

Adjust-
ment

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	CRA (✓)	Client Picked Up Paperwork	Client Signature(s)	
	Date					Self	x
	Initials					Spouse	x

Please Print Clearly				Self Male <input type="checkbox"/> Female <input type="checkbox"/>			Spouse Male <input type="checkbox"/> Female <input type="checkbox"/>				
First Name and Middle Initial											
Last Name:											
CRA Accepts:											
Information to be corrected:											
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 <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"/>			Change From:				
				Change Date:			Change To:				
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: 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? If 'Yes' do Schedule 3			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"/>					
Phone Number:											
Alternate Phone Number, ie, SW:											
<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"/>		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:														
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)	<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"/>
T4A/T5018 – 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	<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
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"/>			
	City and Postal Code:					
	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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			\$	\$	\$	Yes <input type="checkbox"/>

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			\$	\$	\$	Yes <input type="checkbox"/>

Additional Information and or Attachments:					