



# 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 \_\_\_\_\_

## 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 2024? No ☐ Yes ☐ IF YES, WHEN? \_\_\_\_\_

Province of Residence as of December 31, 2024? \_\_\_\_\_

Did you own foreign property at ANY time in 2024 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 2024? 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 ☐

## Dependant Information

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

## Dependant 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 of \$88.50 plus taxes 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 \$100.00 plus taxes.*

*By Signing below I acknowledge the fees for service,*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_