COMMUNITY VOLUNTEER INCOME TAX PROGRAM

Drop-Off Program – Screening Sheet

Please circle tax years to be completed

2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

Was your income low and do you have a simple tax situation? ☐ Yes ☐ No

If no, you do not qualify for volunteer assistance with the preparation of your income tax return.

Note: We will NOT prepare a return with business income, rental income or capital gains.

PROVINCE OF RESIDENCE ON DECEMBER 31, 2018? _____

Your Information ☐ Male ☐ Female	**Spouse's Information** ☐ Male ☐ Female
First Name	First Name
Last Name	Last Name
Social Insurance Number (SIN)	Social Insurance Number (SIN)
Date of Birth: Day/Month/Year	Date of Birth: Day/Month/Year
Current Address	Current Address - *If different than yours*
City, Province, Postal Code	City, Province, Postal Code
Phone No	Phone No
Email	Net Income

Marital Status ☐ Single ☐ Married ☐ Common-Law ☐ Widowed ☐ Separated ☐ Divorced

Please note: If you had a spouse in the above year, you MUST attach your spouse's tax information.

Did your marital status change during the tax years you wish prepared? If yes, day/month/year _____

Children who lived with you during the year: (if you require more room, please attach a separate sheet of paper)

Child's Name	Birth Date (day/month/year)	Male (M) or Female (F)	Child's Income	Did child live with you for entire year? If no, provide explanation on separate sheet of paper.

Did you pay… □ Rent or □ Property Taxes * Please attach receipts**

Rent or Property taxes will not be claimed unless receipts are provided

Address	From mm/yyyy To mm/yyyy	Total Rent Paid in 2018	Property Taxes Paid	Name of Landlord or Municipality

ARE YOU A CANADIAN CITIZEN? ☐ YES ☐ NO I HAD NO INCOME ☐

***If you receive OW or ODSP, you must provide a T5007 - no stubs**

Canada Revenue Agency | Agence du revenu du Canada

Community Volunteer Income Tax Program
Taxpayer Authorization

Tax year 20 18

- You **must** complete **Section I** to allow a Community Volunteer Income Tax Program (CVITP) volunteer to prepare your income tax and benefit return.
- You **must** complete **Section II** if you would like your return to be electronically filed. The CVITP volunteer will complete parts **E** and **F**.
- Give the signed original of this form to the CVITP volunteer and keep a copy for yourself.
- Keep all records used to prepare your return for a period of six years, and provide this information to the Canada Revenue Agency (CRA) on request.
- The CRA is responsible for ensuring the confidentiality of your electronically filed tax information **only** after we have accepted it.

Section I – Authorization

Part A – Identification

Last name	First name	Social insurance number

Mailing address: Apt. No. – Street No. Street name	Telephone (home) – –	Telephone (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.

Family Services Windsor Essex

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) .....

Total federal non-refundable tax credits (Line 350 of Schedule 1)

Refund (Line 484)

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 disclose my income from all sources. I also declare that I have read the information and instructions below, and I authorize the electronic filer identified in Part **E** to electronically file my income tax return.

Signature (individual identified in Part **A**) | Date

GST _____ x 4

CVITP volunteer use only

OTB _____

Part E – Electronic filer identification

By signing Part **D** above, the individual in Part **A** authorizes the following person or organization to electronically file 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 or confirmation number

Document control or confirmation number for the individual's electronic record: