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| _Pic3 | **Community Volunteer Income Tax Program Taxpayer Authorization** | | **Protected B** when completed | |
|  | | **Tax year** | | **20\_\_\_\_\_** |

* 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 must 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.

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|  | **Section 1** – **Authorization** | | |  | | | | | | | | | | |  | | | |  | | | |  |
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|  | **Part A - Identification** | | | | | | | | | | | | | | | | | | | | | |  |
|  | Last name | | | | First Name | | | | | Social insurance number | | | | | | | | | | | | |  |
|  |  | | | |  | | | | | X | | X | X | X | | X | X |  | |  |  | |  |
|  | Mailing address: Apt. No. – Street No. Street Name | | | | | | | | Telephone number (home) Telephone number (work) | | | | | | | | | | | | | |  |
|  |  | | | | | | | |  | | | | | | | | | | | | | |  |
|  | P.O. Box | | R.R. | | | City | | | | | Prov/.Terr. | | | | Postal code | | | | | | | |  |
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|  | **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. | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | Lakehead Social Planning Council (LSPC) | | | | | | | | | | | | | |  |
|  |  | Signature (individual identified in Part A) | | | |  | Date |  | Signed at (place and name of organization) | | | | | | | | | | | | |  |  |
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|  | **Section II** – **Electronic filing (EFILE)** | | | | | |  | | | | | | | | | | | | | | |  |
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|  | **Part C - Declaration** | | | | | | | | | | | | | | | | | | | | |  |
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|  | Enter the following amounts from your income tax return: | | | | | | | | | | |  | | | | | | | | | |  |
|  |  | | | | | | | | | | |  | | | | | | | | | |  |
|  | Total income (Line 15000) …………………………………………… | | | | | | | |  |  | |  | | | | | | | | | |  |
|  |  | | | | | | | | | | |  | | | | | | | | | |  |
|  | Taxable income (Line 26000) ………………………………………….. | | | | | | | |  |  | | Refund (Line 484) | | |  | | |  | | | |  |
|  |  | | | | | | | | | | | or | | | | | | | | | |  |
|  | Total federal non-refundable tax credits (Line 35000 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 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 and benefit return. | | | | | | | | | | | | | | | | | | |  | |
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|  | |  | Signature (individual identified in Part A) | | |  |  | | | | |  | Date | | | | | | |  |  | |
|  |  | | | | | | | | | | |  | | | | |  | | | | |  |
|  | CVITP volunteer must complete parts E and F | | | | | | | | | | |  | | | | | | | | | |  |
|  |  | | | | | | | | | | | **Part F – Document control or**  **confirmation number** | | | | | | | | | |  |
|  | **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. | | | | | | | | | | | Document control or confirmation number for the individual's electronic record: | | | | | | | | | |  |
|  |  | | | | | | | | | |  |  | |  | | | | |  | | |  |
|  | Name of person or organization: | | | | Lakehead Social Planning Council (LSPC) | | | | | |  | Transmission/Confirmation Number | | | | | | | | | |  |
|  |  | | | | | | | | | |  |  | | | | | | | | | |  |
|  | Electronic filer number: | | | L9864 | | | | | | |  | L9864- | | | | | | | | | |  |
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|  | *Privacy Act*, Personal Information Bank number CRA PPU 100 | | | | | | | | | | | | | | |  | | | | | | |
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|  | TIS60 (12) | | | | | | |  | | | | | | | | _Pic5 | | | | | | |