

Welcome to H&R Block! Please fill out the following form. Provide as much detail as possible.

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

Client Information:

First Name: _____ Initial: _____ Last Name: _____

Social Insurance Number (SIN): _____ - - Date of birth: _____ dd / mm / yyyy ☐ Female ☐ Male

APT / Unit # _____ Address: _____ PO Box: _____

Rural Route: _____ City: _____ Province: _____ Postal Code: _____

☐ Cell: _____ ☐ Email: _____

☐ Phone: _____ Best time to call: ☐ Daytime ☐ Evening ☐ Weekends

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

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

First Name: _____ Initial: _____ Last Name: _____

Social Insurance Number (SIN): _____ - - Date of birth: _____ dd / mm / yyyy ☐ Female ☐ Male

☐ Cell: _____ ☐ Email: _____

Will we be preparing the return for your spouse/partner? ☐ Yes ☐ No Net Income: \$ _____ ☐ Disabled ☐ Student

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

Last Name	First Name	Date of Birth	Net Income	Relationship	Disabled	Post-Secondary:
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student

*Require Dependant's SIN during Tax Interview

See reverse for additional space

1. a) Citizenship (by birth, bloodline, or naturalization)	<input type="checkbox"/> Canada <input type="checkbox"/> U. S. <input type="checkbox"/> Other
b) Lawful Permanent Resident (PR card, Green Card)	<input type="checkbox"/> Canada <input type="checkbox"/> U. S. <input type="checkbox"/> None
c) PHYSICALLY PRESENT for at least 183 days per year?	<input type="checkbox"/> Canada <input type="checkbox"/> U. S. <input type="checkbox"/> Other
2. Do you have an incorporated business ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you need to complete an Estate Return or file for a deceased person ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you self-employed , did you own your own business or did you work for a placement agency ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you currently in Bankruptcy status ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did you work outside Canada or have foreign employment or foreign pension income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Excluding RRSPs, do you have any investments , own any rental properties or sell your principal residence last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you claiming employment expenses (did your employer reimburse you for office or vehicle expenses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you move to Canada last year or switch provinces ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are we preparing more than one year for you today?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a preferred Tax Professional? (Please provide name) _____

Any other information: _____

Client/Family Information Continued

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

Last Name	First Name	Date of Birth	Net Income	Relationship	Disabled	Post-Secondary:
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student
		dd/mm/yyyy			<input type="checkbox"/> Yes	<input type="checkbox"/> Student

*Require Dependant's SIN during Tax Interview