

Intake Information Form



Principal Taxpayer Information

Salutation: Mr., Mrs., Ms., etc. Date Of Birth: Year YYYY Month MM Day DD

First (Given) Name: _____ Last (Family) Name: _____

Suite (Apt.): _____ Current Address: Street # – Street Name – Street Type (Rd., St., Ave., Blvd., etc.)

City: _____ Postal Code: M2M 2M2 Phone #: () - Mobile/Landline

Email: example@provider.com Electronic Notice Of Assessment (NOA): Yes No

Are you a Canadian Citizen? Yes No If yes, do you want the voter's registry card? Yes No

Marital Status: Single/Married Changed in Tax Year? Yes No If yes: Month MM Day DD

Spousal /POA Information (If Applicable)

Salutation: Mr., Mrs., Ms., etc. Date Of Birth: Year YYYY Month MM Day DD

First (Given) Name: _____ Last (Family) Name: _____

Email: example@provider.com Electronic Notice Of Assessment (NOA): Yes No

Canadian Citizen? Yes No If yes, do you want the voter's registry card? Yes No

Involuntarily Separated? Yes No Power Of Attorney (POA) for principal taxpayer? Yes No

Dependent Information (If Applicable)

These can be children/grandchildren under 19 years of age, unless infirm or grandparents.

Name: First (Given) – Last (Family) Birthdate: YYYY / MM / DD Infirm? Yes No

Name: First (Given) – Last (Family) Birthdate: YYYY / MM / DD Infirm? Yes No

Name: First (Given) – Last (Family) Birthdate: YYYY / MM / DD Infirm? Yes No

Name: First (Given) – Last (Family) Birthdate: YYYY / MM / DD Infirm? Yes No

Additional dependents can be listed on a separate blank page.

PLEASE READ AND SIGN AUTHORIZATION ON THE NEXT PAGE

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Important

The income tax return is also a benefit return. Even if one or both partners/spouses have no income, one/both tax return(s) should still be completed to register for the required benefit(s). Failure to do so, will result in the loss of remittance by the Goods and Services Tax Credit (GSTC), the Ontario Trillium Benefit (OTB), and/or the Canadian Child Tax Benefit (CCTB).

Authorization

The Community Volunteer Income Tax Program (CVITP) is a free tax filing process that is administered by volunteers, and you (and your partner/spouse) agree and authorize your (and your partner's/spouse's) volunteer, the company, and related third parties to register, complete, and submit your (and your partner's/spouse's) Income Tax and Benefit Return to the Canada Revenue Agency (CRA) on your (and your partner's/spouse's) behalf.

You also agree that...

- You understand and meet CRA's CVITP criteria for a simple tax return within the suggested income levels,
- You will provide government issued identification and Power Of Attorney Authorization upon request,
- This service is provided by volunteers, and they are not liable for any incorrect or omitted information provided by your (and your partner's/spouse's) source documentation, or lack of source documentation,
- You (and spouse/POA) will provide the (most current) prior year Notice of Assessment (NOA) / Notice Of Reassessment (NOR),
- You allow us to retain your contact information for subsequent yearly media relations, and
- You (and your spouse/POA) understand we do not guarantee refunds, nor are we responsible for any balances owed to the C.R.A.

We will agree that...

- ✓ We may suggest a trio of tax preparation service businesses, if you exceed CRA's suggested income thresholds,
- ✓ We may advise you of any missing information that we may be able to deduce based on the source documentation provided.
- ✓ We can assist in submitting adjustments to tax returns submitted for/by you (and your spouse/POA),
- ✓ We do not copy or keep any source documentation utilized in the processing of your (and your spouse's/POA's) tax filing process, and any notes will be returned to you (and your partner/spouse),
- ✓ We do not retain any copies or records of your (and your spouse's/POA's) submitted tax return(s) past the 48-hour Canada Revenue Agency limitation (after filing of your or your spouse's/POA's tax filing),

By Signing below, you (and your spouse/POA's) agree that all information entered is correct,
and agree to all statements made within all the pages.

Principal Taxpayer Signature

Spouse/POA Signature

Principal Taxpayer Date

Spouse/POA Date