



Community Volunteer Income Tax Program Taxpayer Authorization

Protected B
when completed

Tax year 2025

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

Part A – Identification

Last name		First name		Social insurance number (only enter last 3 digits)	
				x 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.	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.

_____	_____	LINKS2CARE
Signature (Individual identified in Part A)	Date	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:

We're here to help!

If you need more information on your tax refund or your tax return, or if you have a service complaint, go to canada.ca/cra-contact or call 1-800-959-8281.

Personal information is described in Personal Information Bank CRA PPU 100. Under the Privacy Act, individuals have a right to have their personal information protected. They also have the right to access, correct or note this information and to file a complaint with the Privacy Commissioner of Canada regarding our handling of their information.



INCOME TAX CLINIC INTAKE FORM

Personal and Contact Information

First Name _____ Last Name _____

Date of Birth (dd/mm/yy) _____ / _____ / _____ Male ___ Female ___

SIN # _____ *Email _____

Home Phone # _____ Cell Phone # _____

***By providing an email address, you are registering for email notifications and will no longer receive paper mail from the CRA.**

Are you a Canadian Citizen Yes No

If yes, may the CRA provide your information to Elections Canada Yes No

Is this your first time filing income tax in Canada Yes No

Were you a newcomer to Canada in 2025 Yes No

What date did you arrive? (dd/mm/yy) _____ / _____ / _____

Do you have a disability tax certificate? Yes No

Describe your disability _____

Would you like to receive information about organ & tissue donation? Yes No

Current Mailing Address

Address _____ Apt. # _____

City _____ Province _____ Postal Code _____

Marital Status as of December 31, 2025

Single Married Separated Divorced Widowed Common-law

Did your marital status change in 2025, if yes, date of change (dd/mm) _____

If yes, the status change from _____ to _____

Information Slips (circle all that apply)

No Income, T5007, T4, T4A, T4A(OAS), T4A(P), T4E, T4RSP, T4RSP, T4RIF, T3, T5

Province of Residence

Did you live in Ontario on December 31, 2025 Yes No

If the answer is no, where did you live? _____

Did you change your province of residence in 2025? Yes No

If yes, date of change (dd/mm) _____ / _____

Expenses

Type of Expense	Amount Paid	Type of Expense	Amount Paid
Child Care	\$	Senior Home Safety	\$
Interest on Student Loan	\$	Tuition	\$
Medical Expenses	\$	Charitable Donations	\$
Property Tax	\$	Ontario Jobs Training Expenses	\$
First Time Homebuyer Expenses	\$	Other	\$

Property Tax Grant

Did you receive a property tax grant and if yes in what amount \$ _____

How much was your property tax payment for 2025 \$ _____

Rent You can claim this without a receipt, however CRA may ask for them

Full Address (Street, City & Postal Code)	# Months 2025	Amount Paid	Landlord's Name
		\$ Monthly / Annual (Circle one)	
		\$ Monthly / Annual (Circle one)	

If you have lived at more than 2 addresses, please attached a separate sheet with the above information

Spouse Information (fill out if you have a spouse)

First Name _____ Last Name _____

Date of Birth (dd/mm/yy) _____ / _____ / _____ Male ___ Female ___

SIN # _____ Is your spouse a Canadian Citizen? Yes No

If yes, may the CRA provide your information to Elections Canada Yes No

Does your spouse reside outside of Canada? Yes _____ No _____

If yes, country of residence _____ Spouse World Income \$ _____

Was your spouse a newcomer to Canada in 2025? Yes No

What date did they arrive? (dd/mm/yy) _____ / _____ / _____

Would your spouse like to receive information about organ & tissue donation? Yes No

Does your spouse have a disability tax certificate? Yes No

Describe their disability _____

Spouse Information Slips (circle all that apply)

No Income, T5007, T4, T4A, T4A(OAS), T4A(P), T4E, T4RSP, T4RSP, T4RIF, T3, T5

Spouse Expenses

Type of Expense	Amount Paid	Type of Expense	Amount Paid
Child Care	\$ _____	Senior Home Safety	\$ _____
Interest on Student Loan	\$ _____	Tuition	\$ _____
Medical Expenses	\$ _____	Charitable Donations	\$ _____
Property Tax	\$ _____	Ontario Jobs Training Expenses	\$ _____
First Time Homebuyer Expenses	\$ _____	Other	\$ _____

Children under 18 years of age who lived with you this year

Child 1 Son Daughter Other _____

First Name _____ Last Name _____

Date of Birth (dd/mm/yy) _____ / _____ / _____ Male ___ Female ___

SIN # _____ Child has a disability tax certificate? Yes No

Describe their disability _____

Child has income Yes No If yes, they should file their own tax return

Child 2 Son Daughter Other _____

First Name _____ Last Name _____

Date of Birth (dd/mm/yy) _____ / _____ / _____ Male ___ Female ___

SIN # _____ Child has a disability tax certificate? Yes No

Describe their disability _____

Child has income Yes No If yes, they should file their own tax return

Child 3 Son Daughter Other _____

First Name _____ Last Name _____

Date of Birth (dd/mm/yy) _____ / _____ / _____ Male__ Female__

SIN # _____ Child has a disability tax certificate? Yes No

Describe their disability _____

Child has income Yes No If yes, they should file their own tax return

Child 4 Son _____ Daughter _____ Other _____

First Name _____ Last Name _____

Date of Birth (dd/mm/yy) _____ / _____ / _____ Male__ Female__

SIN # _____ Child has a disability tax certificate? Yes No

Describe their disability _____

Child has income Yes No If yes, they should file their own tax return



PARTICIPANT CONSENT TO RELEASE CONFIDENTIAL INFORMATION FOR FREE TAX CLINICS

I agree that I am releasing my income tax related documents to Links2Care where my income tax return will be completed by a volunteer tax preparer registered with the Community Volunteer Income Tax Program (CVITP).

I understand that my return will be E-Filed and returned to me as a completed income tax return. For this to happen I need to sign Part B (Taxpayer Disclaimer) and Part D (Declaration and Authorization) in advance.

LINKS2CARE does not keep any copies or documentation in its possession, including electronic copies. This includes both your tax return and your receipts. We do not receive a copy of your Notice of Assessment. It is your responsibility to keep a copy.

I understand that I must pick up all documents from Links2Care within one (1) week of contact saying the tax return is completed and if not picked up the tax package will be destroyed.

I understand that if I disagree with my completed tax return I can complete a T1 Adjustment Request Form to amend my income tax return.

I _____ acknowledge that I have read and understood the information.
(Print Name)

Participant Signature _____ Date _____

I confirm that I have signed a copy of the CVITP Taxpayer Authorization Form (T1S60 E)

Spouse's Name (printed) _____

Spouse's Signature _____ Date _____

I confirm that I have signed a copy of the CVITP Taxpayer Authorization Form (T1S60 E)

Contact Preference

I would prefer to be contacted for any questions by: Phone Email