

INCOME TAX INFORMATION

The CVITP (Community Volunteer Income Tax Program) is for our members.
This program is available through **volunteers** and the help of the **Gaming Revenue Fund**.

There will be a locked WOODEN box located at Rosey's.
FROM March 01 to April 12, 2021
Please put your information together
Make sure it is sealed and won't fall out.

The next 2 pages are for you to fill out. Phone number contact is essential!

We require this information to do your return for you! Please fill out and make sure that you sign the CVITP Taxpayer Authorization form where the **X** is.

1st **X** is allowing us to do your return from information you gave us.

2nd **X** is allowing us to efile your return

If you have your **Notice of Assessment from 2019** please include it.

EVERYTHING WILL BE MAILED TO YOU AT A LATER DATE

If you have any questions you may call:

Edith Knott 705-657-3486

Laura Coppaway 705-657-3225



Community Volunteer Income Tax Program Taxpayer Authorization

Tax year 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

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.

X

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)	_____	Refund (line 484)	_____
Taxable income (line 260)	_____	or	
Total federal non-refundable tax credits (line 350 of Schedule 1)	_____	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.

X

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.

INFO NEEDED FOR FILING INCOME TAX RETURN

Name: _____ STATUS INDIAN: YES NO (CIRCLE ONE)

Address: _____ Phone Number: _____ (mandatory)

D.O.B. Day/Month/Year _____

Income Slips: (circle what you are sending) T4 T4A T4E T4A(P) T4A(OAS) T4RSP T5

Marital Status: (circle one) SINGLE MARRIED COMMON-LAW SEPARATED WIDOWED

No change from last year YES NO (circle one)

If separated/common-law in 2020 give date: D/M/Y _____

Canadian Citizen: (circle one) YES NO

Do you Authorize Canada Revenue to give your name, address, d.o.b., citizenship to Elections Canada?
(circle one) YES NO

Claiming GST: (circle one) YES NO

Claiming OTB(Ontario Trillium Benefit): (circle one) YES NO

The Government now automatically give the GST/OTB to the person with the lower income in family.

Do you have any Education Credits from previous years: Federal Credit: _____

Provincial Credit: _____

BELOW ONLY IF APPLICABLE TO YOU!

Info on Spouse or Common-law Name: _____ Status Indian: YES NO

Sin # _____

D.O.B. day/month/year _____

Plus their net income or income slips!

ANY DEPENDANTS (make list of info for each child)

Name: _____

D.O.B. _____ BOY GIRL (please circle one)

Is child Status: YES NO (circle one)

Sin # (if applicable) Any income please send slips