



Drop Off Document Checklist

Welcome to H&R Block! To better serve you and meet your tax preparation expectations, we ask that you take a few minutes to fill out the information below. If you have any questions while completing this form, please do not hesitate to ask.

Three Easy Steps to Complete:

1. Fill out this form to the best of your knowledge then review and sign the form provided.
2. You can choose to leave this form and your tax documents with the Client Service Professional at the front desk or you can choose to have a quick consultation with your tax professional if desired.
3. After your tax return is ready, the tax professional who prepared your return will contact you to set up an appointment for you to come back in to the office to complete your tax return.

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- Are you a returning H&R Block Client? ☐ Y ☐ N
 - If yes, do you have a preferred Tax Professional? (please provide name) _____
 - What date would you like for your return to be ready? (typical turnaround is 3 days): _____
 - Are you filing for more than just one year? ☐ Y ☐ N
 - Do you have U.S. filing obligations? ☐ Y ☐ N

Client Information:

Primary Taxpayer Name: _____

Date of Birth: _____

SIN (only last 4 digits): _____

Marital Status: Single, Married/Common-law, Widowed

Occupation: _____

Address: _____

City, Prov., PC: _____

Preferred Contact Method: Email or Phone

Best Phone Number: _____

Best Time to Reach You: _____

Email: _____

Are we completing your spouse or common-law-partner's (CLP) return? ☐ Y ☐ N

Spouse/CLP Name: _____

Spouse/CLP Date of Birth: _____

SIN (only last 4 digits): _____

Occupation: _____

Address (if different): _____

Best Phone Number: _____

Email: _____

- Can you be claimed as a dependent by someone else? ☐ Y ☐ N

Dependents* (or person living in your household)

Name	Relationship	Date of Birth	SIN	Full Time Student?	Disabled?

*If any dependents listed did not live at the primary taxpayers address the entire year, please discuss this with your tax professional.

**Document Checklist**

Income: Check all that apply and include requested documents, if available

Income From:	Yes <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/>
Employer (T4)		Self-Employment*	
Interest		Retirement Income	
Dividends		Rental Property*	
Capital Gains due to Stock / Mutual Fund sale*		Employment Insurance	

Expenses: Check all that apply and include requested documents, if available

Expenses From:	Yes <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/>
Self Employment*		Child Care Expenses	
Education		Rental Property*	
Medical/Dental care		Union Dues	

**If this applies, we recommend you meet with your tax professional to discuss your tax situation before dropping off your information.*

Any other information?

Tax Professional or Client Service Professional - Complete the section below:

Verified client's ID of person / persons dropping off information? ☐ Y ☐ N

Client received Privacy Policy, T1153, T1013 and the documents were explained and executed as applicable. ☐ Y ☐ N

Document Drop off Date and Time: _____

Print name of H&R Block Associate Accepting Documents: _____