



2018 INCOME TAX DROP-OFF CLINIC

Name: _____

Phone: _____

Address: _____

Date: _____

I am fully aware that my Income Tax and Benefit Return is prepared by a volunteer under the Community Volunteer Income Tax Program and that this volunteer is not acting as an agent of Family Services Windsor-Essex. Family Services is not responsible for any errors, omissions, on my Income Tax Return(s).

Applicant's Signature:

For Office Use Only:

Drop off Date: _____ Staff Initials: _____

Date Called for Pick Up: _____ Staff Initials: _____

Date Picked Up: _____ Staff Initials: _____

Notes: _____

Completion Date: _____ Years Completed: _____

E-File: _____ Paper Return: _____