|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adjust-ment | [ ]  | Previous Tax Year(s): |       | Current Tax Year: |       | Checked By: |  | Past Year:Entered on DB | Yes [ ]  No [ ] Yes [ ]  No [ ]  |

|  |  |  |
| --- | --- | --- |
| **Community Volunteer Income Tax Program - Drop Off Sheet** | Disability CertificationMail | [ ] [ ]  |
| **Client(s): Please sign to acknowledge you understand: 🡪** | **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.**  |
| **Self:** |  | **Spouse:** |  |

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

|  |  |  |
| --- | --- | --- |
| **Please Print Clearly** | **Self** Male [ ]  Female [ ]  | **Spouse** Male [ ]  Female [ ]   |
| **First Name and Middle Initial** |       |       |
| **Last Name:** |       |       |
| **CRA Accepts *(to be generated from db):*** |       |       |
| **Information to be verified*:*** |       |       |
| **Social Insurance Number:**  |    -   -    |    -   -    |
| **Birthdate (format DD-MMM-YYYY):** | Day | Month | Year | Day | Month | Year |
|    |       |      |    |       |      |
| **Province of residence as of December 31st:** |       |       |
| **As of December 31st, were you living in a common-law or married relationship?**  | Married [ ]  Common-Law [ ]  |
| **If not were you:** | Divorced [ ]  Widowed [ ]  Separated [ ]  Single [ ]  |
| **Has your Marital Status Changed during the past year?** | Yes [ ]  No [ ]  | **Change From:** |   |
| **Change Date:** |   -     -     | **Change To:** |   |
| **If Spouse is filing separately, enter Net Federal Income (line 236):** | $      |
| **Are you a Canadian Citizen?** | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| **Canadian citizens only: info to Elections Canada?** | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| **Did your address change in the last year?** | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| **Did you sell a principal house? *If ‘Yes’ do Schedule3***  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| **What Aboriginal Status do you identify with?** | First Nations [ ]  Non-Status [ ] Metis [ ]  Inuit [ ]  Non Aboriginal [ ]  | First Nations [ ]  Non-Status [ ] Metis [ ]  Inuit [ ]  Non Aboriginal [ ]  |
| **Phone Number:** |    -   -     |    -   -     |
| **Alternate Phone Number or Email Address:** |       |       |
| ***For Persons who arrived in Canada in the current tax year, i.e., New Comers to Canada, Students, etc.*** |
| **Date you entered Canada? (DD-MMM-YYYY)** |   -     -     |   -     -     |
| **Name of Country of origin?** |       |       |
| **Income for the year earned in Country of origin?** | $      | $      |
| **Is your spouse still in the country of origin?** | Yes [ ]  No [ ]  | **Income Amount:** | $      |
|  |
| **Children living with you under 19 as of December 31st: \* need receipts for these expenses** |
| **First Name(s):** |       |       |       |       |
| **Last Name:** |       |       |       |       |
| **Relationship (S, D, GS, GD):** |       |       |       |       |
| **SIN (if applicable):** |    -   -    |    -   -    |    -   -    |    -   -    |
| **Income: If Yes do a TIS60:** | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| **Birthdate (format DD-MMM-YYYY):** | Day | Month | Year | Day | Month | Year | Day | Month | Year | Day | Month | Year |
|    |     |      |    |     |      |    |     |      |    |     |      |
| **Child Care Expense: \*** | $      | $      | $      | $      |
| **Medical Expenses: \*** | $      | $      | $      | $      |

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| --- | --- | --- | --- | --- | --- |
| **Who Claims:** | **Self** | **Spouse** | **OTB Choices** | **Equal monthly payments starting July** | **Lump sum payment in June next year?** |
| **Ontario Trillium Benefit (OTB)** | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attachments:** | **Self** | **Spouse** | **Attachments** | **Self** | **Spouse** |
| **No documents -> need Autofill My Return** | [ ]  | [ ]  |  |
| **Employment Income (T4, T4E)** | [ ]  | [ ]  | **RRSP** | [ ]  | [ ]  |
| **Pension Income (T4A, OAS, CPP, RSP, etc)** | [ ]  | [ ]  | **Tuition (T2202A)** | [ ]  | [ ]  |
| **T4A/T5013 – explain non-pension $s :** |       |       |
| **Interest/Investment Income (T3, T5, T5008)** | [ ]  | [ ]  | **Tuition Donation** | [ ]  | [ ]  |
| **OW/ODSP/WSIB (T5007)** | [ ]  | [ ]  | **Tuition Interest:** | [ ]  | [ ]  |
| **Other Income:** | [ ]  | [ ]  | **🢥** | **Type**: |       |
| **Donation: Total** | [ ]  | [ ]  | $      | $      |
| **Medical Expenses: prescription and OTC** | [ ]  | [ ]  | **🢥** | **Amount** | $      | $      |
| **Medical Expenses: eye** | [ ]  | [ ]  | **🢥** | **Amount** | $      | $      |
| **Medical Expenses: dental** | [ ]  | [ ]  | **🢥** | **Amount** | $      | $      |
| **Medical Expenses: chiropractor** | [ ]  | [ ]  | **🢥** | **Amount** | $      | $      |
| **Medical Expenses: other** | [ ]  | [ ]  | **🢥** | **Amount** | $      | $      |
| **Bus Passes? (Seniors Only)** | [ ]  | [ ]  | **🢥** | **Amount** | $      | $      |
| **Spousal Support**  | **Received** [ ]  **Paid** [ ]  | $      |  |
| **Disability Certified (need CRA letter)** | [ ]  | [ ]  | **End Date:** | **Self** | **Spouse** |
| **Intake shown a copy? (DD-MMM-YYYY)** |   -     -     |   -     -     |
| **Incarceration: *enter dates*** |   -     -     to   -     -     |

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| --- | --- | --- | --- |
| **(a)** | **Same address as tax year?** | **Yes [ ]  No [ ]**  | ***If “Yes” go to (c); if “No” complete (b) and (c)***  |
| **(b)** | **Street Address:** |       | **See Rent Receipt [ ]**  |
| **City and Postal Code:** |       |
| **Landlord’s Name:** |       |
| **(c)** | **Year** | **# Months** | **Rent [ ]**  | **Own [ ]** **Property Tax** | **Reserve\* [ ]** **Hydro/Propane/Wood** | **Student Residence\*** |
| 0000 | 00 | $      | $      | $      | Yes **[ ]**  |
| **(a)** | **Same address?** | **Yes [ ]  No [ ]**  | ***If “Yes” go to (c); if “No” complete (b) and (c)***  |
| **(b)** | **Street Address:** |       | **See Rent Receipt [ ]**  |
| **City and Postal Code:** |       |
| **Landlord’s Name:** |       |
| **(c)** | **Year** | **# Months** | **Rent [ ]**  | **Own [ ]** **Property Tax** | **Reserve\* [ ]** **Hydro/Propane/Wood** | **Student Residence\*** |
| 0000 | 00 | $      | $      | $      | Yes [ ]  |
| **(a)** | **Same address?** | **Yes [ ]  No [ ]**  | ***If “Yes” go to (c); if “No” complete (b) and (c)***  |
| **(b)** | **Street Address:** |       | **See Rent Receipt [ ]**  |
| **City and Postal Code:** |       |
| **Landlord’s Name:** |       |
| **(c)** | **Year** | **# Months** | **Rent [ ]**  | **Own [ ]** **Property Tax** | **Reserve\* [ ]** **Hydro/Propane/Wood** | **Student Residence\*** |
| 0000 | 00 | $      | $      | $      | Yes [ ]  |

|  |
| --- |
| **Additional Information and or Attachments:** |
|       |
|       |
|       |