

Adjustment

Previous Tax Year(s): \_\_\_\_\_

Current Tax Year: \_\_\_\_\_

Checked By: \_\_\_\_\_

Past Year: Yes  No   
Entered on DB Yes  No

Direct Deposit   
Disability Certification   
Mail

## Community Volunteer Income Tax Program - Drop Off Sheet

**Client(s):** It is your responsibility to pick up your documentation. We will mail your documents under certain conditions for a fee of \$5.00. If your documents are not picked up within sixty (60) days we have been advised by CRA to destroy them.

Please sign to acknowledge you understand: →

**Self:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

For Office Use Only	Action	Intake Done By	Completed By	Client Picked Up Paperwork	CRA (✓)	Client Signature(s)	
	Date					Self	x
	Initials					Spouse	x

<b>Please Print Clearly</b>				<b>Self</b> Male <input type="checkbox"/> Female <input type="checkbox"/>			<b>Spouse</b> Male <input type="checkbox"/> Female <input type="checkbox"/>			
First Name and Middle Initial										
Last Name:										
Social Insurance Number:										
Birthdate (format DD-MMM-YYYY):				Day	Month	Year	Day	Month	Year	
Province of residence as of December 31 <sup>st</sup> :										
As of December 31 <sup>st</sup> were you living in a common-law or married relationship?							Married <input type="checkbox"/>		Common-Law <input type="checkbox"/>	
If not were you:				Divorced <input type="checkbox"/>		Widowed <input type="checkbox"/>		Separated <input type="checkbox"/>		Single <input type="checkbox"/>
Has your Marital Status Changed during the past year?				Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Change From:</b>			
				<b>Change Date:</b>			<b>Change To:</b>			
If Spouse is filing separately, enter Net Federal Income (line 236):							\$			
Are you a Canadian Citizen?				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Canadian citizens only: Do you authorize the CRA to provide your information to Elections Canada?				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did your address change in the last year?				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you sell a principal house? <i>If 'Yes' do Schedule 3</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>				
What Aboriginal Status do you identify with?				First Nations <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non Aboriginal <input type="checkbox"/>		First Nations <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non Aboriginal <input type="checkbox"/>				
Status Number?										
Phone Number:										
Alternate Phone Number or Email Address:										
<i>For Persons who arrived in Canada in the current tax year, i.e., New Comers to Canada, Students, etc.</i>										
Date you entered Canada?										
Name of Country of origin?										
Income for the year earned in Country of origin?										
Is your spouse still in the country of origin?				Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Income Amount:</b>			

Children living with you under 19 as of December 31 <sup>st</sup> :										* need receipts for these expenses		
First Name(s):												
Last Name:												
Relationship (S, D, GS, GD):												
SIN (if applicable):												
Income: If Yes do a TIS60:												
Birthdate (format DD-MMM-YYYY):				Day	Month	Year	Day	Month	Year	Day	Month	Year
Child Care Expense: *												
Medical Expenses: *												

Who Claims:	Self	Spouse	OTB Choices	Equal monthly payments starting July	Lump sum payment in June next year?
Ontario Trillium Benefit (OTB)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Attachments:	Self	Spouse	Attachments	Self	Spouse
Employment Income (T4, T4E)	<input type="checkbox"/>	<input type="checkbox"/>	RRSP	<input type="checkbox"/>	<input type="checkbox"/>
Pension Income (T4A, OAS, CPP, RSP, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuition (T2202A)	<input type="checkbox"/>	<input type="checkbox"/>
Interest/Investment Income (T3, T5, T5008)	<input type="checkbox"/>	<input type="checkbox"/>	Tuition Donation	<input type="checkbox"/>	<input type="checkbox"/>
OW/ODSP/WSIB (T5007)	<input type="checkbox"/>	<input type="checkbox"/>	Tuition Interest:	<input type="checkbox"/>	<input type="checkbox"/>
Other Income:	<input type="checkbox"/>	<input type="checkbox"/>	⇒ Type:		
Donation: Total	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Medical Expenses: prescription and OTC	<input type="checkbox"/>	<input type="checkbox"/>	⇒ Amount	\$	\$
Medical Expenses: eye	<input type="checkbox"/>	<input type="checkbox"/>	⇒ Amount	\$	\$
Medical Expenses: dental	<input type="checkbox"/>	<input type="checkbox"/>	⇒ Amount	\$	\$
Medical Expenses: chiropractor	<input type="checkbox"/>	<input type="checkbox"/>	⇒ Amount	\$	\$
Medical Expenses: other	<input type="checkbox"/>	<input type="checkbox"/>	⇒ Amount	\$	\$
Bus Passes? (Monthly Only)	<input type="checkbox"/>	<input type="checkbox"/>	⇒ Amount	\$	\$
Spousal Support Received <input type="checkbox"/> Paid <input type="checkbox"/>	\$				
Disability Certified (need CRA letter) Intake shown a copy?	<input type="checkbox"/>	<input type="checkbox"/>	End Date:	Self	Spouse
Incarceration: <i>enter dates</i>					
(a) Same address as tax year?	Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>If "Yes" go to (c); if "No" complete (b) and (c)</i>		
(b) Street Address:					See Rent Receipt <input type="checkbox"/>
(b) City and Postal Code:					
(b) Landlord's Name:					
(c) Year	# Months	Rent <input type="checkbox"/>	Own <input type="checkbox"/> Property Tax	Reserve* <input type="checkbox"/> Hydro/Propane/Wood	Student Residence* Yes <input type="checkbox"/>
		\$	\$	\$	
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		\$	\$	\$	
<b>Additional Information and or Attachments:</b>					