



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 and 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 _____

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 (_____) _____
Email address _____

Gender Male ☐ Female ☐
Date of birth _____
Year Month Day

Gender Male ☐ Female ☐
Date of birth _____
Year Month Day

Marital Status

Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐
Common-law ☐ Did your marital status change through 2022? No ☐ Yes ☐ IF YES, WHEN? _____

Province of Residence as of December 31, 2022? _____

Did you own foreign property at ANY time in 2022 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 2022? No ☐ Yes ☐



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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 ☐

Carry forwards ☐

Childcare expenses ☐

Seniors Renovation Tax Credit documents ☐

Medical expenses ☐

Life Long Learning Plan ☐

Tuition Fees ☐

☐

Property Tax ☐

Home Buyers Plan ☐

Donations ☐

Rent Receipts ☐

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 \$ 79.65 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 _____