DROP OFF INFORMATION SHEET

Single Persons income must be under \$35,000.00

*** Couple Income Under \$45,000.00 ***

Name:	Date:			
Address:				
Postal Code:Phone (h)				
Date Of Birth://		al Insura	ance#	
Marital Status:	Spouses Name			
Did your marital status chang	e in the tax y	ear?	_ Date of change_	
Dependent Information	# of	depene	nts	
Name	Birthday DD/MM/Year	Gender		Social insurance #
Do you receive the Disabi Nature of disability (Must have a Disability Tax Ci	redit Certificate	e signed b	y a medical pr	
Did you sell your home in 2 required before we can proceed				
Are you a Canadian Citize	en?			
Do our volunteers have per	mission to e	-file your	tax return?	
Do our volunteers have per they feel you may be missin				
am fully aware that my incovolunteer and that this volu Canada Revenue Agency.				
X	DATE:			