



## 2021 Income Tax Drop-Off Clinic

Self	Spouse
<b>Name:</b>  <div style="text-align: right; font-size: small;">(Please print)</div>	<b>Name:</b>  <div style="text-align: right; font-size: small;">(Please print)</div>
<b>Phone number:</b>	<b>Phone Number:</b>
<p>Please read, then sign to acknowledge you have read, understand and agree:</p> <ol style="list-style-type: none"> <li>1. I/we am fully aware that my/our Income Tax and Benefit Returns are prepared by a <u>volunteer</u> under the Community Volunteer Income Tax Program and that this volunteer is not acting as an agent of Family Services Windsor-Essex (FSWE).</li> <li>2. FSWE is <u>not responsible</u> for any errors, omissions, on my/our Income Tax Return(s).</li> <li>3. We <u>cannot</u> complete your income tax if you have declared <u>Bankruptcy</u> or are <u>Self-Employed</u>.</li> <li>4. Due to COVID19, this year all documents will be returned to you by mail when your Income Tax Return has been completed. <b>It is your responsibility to save your documents as required by Canada Revenue Agency.</b></li> </ol>	
<b>Self-Signature</b>	<b>Spouse-Signature</b>

<b>For office use only:</b>		
Drop off Date:	Staff initials:	
Completion Date:	Volunteer initials:	Years Completed:
E-File:	Paper Return:	
Notes:		

# COMMUNITY VOLUNTEER INCOME TAX PROGRAM

Drop-Off Program – Screening Sheet

Please circle tax years to be completed

2012    2013    2014    2015    2016    2017    2018    2019    2020    2021

Was your income low and do you have a simple tax situation?  Yes  No

*If no, you do not qualify for volunteer assistance with the preparation of your income tax return.*

*Note: We will NOT prepare a return with business income, rental income or capital gains.*

PROVINCE OF RESIDENCE ON DECEMBER 31, 2021 \_\_\_\_\_

**Your Information**     Male     Female    **Spouse's Information**     Male     Female

First Name	First Name
Last Name	Last Name
Social Insurance Number (SIN)	Social Insurance Number (SIN)
Date of Birth: Day/Month/Year	Date of Birth: Day/Month/Year
Current Address	Current Address - <i>If different than yours</i>
City, Province, Postal Code	City, Province, Postal Code
Phone No	Phone No
Email	Spouse's Net Income

Marital Status     Single     Married     Common-Law     Widowed     Separated     Divorced

Please note: If you had a spouse in the above year, you MUST attach your spouse's tax information.

Did your marital status change during the tax years you wish prepared?    If yes, day/month/year \_\_\_\_\_

Children (under 18) who lived with you during the year:    (if you require more room, please attach a separate sheet of paper)				
Child's Name	Birth Date (day/month/year)	Male (M) or Female (F)	Child's Income	Did child live with you for <u>entire</u> year? <u>If no</u> , provide explanation on separate sheet of paper.

**Did you pay rent or property taxes?    \*\*\*Rent or Property taxes will not be claimed unless receipts are provided**

Address	From mm/yyyy To    mm/yyyy	Total Rent Paid in 2021	Property Taxes Paid	Name of Landlord or Municipality

ARE YOU A CANADIAN CITIZEN?     YES     NO

Immigration date (if applicable): \_\_\_\_\_

I HAD NO INCOME   

\*\*\*If you receive OW or ODSP, you must provide a T5007



# Community Volunteer Income Tax Program Taxpayer Authorization

Tax year 2021

- You **must** complete **Section I** to allow a Community Volunteer Income Tax Program (CVITP) volunteer to prepare your income tax and benefit return.
- You **must** complete **Section II** if you would like your return to be electronically filed. The CVITP volunteer will complete parts **E** and **F**.
- Give the signed original of this form to the CVITP volunteer and keep a copy for yourself.
- Keep all records used to prepare your return for a period of six years, and provide this information to the Canada Revenue Agency (CRA) on request.
- The CRA is responsible for ensuring the confidentiality of your electronically filed tax information **only** after we have accepted it.

## Section I – Authorization

### Part A – Identification

Last name		First name		Social insurance number			
Mailing address: Apt. No. – Street No. Street name			Telephone (home)		Telephone (work)		
P.O. Box	R.R.	City		Prov./Terr.	Postal code		

### Part B – 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.

Family Services Windsor Essex

\_\_\_\_\_  
Signature (individual identified in Part A)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed at (place and name of organization)

## Section II – Electronic filing (EFILE)

### Part C – Declaration

Enter the following amounts from your income tax return:

Total income (Line 150)	_____	Refund (Line 484) or Balance owing (Line 485)	_____
Taxable income (Line 260)	_____		_____
Total federal non-refundable tax credits (Line 350 of Schedule 1)	_____		_____

### Part D – Declaration and authorization

I declare that the information entered in Part A and the amounts shown in Part C above are correct and complete, and fully disclose my income from all sources. I also declare that I have read the information and instructions below, and I authorize the electronic filer identified in Part E to electronically file my income tax return.

\_\_\_\_\_  
Signature (individual identified in Part A)

\_\_\_\_\_  
Date

### CVITP volunteer use only

GST \_\_\_\_\_ x 4

### Part E – Electronic filer identification

OTB \_\_\_\_\_

### Part F – Document control or confirmation number

By signing Part D above, the individual in Part A authorizes the following person or organization to electronically file his or her income tax return. Part D **must** be signed before the return is electronically transmitted.

Name of person or organization: \_\_\_\_\_

Electronic filer number: \_\_\_\_\_

Document control or confirmation number for the individual's electronic record:  
\_\_\_\_\_



# Community Volunteer Income Tax Program Taxpayer Authorization

- You **must** complete **Section I** to allow a Community Volunteer Income Tax Program (CVITP) volunteer to prepare your income tax and benefit return.
- You **must** complete **Section II** if you would like your return to be electronically filed. The CVITP volunteer will complete parts **E** and **F**.
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- The CRA is responsible for ensuring the confidentiality of your electronically filed tax information **only** after we have accepted it.

## Section I – Authorization

### Part A – Identification

Last name		First name		Social insurance number			
Mailing address: Apt. No. – Street No. Street name			Telephone (home)		Telephone (work)		
P.O. Box	R.R.	City		Prov./Terr.	Postal code		

### Part B – 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.

Family Services Windsor Essex

\_\_\_\_\_  
Signature (individual identified in Part A)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed at (place and name of organization)

## Section II – Electronic filing (EFILE)

### Part C – Declaration

Enter the following amounts from your income tax return:

Total income (Line 150)	_____	Refund (Line 484) or Balance owing (Line 485)	_____
Taxable income (Line 260)	_____		_____
Total federal non-refundable tax credits (Line 350 of Schedule 1)	_____		_____

### Part D – Declaration and authorization

I declare that the information entered in Part A and the amounts shown in Part C above are correct and complete, and fully disclose my income from all sources. I also declare that I have read the information and instructions below, and I authorize the electronic filer identified in Part E to electronically file my income tax return.

\_\_\_\_\_  
Signature (individual identified in Part A)

\_\_\_\_\_  
Date

### CVITP volunteer use only

GST \_\_\_\_\_ x 4

### Part E – Electronic filer identification

OTB \_\_\_\_\_

### Part F – Document control or confirmation number

By signing Part D above, the individual in Part A authorizes the following person or organization to electronically file his or her income tax return. Part D **must** be signed before the return is electronically transmitted.

Name of person or organization: \_\_\_\_\_

Electronic filer number: \_\_\_\_\_

Document control or confirmation number for the individual's electronic record:  
\_\_\_\_\_