

2025 Income Tax Drop-Off Clinic

Self	Spouse
Name: <div style="text-align: right; font-size: small;">(Please print)</div>	Name: <div style="text-align: right; font-size: small;">(Please print)</div>
Phone number:	Phone Number:
<p style="text-align: center;">Please read, then sign to acknowledge you have read, understand and agree:</p> <ol style="list-style-type: none"> 1. I/we am fully aware that my/our Income Tax and Benefit Returns are prepared by a <u>volunteer</u> under the Community Volunteer Income Tax Program and that this volunteer is not acting as an agent of Family Services Windsor-Essex (FSWE). 2. FSWE is <u>not responsible</u> for any errors, omissions, on my/our Income Tax Return(s). 3. We <u>cannot</u> complete your income tax if you have declared <u>Bankruptcy</u> or are <u>Self-Employed</u>. 4. It is your responsibility to save your documents as required by Canada Revenue Agency. 5. THESE DOCUMENTS MUST BE PICKED UP BEFORE December 31, 2026 OR THEY WILL BE DESTROYED. 	
Self-Signature	Spouse-Signature

****Are you or your spouse a veteran of the Canadian Armed Services?**

☐ **MYSELF** ☐ **MY SPOUSE**

For office use only:		
Drop off Date:	Staff initials:	
Completion Date:	Volunteer initials:	Years Completed:
E-File:	Paper Return:	
Notes:		

COMMUNITY VOLUNTEER INCOME TAX PROGRAM

Drop-Off Program – Screening Sheet

Please circle tax years to be completed

2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

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, 2025 _____

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	Email
Are you a Canadian Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is your spouse a Canadian Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Immigration date (if applicable):	Immigration date (if applicable):
	Spouse's 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 (under 18) 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 <u>entire</u> year? If no, provide explanation on separate sheet of paper.

Did you pay rent or property taxes? ***Rent or Property taxes will not be claimed unless receipts are provided

Address	From mm/yyyy To mm/yyyy	Total Rent Paid in 2024	Property Taxes Paid	Name of Landlord or Municipality

☐ I HAD NO INCOME

***If you receive OW or ODSP, you must provide a T5007

**Community Volunteer Income Tax Program**
Taxpayer Authorization**Tax Year 2025**

- 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			
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 15000)

Taxable Income (Line 26000)

Total federal non-refundable tax credits (Line 35000)

Refund (Line 48400)

Or

Balance owing (Line 48500)

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.

X

Signature (individual identified in Part A)

Date

CVITP volunteer use only

GST _____ x 4

Part E – Electronic filer identification

OTB _____

Part F – Document control or confirmation number

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: CVITP

Electronic filer number: _____

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

Any questions? Please contact CRA at 1-800-959-8281



Canada Revenue
Agency

Agence du revenu
du Canada

Community Volunteer Income Tax Program Taxpayer Authorization

SPOUSE

Tax Year 2025

- 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			
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 15000)

Taxable Income (Line 26000)

Total federal non-refundable tax credits (Line 35000)

Refund (Line 48400)

Or

Balance owing (Line 48500)

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.

X

Signature (individual identified in Part A)

Date

CVITP volunteer use only

GST _____ x 4

OTB _____

Part E – Electronic filer identification

Part F – Document control or confirmation number

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: CVITP

Electronic filer number: _____

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

Any questions? Please contact CRA at 1-800-959-8281

Income Tax Drop-Off Checklist

- Please fill out all of the forms that are in the envelope.
- If you are married or common-law, each person must fill out the Taxpayer Authorization form.
- Return the envelope with the completed forms and all of your tax documents. You can put them in the silver mailbox attached to the wall outside the building.

Instructions: Bring in the following forms if you received income from any of these sources.		
Income Received	Form Required	X
ODSP or OW or WSIB or any type of Social Assistance	T5007	
Employment Income	T4	
Employment Insurance Benefits (Including CERB)	T4E	
Other benefits: CPP, Disability, Retirement, Survivor or Death Benefit.	T4 (P)	
Old Age Pension (if you are over 65 years old)	T4A(OAS)	
Retirement Pension	T4A	
RRSP Withdrawal	T4RSP	
RIF Withdrawal	T4RIF	
Interest from a bank or credit union	T5	

Instructions: Bring in the following forms if you have paid any of these expenses.		
Expense Paid	Form Required	X
Rent	Receipt from your landlord or 1 social assistance stub that states: Pay Direct-Land	
Property Taxes	City of Windsor Final Tax Assessment (blue form) or mortgage statement from bank.	
Disability Tax Credit	Letter from CRA stating the dates the DTC is in effect	
Tuition (available on your school's website)	T2202A	
Any T4A form with an amount in BOX 105 must be accompanied by a T2202A form from a college or university	T2202A	

If you do not have the proper forms, please call CRA at 1-800-959-8281 to have the forms mailed to your home.