



# TAX SHIELD INC.

Office  
467 Sagianw Parkway  
Cambridge, On N1T 1M4  
Phone: 519-624-8298  
Fax: 519-624-8297  
Toll Free: 1-866-910-8291

**” Dear Tax Shield client, in order to assist you to the best of our ability we ask that you  
Fill out this data gathering form so that our files are complete ant up to date”**

Have you had your taxes done with Tax Shield in prior years?  Yes  No

Are you a first time filer? (Is this your first time filing a tax return?)  Yes  No

Are you requesting Discounting (Instant Refund) if Eligible?  Yes  No

Drop Off Date: \_\_\_\_\_ Method of Payment upon Pick Up: \_\_\_\_\_

## Client Information

SIN \_\_\_\_\_  
Title Mr.  Mrs.  Ms.  Dr.  Corp.   
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, Province \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
**Email address** \_\_\_\_\_

Gender Male  Female   
Date of birth \_\_\_\_\_  
Year Month Day

## Marital Status

Single  Married  Divorced  Separated  Widowed  Common-law

Did your marital status change through 2019? No  Yes  IF YES, WHEN? \_\_\_\_\_

Province of Residence as of December 31, 2019? \_\_\_\_\_

Did you own foreign property at ANY time in 2019 with a total cost of \$100,000 or greater? No  Yes

Provide information to Elections Canada No  Yes

Did you sell your Principal Residence in the year 2019 No  Yes

## Spouse /Common law /Partner/ Co- Habitant Information

SIN \_\_\_\_\_  
Title Mr.  Mrs.  Ms.  Dr.  Corp.   
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, Province \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
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### Dependent Information

SIN \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Year                      Month                      Day  
Relationship                      Son                       Daughter

### Dependent Information

SIN \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Year                      Month                      Day  
Relationship                      Son                       Daughter

### Dépendant Information

SIN \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Year                      Month                      Day  
Relationship                      Son                       Daughter

### Dépendant Information

SIN \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Year                      Month                      Day  
Relationship                      Son                       Daughter

*This information is to have a completed and up to date file system and may be pertinent in reducing taxes for future years.*

### Additional Information

### Check if applicable

RRSP's <input type="checkbox"/>	Medical expenses <input type="checkbox"/>	Property Tax <input type="checkbox"/>
Carry forwards <input type="checkbox"/>	Life Long Learning Plan <input type="checkbox"/>	Home Buyers Plan <input type="checkbox"/>
Childcare expenses <input type="checkbox"/>	Tuition Fees <input type="checkbox"/>	Donations <input type="checkbox"/>
Seniors Renovation Tax Credit documents <input type="checkbox"/>		Rent Receipts <input type="checkbox"/>

### Additional Information

Are you aware of the Home Buyers Plan Program                      Yes                       no

*By signing below, I acknowledge the above information is accurate and to the best of my knowledge. I also understand that the information provided will not be distributed in whole or in part to any third party without the consent of the client*

**I am aware that payment is due upon completion. Should I choose not to use Tax Shield Inc. to file my return once completed, I am still liable for the services rendered fees of \$ 75.22 plus taxes.** I am also aware that instant cash refunds are only acceptable to clients who have no outstanding debt to CRA and which discounting is over the \$1000.00 payout. If the discount is less then prescribed amount and I still wish to receive a discount I am aware that there is an administrative fee of \$50.00 paid by **cash, debit or credit** for providing me with the instant refund.

By Signing below I acknowledge the fees for service,

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_