

CURVE LAKE FIRST NATIONS  
COMMUNITY VOLUNTEER INCOME TAX PROGRAM  
(CVITP)

The CVITP 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 30, 2022**

Please put your information together.

**Make sure it is in a sealed envelope/Ziploc bag  
and won't fall out when placed in the box.**

**The next 2 pages are for you to fill out your information.  
PHONE NUMBER CONTACT IS MANDATORY!**

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

**1<sup>st</sup> X** is allowing us to do your return from the information you gave us.

**2<sup>nd</sup> X** is allowing us to efile your return.

If you have your **NOTICE OF ASSESSMENT from 2020** 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

Protected B  
when completed

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	
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

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: \_\_\_\_\_

For more 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](http://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 2021 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