

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

Tax Years: 2025 2024 2023 2022 2021 2020 2019 2018 2017 **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 Cdn Citizen Y N

Change in 2025? Y N (If yes, Date: _____) First Time Filer Y N

Current Address Street On Voters List Y N

City Postal Code E-File Y N

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? Y N

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 fellow volunteers who need it for purposes that have been disclosed or otherwise made know to you. Questions or concerns about our privacy policy can be directed to the Volunteer Centre of St. Lawrence-Rideau, a United Way 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: eFile 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 eFile forms and personal documents to pickup from the office. Personal documents not picked up within ten days of notification will be shredded.

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 Agency

Agence du revenu du Canada