



COMMUNITY VOLUNTEER INCOME TAX PROGRAM

By submitting this, I understand that my income tax is being filed by a CRA trained volunteer; that I must pick up all documents once filed and retain them for 7 years in case of an audit; and that Links2Care may dispose of any unclaimed items after 6 months.

CLIENT NAME	Last		First								
CLIENT SIN #											
CLIENT DATE OF BIRTH	YEAR		MONTH			DAY					
ADDRESS											
CITY						Postal Code					
PHONE	Home			Work							
EMAIL											
I AGREE TO RECEIVE FUTURE COMMUNICATIONS VIA THIS EMAIL ADDRESS						YES		NO			
I AM A CANADIAN CITIZEN						YES		NO			
THIS IS MY 1ST TIME FILING INCOME TAX IN CANADA						YES		NO			
WHAT PROVINCE DID YOU LIVE IN AT THE END OF DECEMBER LAST YEAR											
NEWCOMER TO CANADA	YEAR		MONTH			DAY					
MARITAL STATUS	Married		Common Law		Widowed		Divorced		Separated		Single
SPOUSE NAME											
SPOUSE SIN #											
SPOUSE DATE OF BIRTH	YEAR		MONTH			DAY					
SPOUSE NET INCOME \$											
# DEPENDENT CHILDREN (0-19 yrs)			<i>Even if there is no income, both spouses must file tax returns to continue receiving the Canada Child Benefit</i>								
CHILD NAME					DOB	Y		M		D	
CHILD NAME					DOB	Y		M		D	
CHILD NAME					DOB	Y		M		D	
CHILD NAME					DOB	Y		M		D	
RENT PAID LAST YEAR					\$						
PROPERTY TAX PAID LAST YEAR					\$						
SENIORS PROPERTY TAX GRANT RECEIVED LAST YEAR					\$						
LANDLORD/MUNICIPALITY	name/address/phone #										
DISABILITY TAX CREDIT - I am eligible and CRA has my T2201 disability form on file						YES		NO			
DISABILITY DESCRIPTION											
I AUTHORIZE CRA to give my name/address/DOB to Elections Canada voter registry						YES		NO			
ATTACH INFORMATION SLIPS: T3, T4, T4A, T4A(P), T4a(OAS), T4E, T4RSP, T4RIF, T5, T5007, etc.											
RECEIPTS: Rent, Property Tax, Charitable Donations, Child Care Expenses, Medical Expenses, RRSPs, etc.											
SIMPLE RETURNS NOT FOR: Deceased, Bankruptcy, Business, Rental Income, Employment Expenses, Capital Gains/Losses, etc.											



Community Volunteer Income Tax Program Taxpayer Authorization

Protected B
when completed

Tax year 20 **20**

Keep this form for your records. Do not send a copy to the Canada Revenue Agency (CRA).

- Complete **Section I** to allow a Community Volunteer Income Tax Program (CVITP) volunteer to prepare your income tax and benefit return.
- Complete **Section II** if you would like your return to be electronically filed. The CVITP volunteer must complete parts **E** and **F**.
- Keep all records used to prepare your return for a period of six years, and provide this information to the CRA on request.
- The CRA is responsible for ensuring the confidentiality of your electronically filed tax information **only** after the CRA has accepted it.

Section I – Authorization

SIGN IN TWO YELLOW AREAS

Part A – Identification

Last name		First name		Social insurance number (only enter last 3 digits) X X X X X X	
Mailing address: Apt. No. – Street No. Street name			Telephone number (home)		Telephone number (work)
P.O. Box	R.R.	City		Prov./Terr. ON	Postal code

Part B – Disclaimer

I am fully aware that my income tax and benefit return is being prepared by a volunteer under the Community Volunteer Income Tax Program and that this volunteer is not acting as an agent of the Canada Revenue Agency.

Signature (individual identified in Part A)

Date

Halton Hills - Links2Care
Signed at (place and name of organization)

Section II – Electronic filing (EFILE)

Part C – Declaration

Enter the following amounts from your income tax return:		
Total income (line 150)	_____	
Taxable income (line 260)	_____	Refund (line 484) _____
Total federal non-refundable tax credits (line 350 of Schedule 1)	_____	or Balance owing (line 485) _____

Part D – Declaration and authorization

I declare that the information entered in Part A and the amounts shown in Part C above are correct and complete, and fully discloses my income from all sources. I also declare that I have read the information above, and the electronic filer identified in Part E is electronically filing my income tax and benefit return.

Signature (individual identified in Part A)

Date

CVITP volunteer must complete parts E and F

Part E – Electronic filer identification

By signing Part D above, the individual in Part A declares that the following person or organization is electronically filing his or her income tax return. Part D **must be signed** before the return is electronically transmitted.

Name of person or organization: _____

Electronic filer number: _____

Part F – Document control number

Document control number for the electronic record of the individual's return:
