



# 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 2025**?

- I would like this benefit monthly     I would like this benefit in a lump sum in July 2025 (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:

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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   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](http://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.