



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

Form with fields for Last name, First name, Social insurance number, Mailing address, Telephone number, P.O. Box, R.R., City, Prov./Terr., and 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

Table for entering amounts from income tax return: Total income, Taxable income, Total federal non-refundable tax credits, Refund, and Balance owing.

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.

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

Name of person or organization:

Electronic filer number:

# 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 #: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: Y \_\_\_\_ M \_\_\_\_ D \_\_\_\_ Are you a Canadian Citizen: Yes  No   
On December 31, 2018, which Province or Territory were you living in: \_\_\_\_\_  
Are you a Newcomer to Canada? If so, what was your date of arrival? Y \_\_\_\_ M \_\_\_\_ D \_\_\_\_  
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: Y \_\_\_\_ M \_\_\_\_ D \_\_\_\_  
Number of dependent children under 19 years: \_\_\_\_\_ (List below):  
Name: \_\_\_\_\_ Date of Birth: Y \_\_\_\_ M \_\_\_\_ D \_\_\_\_

**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:

Rent or Property Taxes Paid:  Rent  Taxes Amount Paid in 2018: \_\_\_\_\_  
**We are not able to claim Property Taxes or Rent without receipts as per the CRA.**  
Name, Address & Phone number of Landlord OR Municipality: \_\_\_\_\_

Did you receive the Seniors Property Tax Grant last year?  
If you received the grant, 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.