



# 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.

<b>CLIENT NAME</b>	Last		First								
<b>CLIENT SIN #</b>											
<b>CLIENT DATE OF BIRTH</b>	<b>YEAR</b>		<b>MONTH</b>			<b>DAY</b>					
<b>ADDRESS</b>											
<b>CITY</b>						<b>Postal Code</b>					
<b>PHONE</b>	Home			Work							
<b>EMAIL</b>											
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											
<b>NEWCOMER TO CANADA</b>	<b>YEAR</b>		<b>MONTH</b>			<b>DAY</b>					
<b>MARITAL STATUS</b>	Married		Common Law		Widowed		Divorced		Separated		Single
<b>SPOUSE NAME</b>											
<b>SPOUSE SIN #</b>											
<b>SPOUSE DATE OF BIRTH</b>	<b>YEAR</b>		<b>MONTH</b>			<b>DAY</b>					
<b>SPOUSE NET INCOME \$</b>											
<b># DEPENDENT CHILDREN (0-19 yrs)</b>		<i>Even if there is no income, both spouses must file tax returns to continue receiving the Canada Child Benefit</i>									
<b>CHILD NAME</b>					<b>DOB</b>	<b>Y</b>		<b>M</b>		<b>D</b>	
<b>CHILD NAME</b>					<b>DOB</b>	<b>Y</b>		<b>M</b>		<b>D</b>	
<b>CHILD NAME</b>					<b>DOB</b>	<b>Y</b>		<b>M</b>		<b>D</b>	
<b>CHILD NAME</b>					<b>DOB</b>	<b>Y</b>		<b>M</b>		<b>D</b>	
<b>RENT PAID LAST YEAR</b>					<b>\$</b>						
<b>PROPERTY TAX PAID LAST YEAR</b>					<b>\$</b>						
<b>SENIORS PROPERTY TAX GRANT RECEIVED LAST YEAR</b>					<b>\$</b>						
<b>LANDLORD/MUNICIPALITY</b>	name/address/phone #										
<b>DISABILITY TAX CREDIT - I am eligible and CRA has my T2201 disability form on file</b>						YES		NO			
<b>DISABILITY DESCRIPTION</b>											
<b>I AUTHORIZE CRA to give my name/address/DOB to Elections Canada voter registry</b>						YES		NO			
<b>ATTACH INFORMATION SLIPS:</b> T3, T4, T4A, T4A(P), T4a(OAS), T4E, T4RSP, T4RIF, T5, T5007, etc.											
<b>RECEIPTS:</b> Rent, Property Tax, Charitable Donations, Child Care Expenses, Medical Expenses, RRSPs, etc.											
<b>SIMPLE RETURNS NOT FOR:</b> 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 **23**

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.

**SIGN IN TWO YELLOW AREAS**

## Section I – Authorization

### 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. <b>ON</b>	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)	_____	<b>or</b> 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:

\_\_\_\_\_