



GH Tax & Bookkeeping Services Inc.

Income Taxes. Bookkeeping. Payroll.

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Tax Return Drop-Off Form

Please include as much information as possible. If we are preparing returns for someone other than yourself, please include all their tax documents as well. Feel free to email us if you have any questions completing this form. Note: You will need to bring ID when picking up you documents. If possible, please include your previous year’s Notice of Assessment.

Principal Client Information:

First Name: _____ Initial: _____ Last Name: _____

Social Insurance Number (SIN): _____

Date of Birth (YYYY/MM/DD) _____ / _____ / _____

Marital Status as of December 31, 2024 (circle):

Single Married Separated Divorced Common-law Widowed

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ - _____ Email: _____

Best way to reach you to review return (circle): Phone Email

Best time to reach you to review return: _____

Spouse or Common-Law Partner Information (if applicable):

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

Social Insurance Number (SIN): _____ D.O.B (YYYY/MM/DD) _____ / _____ / _____

Dependents: Children, Parents, etc. (dependent on you and living at the same address)

| First Name | Last Name | DOB YYYY/MM/DD | Relationship (Son, Daughter, Etc.) | Post- Secondary Student? (Y/N) | Disabled? (Y/N) | Net Income (If Any) |
|------------|-----------|-------------------|---|---|--------------------|---------------------------|
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Note: If there is a need to file a tax return for a dependent, a SIN will be required. Please use the back for additional dependents.

Additional Information (please add any pertinent information: self-employed, multiple tax years, sale of home, newcomers, etc)