



Community Volunteer Income Tax Program Taxpayer Authorization

TAX YEAR: 2018

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)	
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.

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

Part F – Document control number

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: _____

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 notate this information and to file a complaint with the Privacy Commissioner of Canada regarding our handling of their information.

COMMUNITY VOLUNTEER INCOME TAX PROGRAM CLIENT INFORMATION SHEET

This information is gathered to assist the volunteer in completing your individual Income Tax Return.
This sheet will be returned to you along with other documents you may provide to the volunteer.

CLIENT INFORMATION:

Name: _____ SIN: xxx xxx _____

Mailing Address: _____

City: _____ Postal Code: _____

Daytime Phone #: _____ Date of Birth: yyyy mm dd

Email: _____

Do you agree to receive all future communications/notifications via this email? Yes No

On December 31, 2018, which Province or Territory were you living in: _____

Are you a Canadian Citizen: Yes No

If you are a Newcomer to Canada, what was your arrival date? yyyy mm dd

Is this your first time filing a Canadian Income Tax Return? Yes No

Marital Status: Married Common Law Widowed Divorced Separated Single

SPOUSE/DEPENDENT INFORMATION:

Spouse's Name: _____ SIN: xxx xxx _____

Net Income: _____ Date of Birth: yyyy mm dd

Number of dependent children under 19 years: _____ (List below)

Name: _____ Date of Birth: yyyy mm dd

Name: _____ Date of Birth: yyyy mm dd

NOTE: If there are dependent children and the client(s) are in receipt of Child Tax Benefit, it is imperative that both spouses file tax returns, even if one spouse has no taxable income, in order to continue receiving the Child Tax Benefit.

ONTARIO CREDITS INFORMATION:

Amount Paid in 2018: \$ _____ in Rent Property Tax **(Must have receipts to claim)**

Landlord/Municipality Name: _____ Phone: _____

Landlord/Municipality Address: _____

Did you receive the Seniors Property Tax Grant last year? If so, how much was it for? \$ _____

Are you eligible to claim the Disability Amount: Yes No

If yes, what is your disability? _____

Do you authorize CRA to give your name/address/DOB to
Elections Canada for the National Register of Electors: Yes No

I understand that Links2Care will not be retaining any copies of my tax return or any of my personal information. It is my responsibility to retain my tax information for 7 years.

Signature: _____ Date: _____

To ensure that your return is completed promptly and accurately, please verify that you have
all the necessary information below that applies to your situation.

All Information Slips:

T3, T4, T4A, T4A(P), T4a(OAS), T4E, T4RSP, T4RIF, T5, T5007

All Receipts:

Rent, Property Tax, Charitable Donations, Child Care Expenses, Medical Expenses & RRSP Contributions.

Volunteers do not complete Individual Income Tax and Benefit Returns for the following situations:

Deceased persons. Bankrupts. Business Income. Rental Income. Employment Expenses & Capital Gains/Losses.