



Income Tax Clinic Intake Form
 519-743-1151 ext. 176 • taxclinic@theworkingcentre.org

Personal and Contact Information

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN _____ Phone _____ Email _____

Were you a newcomer to Canada in 2023? _____ If yes, then please connect to Money Matters who will help you to register with the Canada Revenue Agency.

Are you a Canadian citizen? Yes No

If yes, may the Canada Revenue Agency provide your information to Elections Canada? Yes No

Do you receive a pension (CPP, GIS, and/or OAS?) Yes No

Would you like to receive information about organ and tissue donation? Yes No

Do you have a disability tax certificate? Yes No

Current Mailing Address

Street # and Name _____

Do you live in an apartment? Yes, Apartment # _____ No

City _____ Province _____

Postal Code _____

Marital Status as of December 31, 2023

Single Married Separated Divorced Widowed Common-law

Did your marital status change in 2023? Yes No If yes, date of change (day/month) _____/_____

If yes, the status changed from _____ to _____.
 e.g. "from single to married", "from married to divorced"

Direct Deposit

Are you already enrolled for direct deposit to your preferred bank location?

Yes, I am already enrolled for direct deposit No, I need to change/add my direct deposit information

If NO, please attach a copy of your direct deposit information (VOID cheque and/or direct deposit form)



Information Slips (check all that apply)

- No Income T5007 T4 T4A T4A (OAS) T4A (P)
- T4E T2202A T4RSP T4RIF RC62 T3
- T5 Other (Specify): _____

Did you receive any income NOT reported on a T-Slip? Yes No

Type of Income (i.e. support, tips, etc.) _____ Amount: \$ _____

Ontario Trillium Benefit

Would you like to receive the Ontario Trillium Benefit **monthly** or as one **lump sum** payment in July 202 ?

- I would like this benefit monthly I would like this benefit in a lump sum in July 202 (next year).

Incarceration

Were you in prison in 2023? Yes No

If yes, incarceration dates (day/month) _____ / _____ to _____ / _____

Province of Residence

Did you live in Ontario on December 31, 2023? Yes No, I lived in _____

Did you change their province of residence in 2023? Yes No

If yes, date of change (day/month) _____ / _____

COVID-19 Information

Did you repay any COVID support payments in 2023? Yes, Amount: \$ _____ No

If yes, do you want to reclaim the COVID support repayment for your 2023 taxes? Yes No



Expenses

Type of Expense:	Amount Paid:	Type of Expense	Amount Paid:
Seniors' Monthly Bus Pass	\$	Child Care	\$
Interest on Student Loan	\$	Tuition	\$
Medical Expenses	\$	Charitable Donations	\$
Property Taxes	\$	Child Support / Alimony	\$
Ontario Jobs Training Expenses	\$	Senior Home Safety	\$
First Time Homebuyer Expenses	\$		\$

Rent

You can claim this without a receipt, however the CRA may ask for them

Full Address (Street, City, Postal Code)	# months (2023)	Amount Paid	Landlord's Name
_____		Circle one: Monthly / Annual	
_____		Circle one: Monthly / Annual	
_____		Circle one: Monthly / Annual	

If you have lived in more than 3 addresses, please attach them in a separate sheet with the address, number of months stayed, amount paid in rent, and landlord's name.



Spouse Basic Information (fill out this section if you have a spouse)

Spouse First Name _____ Spouse Last Name _____

Spouse Date of Birth (Day/Month/Year) _____/_____/_____

SIN of Spouse (if applicable) _____

Does your spouse reside outside of Canada? Yes No

If yes, country of residence _____ spouse world income \$ _____

Is Your Spouse a Canadian Citizen? Yes No

If yes, may the Canada Revenue Agency provide their information to Elections Canada? Yes No

Was your spouse a newcomer to Canada in 2023? Yes No

If yes, arrival date (day/month) _____/_____ If yes, country of origin _____

If yes, world income prior to coming to Canada \$ _____

Does your spouse want to receive information about organ and tissue donation? Yes No

Does your spouse have a disability tax certificate? Yes No

Spouse Information Slips (fill out this section if you have a spouse)

No Income T5007 T4 T4A T4A (OAS) T4A (P)
 T4E T2202A T4RSP T4RIF RC62 T3
 T5 Other (Specify): _____

Did your spouse receive any income NOT reported on a T-Slip? Yes No

Type of Income (i.e. support, tips, etc.) _____ Amount: \$ _____

Spouse Direct Deposit (fill out this section if you have a spouse)

Is your spouse already enrolled for direct deposit to your preferred bank location?

Yes, my spouse is already enrolled for direct deposit

No, my spouse needs to change/add their direct deposit information

If NO, please attach a copy of your direct deposit information (VOID cheque and/or direct deposit form)



Spouse Incarceration (fill out this section if you have a spouse)

Was your spouse in prison in 2023? Yes No

If yes, incarceration dates (day/month) _____/_____ to _____/_____

Spouse Province of Residence (fill out this section if you have a spouse)

Did your spouse live in Ontario on December 31, 2023? Yes No, they lived in _____

Did your spouse change their province of residence in 2023? Yes No

If yes, date of change (day/month) _____/_____

Spouse COVID-19 Information (fill out this section if you have a spouse)

Did they repay any COVID support payments in 2023? Yes, Amount: \$ _____ No

If yes, do they want to reclaim the COVID support repayment for your 2023 taxes? Yes No

Did they receive a T4A for COVID support repayments? Yes No

Spouse Expenses

Type of Expense:	Amount Paid:	Type of Expense	Amount Paid:
Seniors' Monthly Bus Pass	\$	Child Care	\$
Interest on Student Loan	\$	Tuition	\$
Medical Expenses	\$	Charitable Donations	\$
Property Taxes	\$	Child Support / Alimony	\$
Ontario Jobs Training Expenses	\$	Senior Home Safety	\$
First Time Homebuyer Expenses	\$		\$



Children under 18 years of age who lived with you this year

Child 1 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____ / _____ / _____

SIN (Optional) _____ My child has a disability tax certificate Yes No

My child has no income Yes No My child is unmarried Yes No

Child 2 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____ / _____ / _____

SIN (Optional) _____ My child has a disability tax certificate Yes No

My child has no income Yes No My child is unmarried Yes No

Child 3 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____ / _____ / _____

SIN (Optional) _____ My child has a disability tax certificate Yes No

My child has no income Yes No My child is unmarried Yes No

Child 4 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____ / _____ / _____

SIN (Optional) _____ My child has a disability tax certificate Yes No

My child has no income Yes No My child is unmarried Yes No

If you have more than 4 children under 18 who lived with you this year, please attach their information in a separate sheet with their first and last name, relationship, date of birth, income status, marital status, and whether or not they have a disability tax certificate.



Contact Preferences

I would be preferred to contacted for questions via:

Phone

Email

Pick Up Preferences

I would like my completed tax package mailed back to me to this address:

I would like to pick up my taxes from The Working Centre (58 Queen Street South location) when they are complete.

I would like completed packages to be given to the following outreach worker / support worker.

Name:

Organization:

Contact Information:



Participant Consent to Release Confidential Information for Free Tax Clinics in the Waterloo Region

I agree that I am releasing my income tax related documents to The Working Centre where my income tax return will be completed by a tax preparer registered with the Community Volunteer Income Tax Program (CVITP).

I understand that my return will be E-Filed and returned to me as a completed income tax return. For this to happen I need to sign *Part B – Taxpayer Disclaimer* and *Part D – Declaration and Authorization* in advance.

I understand and give permission that my name, the refund or balance owing and tax credit amounts will be collected as part of a project that The Working Centre is participating in with FEPS (Financial Empowerment and Problem Solving) in conjunction with Prosper Canada. I understand that my information will not be identified individually.

The Working Centre does not keep any copies or documentation in its possession, including electronic copies. This includes both your tax return and your receipts.

I understand that if I disagree with my completed income tax return I can complete a T1 Adjustment Request form to amend my income tax return.

I _____, acknowledge that I have read and understood the
(Print Name)
above information.

Participant Signature: _____ **Date:** _____

I confirm that I have signed a copy of the CVITP Taxpayer Authorization Form (TIS60 E).

For couples:

Spouse’s Name (Printed): _____

Spouse’s Signature: _____

I confirm that I have signed a copy of the CVITP Taxpayer Authorization Form (TIS60 E).

If a Community Agency is helping to fill in this paperwork and verifying the identification of the participant, please fill in the section below:

Witness Name (Printed): _____

Witness Signature: _____

Organization Name: _____



Community Volunteer Income Tax Program Taxpayer Authorization

Tax year 2023

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)		
				X X X	X X X	
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

The Working Centre

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 15000)	_____	Refund (line 48400) -or- Balance Owing (line 48500) _____
Taxable income (line 26000)	_____	
Total federal non-refundable tax credits (line 35000 of Schedule	_____	

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: The Working Centre

Electronic filer number: _____

Part F – Document control number

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

We're here to help!

If you need more information on your tax refund or your tax return, or if you have a service complaint, go to canada.ca/cra-contact or call 1-800-959-8281.

Personal information is described in Personal Information Bank CRA PPU 100. Under the Privacy Act, individuals have a right to have their personal information protected. They also have the right to access, correct or notate this information and to file a complaint with the Privacy Commissioner of Canada regarding our handling of their information.