|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Certification  Mail | |  |
| **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: \*** | $ | | | | $ | | | | | | $ | | | | | | | | $ | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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   -     - | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(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:** |
|  |
|  |
|  |