



LAITY TAX & BOOKKEEPING SERVICES INC.

CLIENT AUTHORIZATION

I, _____, hereby consent to Laity Tax & Bookkeeping Services Inc. ("Laity Tax") to collect, use, transfer, retain and the disclosure of my personal information for the purposes of preparing my income tax and benefit return and filing this return with Canada Revenue Agency. I acknowledge that I have read and understand the terms of Laity Tax's Privacy Policy.

I understand that, and hereby consent to Laity Tax disclosing my personal information to a third party collection agency in circumstances where I owe a debt to Laity Tax as a result of an overpayment of tax refund monies paid to me arising from my participation in the "Instant Refund" services if offered by Laity Tax.

Signed at _____, this _____ day of _____, 20____.

Signature of Client: _____

Name of Tax Preparer: _____

Signature of Tax Preparer: _____



Drop-off Service Form

Please complete this form to the best of your ability and provide as much information as possible.

Client Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Is this a cell phone **Y N** Best time to call: _____

Email: _____ Preferred contact method: Phone Email

Social Insurance Number (SIN): _____ DOB (yyyy/mm/dd) _____

Province/Territory of residence on December 31 of the year being filed: _____

Marital Status on December 31: Single Married Common Law Widowed Divorced Separated

Spouse/Common Law (if applicable)

First Name: _____ Middle Initial: _____ Last Name: _____

Social Insurance Number (SIN): _____ DOB (yyyy/mm/dd) _____

Net Income (if not filing together) \$ _____ Disabled: **Y N**

Dependent Information (if applicable) – living at the same address

First Name	Last Name	SIN	DOB (yyyy/mm/dd)	Relation	Net Income	Disabled (Y/N)

For which tax year(s) would you like us to prepare a return? _____

Did you sell a residence, home, or any property during the tax year? **Y N**

Have you claimed bankruptcy in the last two years? **Y N**

Are you self-employed or do you own your own business? **Y N**

Do you have foreign income? **Y N**

Do you have RRSP's or other investments? **Y N**

Do you own any rental properties? **Y N**

Do you have employment expenses to claim? **Y N**

Do you have any of the following receipts: (receipts must be included with dropped off materials)

Daycare Medical expenses Donations Political contributions

Do you pay or receive support? **Y N** What kind of support? Child Spouse

Please provide any additional information that you think we will need:
