on December 31: ☐ Single ☐ Married

Spouse/Common Law Information *(if applicable)*

☐ Common Law ☐ Widowed ☐ Divorced ☐ Separated

First Name: _____ Middle Initial: _____ Last Name: _____

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

Net Income: *(if not filing together)* \$ _____ Disabled: ☐ Yes ☐

Dependent Information *(if applicable)* – living at same address

First Name	Last Name	SIN	DOB (yyyy/mm/dd)	Relation	Net Income	Disabled (Y/N)

For which tax year(s) would you like us to prepare a return? _____

Did you sell a residence, home or any property during the tax year? ☐ Yes ☐ No

Have you claimed bankruptcy in the past two years? ☐ Yes ☐ No

Are you self-employed or do you own your own 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 have any of the following receipts: *(receipts must be given with dropped off materials)*

☐ Daycare ☐ Medical expenses ☐ Donations ☐ Political contributions

Do you pay or receive support? ☐ Pay ☐ Receive If yes, what kind of support? ☐ Child ☐ Spouse

Please provide any additional information:
