



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 2025? No Yes IF YES, WHEN? _____

Province of Residence as of December 31, 2025? _____

Did you own foreign property at ANY time in 2025 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 2025? 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 <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 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 _____