

Previous Tax Year(s) _____
 being filed: _____

Current Tax Year: _____

Previous LSPC Tax Client: Yes No

Community Volunteer Income Tax Program - Drop Off Sheet

Do you consent for the LSPC to retain your tax Information in order collect anonymous statistical data and to be able to provide assistance to you in the future should you have any inquiries or questions related to your return?
 Yes No

Client Identification and Contact Information

<i>Please Print Clearly</i>	Self Male <input type="checkbox"/> Female <input type="checkbox"/>	Spouse Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Insurance Number (SIN):		
First Name and Middle Initial:		
Last Name:		
Date of Birth (format DD-MMM-YYYY):	Day Month Year	Day Month Year
Province of residence as of December 31 st :		
Phone number:		
Alternate Phone Number or Email Address:		
Current Home/Mailing Address:		

Additional Identification Information

As of December 31 st , what was your Marital Status?	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common-Law <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>
If spouse is filing separately, enter Net Federal Income (line 230):			
Has your Marital Status Changed during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Change From:	
	Change Date:	Change To:	
Are you a Canadian Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Canadian citizens only: info 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?	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"/>	First Nations <input type="checkbox"/> Non-Status <input type="checkbox"/>	
	Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non Aboriginal <input type="checkbox"/>	Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non Aboriginal <input type="checkbox"/>	
Incarceration (Enter entry and release dates):			

*Children living with you under 19 as of December 31st (*need receipts for these expenses)*

First Name(s):				
Last Name:				
Relationship (Son, Daughter, GS, GS)				
SIN (if applicable)				
Do they have income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth (Format DD-MM-YYYY):				
*Child Care Expenses:				
*Medical Expenses:				

Shelter Costs (Clients should retain receipts for their personal files)

Type of Shelter being claimed:	Rent <input type="checkbox"/>	Property Tax <input type="checkbox"/>	Long Term Care Facility <input type="checkbox"/>	Hotel / Motel <input type="checkbox"/>
	Reserve (Hydro, Propane or Wood costs) <input type="checkbox"/>		Student Residence <input type="checkbox"/>	
Apartment Number and Street Address:				
City and Postal Code:				
# of Months Paid:				
Total Amount Paid:				
Landlord's Name:				

Shelter Costs (Clients should retain receipts for their personal files)

Type of Shelter being claimed:	Rent <input type="checkbox"/>	Property Tax <input type="checkbox"/>	Long Term Care Facility <input type="checkbox"/>	Hotel / Motel <input type="checkbox"/>
	Reserve (Hydro, Propane or Wood costs) <input type="checkbox"/>		Student Residence <input type="checkbox"/>	
Street Address:				
City and Postal Code:				
Number of Months Paid:				
Total Amount Paid:				
Landlord's Name:				

Shelter Costs (Clients should retain receipts for their personal files)

Type of Shelter being claimed:	Rent <input type="checkbox"/>	Property Tax <input type="checkbox"/>	Long Term Care Facility <input type="checkbox"/>	Hotel / Motel <input type="checkbox"/>
	Reserve (Hydro, Propane or Wood costs) <input type="checkbox"/>		Student Residence <input type="checkbox"/>	
Street Address:				
City and Postal Code:				
Number of Months Paid:				
Total Amount Paid:				
Landlord's Name:				

If additional shelter addresses need to be claimed, please add this information in the "Additional Information" section at the end of the package

For Persons who are new to Canada and have never filed taxes (i.e., Newcomers to Canada, Students, etc.)

Date you entered Canada? (Format dd-mm-yyyy)		
Name of Country of Origin?		
Income for the year earned in Country of origin (in Canadian dollars):		
Is your spouse still in the country of origin?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income Amount: <input type="text"/>

Income, Expenses, and Ontario Benefits

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"/>

	Self	Spouse	Attachments	Self	Spouse
No documents -> need Autofill My Return	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>
T4A (explain non-pension \$s):					
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 amount):	<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? (Seniors 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

Additional Information and or Attachments: