



T1 REQUEST FORM

ATT : PLEASE FILL IN REQUIREMENTS IN RED & *

AGENT INFORMATION

Agent Name *

Agent Email *

Agent Mobile # (Optional)

ORDER DETAIL

Date of Request * (YYYY - MM - DD)

Type of Order *

T1 ONLY

T1 & Summary

Summary ONLY (Please Upload or Send Email T1)

How Many Years (If 2, please also fill out T1 #2) *

1

2

Delivery Speed *

Regular

RUSH

CLIENT INFORMATION

Client Full Name *

Client First Name *

Client Middle Name

Client Last Name *

Client Gender *

Male

Female

Client D.O.B * (YYYY - MM - DD)

Client S.I.N * (XXX - XXX - XXX)

Client Address (Current) *

INCOME INFORMATION

T1 #1

Year Request * (YYYY)

Type Of Income	Salaried	Self-Employed
If Salaried - Have T4? *	Yes (If available - Please Upload or Send Email)	No
Personal Gross Income (Line 15000) *		
Rental Income (Optional - Line 12600)		
Dividend Income (Optional - Line 12000)		
Expense Type (Optional)		
Expense Amount (Optional)		
Final Tax Result	Refund	Owing
Want To Order Return Summary (BLUE)? *	Yes	No
Marital Status On The Year of Request *	Single	Married

If Married – Spouse's Information (Wife/Husband)

Full Name (Spouse - Wife/Husband)

First Name (Spouse - Wife/Husband)

Middle Name (Spouse - Wife/Husband)

Last Name (Spouse - Wife/Husband)

D.O.B (Spouse - Wife/Husband) (YYYY - MM - DD)

S.I.N (Spouse - Wife/Husband) (XXX - XXX - XXX)

Annual Income (Spouse - Wife/Husband)

T1 #2 (If Request 2)

Year Request *

Type Of Income	Salaried	Self-Employed
If Salaried - Have T4? *	Yes (If available - Please Upload or Send Email)	No

Personal Gross Income (Line 15000) *

Rental Income (Optional - Line 12600)		
Dividend Income (Optional - Line 12000)		
Expense Type (Optional)		
Expense Amount (Optional)		
Final Tax Result	Refund	Owing
Want To Order Return Summary (BLUE)? *	Yes	No
Martial Status On The Year of Request *	Single	Married

If Married – Spouse's Information (Wife/Husband)

Full Name (Spouse - Wife/Husband)
First Name (Spouse - Wife/Husband)
Middle Name (Spouse - Wife/Husband)
Last Name (Spouse - Wife/Husband)
D.O.B (Spouse - Wife/Husband) (YYYY - MM - DD)
S.I.N (Spouse - Wife/Husband) (XXX - XXX - XXX)
Annual Income (Spouse - Wife/Husband)

ADDITIONAL INFORMATION

Additional Notes (Any Special Note or Instructions)

SIGNATURE (Client) *

Instructions for signature:

1- Sign On Form: Download form, Print, Fill and Sign, Take Photo & Submit.

or

2- Sign On White Paper, Take Photo & Submit Along With Form.

Client Name *

Date * (YYYY - MM - DD)

Client Contact Email (Optional)

Client Contact Phone (Optional)

PLEASE FILL & SIGN THE ABOVE FORM, SUBMIT ALONG WITH 2 IDS AT WWW.MRHELPFUL.LIVE