





PLEASE READ THIS PAGE!!!!!!!

-  1. Page 2-3 Fill in all of it
-  2. Page 4 Fill in Parts A, B, D
-  3. Only fill in and read page 5 if you are missing slips
What slips are you missing? _____
4. Add your slips to bag and sanitize outside of bag before returning it to Ponoka FCSS – DO NOT PUT IN MAIL SLOT
-  5. Sanitize the bag as best you can when you bring it back
6. SHOW I.D. WHEN DROPPING OFF AT PONOKA FCSS OFFICE

If your taxes are not picked up within 2 weeks of you getting a call to pick them up, they will be shredded as we are not allowed to keep them here.

Volunteer Income Tax Program Eligibility:

1 person \$35,000	2 persons \$45,000
3 persons \$47,500	4 persons \$50,000
5 persons \$52,500	more than 5 persons \$52,500 plus \$2,500 for each additional

MUST BE A RESIDENT OF TOWN/COUNTY OF PONOKA

Simple tax situation:

In general, your tax situation is simple if you have no income or if your income comes from these sources:

- employment
- pension
- benefits such as Canada Pension Plan, disability, employment insurance, social assistance
- registered retirement savings plans (RRSP's)
- support payments
- scholarships, fellowships, bursaries or grants
- interest (under \$1,000)

Your tax situation is not simple if you:

- are self-employed or have employment expenses
- have business/rental income and expenses
- have capital gains or losses
- filed for bankruptcy
- are completing a tax return for a deceased person



Income Tax Information — See over for eligibility of program & important numbers →

*** PLEASE get a pharmacy printout of prescriptions from January 1st to December 31st instead of bringing in piles of receipts

*** If you are missing slips please sign a form **AUT-01** and we can try to pull your slips off CRA website if you are in person with volunteer

Did you claim bankruptcy in the tax year you wish to file? Yes No

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone _____ Social Insurance Number: _____

Date of Birth: Day _____ Month _____ Year _____

Treaty/Indian Status Number if applicable: _____ Living on reserve? Y N

Did you sell a principal residence in this tax year? Y N

If yes, please specify **date and amount** sold for: **Date:** _____ **Amount:** _____

Marital Status: (circle one)

- Single (never married)
- Divorced
- Widowed
- Married
- Common-law
- Separated

Has your marital status changed in the last year? If so, how? If separated, how long?

Please Provide Exact Date of Change:

Spouse name: _____ Spouse Social Insurance No. _____ Spouse Net Income: _____

Are you a Canadian Citizen? Y N

Do you want to register for Elections Canada? Y N

What years of taxes are you submitting for? _____

Is this your first-time filing? Y N

Do you own foreign property? Y N

DEPENDENTS:

Do you have any dependents? Y N If yes, please fill in info below:

Name of Dependents AND Gender	Date of Birth	Social Insurance Number if you have them
M/F		
M/F		
M/F		
M/F		
M/F		
M/F		

Phone numbers you may need:

For missing slips or information for Canada Pension Plan CPP, Old Age Security OAS, Guaranteed Income Supplement GIS information call 1-800-277-9914
Universal Child Care / Child Tax Benefit Info or slips call 1-800-387-1193
GST 1-800-959-1953
Individual Income Tax Enquiries 1-800-959-8281
Alberta Seniors ASB 1-800-644-9992



Community Volunteer Income Tax Program Taxpayer Authorization

Protected B
when completed

Tax year 20

Keep this form for your records. Do not send a copy to the Canada Revenue Agency (CRA).

- Complete **Section I** to allow a Community Volunteer Income Tax Program (CVITP) volunteer to prepare your income tax and benefit return.
- Complete **Section II** if you would like your return to be electronically filed. The CVITP volunteer must complete parts **E** and **F**.
- Keep all records used to prepare your return for a period of six years, and provide this information to the CRA on request.
- The CRA is responsible for ensuring the confidentiality of your electronically filed tax information **only** after the CRA has accepted it.

Section I – Authorization

Part A – Identification

Last name		First name		Social insurance number (only enter last 3 digits)		
Mailing address: Apt. No. – Street No. Street name			Telephone number (home)		Telephone number (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.

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

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 discloses my income from all sources. I also declare that I have read the information above, and the electronic filer identified in Part E is electronically filing my income tax and benefit return.

Signature (individual identified in Part A)

Date

CVITP volunteer must complete parts E and F

Part E – Electronic filer identification

By signing Part D above, the individual in Part A declares that the following person or organization is electronically filing 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: _____

Part F – Document control number

Document control number for the electronic record of the individual's return:



Appendix D – Auto-fill my return script

- As an individual, your CRA account information is private and confidential.
- As a CVITP volunteer, I am part of a group of CVITP volunteers that can act as an authorized representative on your account.
- Your consent is required to authorize this group on your account so that I can use the Auto-fill my return service to complete your income tax return. This authorization will also allow me to view your tax information online, through the CRA's Represent a Client portal.
- This access requires your social Insurance Number (SIN) before any information can be viewed online
- Since this is a "view only" access, no changes/updates can be made to your personal/tax information.
- ~~This access is valid until 11:59pm tonight (EST).~~ **This is why we can't date these right now!**
- I will send this page electronically (via my computer) to the CRA.
- Do you authorize me to represent you, as a part of the CVITP group, in communications with the CRA and to use the Auto-fill my return (AFR) service on your behalf?
- **YES or NO?**

Authorization request – signature page

Do not date!!!!



Keep this Signature page for your records.
Do not send a copy to the Canada Revenue Agency (CRA).

Taxpayer information

SIN: _____ Given name: _____ Surname: _____

Representative information

Group ID: Group name: CVITP/PCBM

Authorization information

Level of authorization:

Expiry date, if applicable: _____

Signature information

I am the legal representative for this taxpayer

Name of taxpayer or legal representative _____
Signee's telephone number

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.

Date of signature
Signature of taxpayer or legal representative