

# COMMUNITY VOLUNTEER INCOME TAX PROGRAM, VOLUNTEER CENTRE OF ST. LAWRENCE-RIDEAU

Tax Years: 2023 2022 2021 2020 2019 2018 2017 2016 2015

CIRCLE ALL THAT APPLY

HEAD OF HOUSEHOLD—Receives BENEFITS		PLEASE PRINT	EMAIL:		
FIRST	LAST		PHONE		
S.I.N.	-	-	D.O.B. Day	Mth	Yr
			Female	Male	Other
Prov. Of Residence Dec 31					
Marital Status Dec 31			M	CL	SI
SP			D	W	
Change in 2023?			Y	N	(If Yes, Date:)
Cdn Citizen			Y	N	
Ontario Trillium Benefit			Monthly	or 1 Payment	
First Time Filer			Y	N	
Current Address			Street	On Voters List	Y
City			Postal Code	E-File	Y
				Auto Fill	Y
					N

**M**-Married **CL**-Common Law **SI**-Single **SP**-Separated **D**-Divorced **W**-Widowed

Couples doing both **Y** **N** If NO, then net income of spouse/partner required \$

Spouse/Partner NAME First Last

S.I.N. - - D.O.B. Day Mth Yr Female Male Canadian **Y** **N**

Voters List **Y** **N** EFILE **Y** **N** Address Same? **Y** OR

## Rent for Tax Year—List All

#1 Address & PC	Landlord Name
	# of Mths Total Year \$
#2 Address & PC	Landlord Name
	# of Mths Total Year \$

Homeowner Address	# Months	\$ Taxes	Municipality
P.O.B./Street	Qualify for Seniors Home Owner Grant? <b>Y</b> <b>N</b>		
City	Postal Code	Amount \$	

## DEPENDANTS - LIST ALL THAT APPLY

If Shared Custody, name of other parent

1.	relationship	DOB	M	F	Sin	Income
2.	relationship	DOB	M	F	Sin	Income
3.	relationship	DOB	M	F	Sin	Income
4.	relationship	DOB	M	F	Sin	Income

Please list children, grandchildren, grandparents, guardianship

**CIRCLE ALL THAT APPLY**

Direct Deposit **Y N** Start/Change date \_\_\_\_\_ Principal residence sale? **Y N**  
Split Pension **Y N** Medical Receipts **Y N** Bankruptcy? **Y N** Foreign Property over \$100,000? **Y N**  
Disability Tax Credit—on file with Gov't? **Y N** Donations **Y N** Involuntary Separation **Y N**  
Incarceration **Y N** **COVID 19 Benefits:** **Y N** \_\_\_\_\_  
Other \_\_\_\_\_

## Community Volunteer Income Tax Program Taxpayer Authorization

**Authorization & Declaration**

Name (please print) \_\_\_\_\_

Name (please print) \_\_\_\_\_

I declare that the information entered above is correct and complete. I have fully disclosed my income from all sources. I understand that my income tax return will be electronically filed.

Privacy Statement: The Volunteer Centre of St. Lawrence-Rideau respects everyone's privacy and will work diligently to ensure all personal information provided to us remains accurate, confidential and secure. We provide your personal information only to staff or tax volunteers who need it for purposes that have been disclosed or otherwise made known to you. Questions or concerns about our privacy policy can be directed to the Volunteer Centre of St. Lawrence-Rideau, a United Way Supported Agency.

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. **PHONE RETURNS** : Client will be given the following completed return information by phone: e-file confirmation number, the amount of the refund, GST, Trillium, CCB, etc. This will be verified by the CRA Notice of Assessment. **DROPOFF RETURNS**: Clients who choose this option will have printed e-file forms and personal documents to pickup from the office. Personal documents not picked up within ten days of notification will be shredded. Granting our volunteers **Auto Fill** permission can assist clients who may be missing T-slips, to file accurately.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Are You Signed Up for My Account? **Y N**Will you receive email messages? **Y N**

EMAIL ADDRESS: \_\_\_\_\_

Intake Preparer

**613-499-9393**Canada Revenue  
AgencyAgence du revenu  
du Canada