



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 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

