



# Community Volunteer Income Tax Program Taxpayer Authorization

**Protected B**  
when completed

Tax year 20

- 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 this form for your records.
- 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 the CRA has accepted it.

## Section I – Authorization

### Part A – Identification

Last name		First name		Social insurance number (only enter last 3 digits)		
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

Lakehead Social Planning Council

\_\_\_\_\_  
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) .....	_____	Refund (line 484) .....	_____
Taxable income (line 260) .....	_____	<b>or</b>	
Total federal non-refundable tax credits (line 350 of Schedule 1) .....	_____	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: Lakehead Social Planning Council

Electronic filer number: \_\_\_\_\_ L9864

### Part F – Document control or confirmation number

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

Transmission Number

L9864- \_\_\_\_\_