



## 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 2021? \_\_\_\_ If yes, arrival date (day/month) \_\_\_\_\_

If yes, Country of Origin \_\_\_\_\_ If yes, world income prior to coming to Canada \_\_\_\_\_

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

### Mailing Address

Street # and Name \_\_\_\_\_

Do you live in an apartment? ☐ Yes ☐ No Apartment # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

### Marital Status as of December 31, 2021

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Common-law ☐

Did your marital status change in 2021? \_\_\_\_ If yes, date of change (day/month) \_\_\_\_\_

### Information Slips (check all that apply)

☐ No Income ☐ T5007 ☐ T4 ☐ T4A ☐ T4A (OAS) ☐ T4A (P) ☐ T4E

☐ T2202A ☐ T4RSP ☐ T4RIF ☐ RC62 ☐ T3 ☐ T5 ☐ Other: \_\_\_\_\_

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

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



## Tax Information

Do you want to enroll for Direct Deposit (if you haven't enrolled in previous years) or have you changed financial institutions and would like to update your Direct Deposit information? If YES, please attach a copy of your direct deposit information (VOID cheque and/or direct deposit form)

Would you like to receive the Ontario Trillium Benefit as one lump sum payment in July 2023?

☐ Yes ☐ No

Were you in prison in 2021? \_\_\_\_ If yes, incarceration dates \_\_\_\_\_ to \_\_\_\_\_

Did you live in Ontario on December 31, 2021? If no, where did you live? \_\_\_\_\_

Did you change your province of residence in 2021? If yes, date of change: \_\_\_\_\_

Expenses (note: you must have receipts in order to claim these 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	\$

  

Rent (you can claim this without a receipt)			
Full Address (Street, City, Postal Code)	# months (2021)	Amount Paid	Landlord's Name
_____ _____ _____		Circle one: Monthly / Annual	
_____ _____ _____		Circle one: Monthly / Annual	

If you have lived in more than 2 addresses, please attach them in a separate sheet with the address, number of months stayed, amount paid in rent, and landlord's name.

Were you forced to work from home due to COVID-19? ☐ YES ☐ NO

If YES, how many days in 2021 did you work from home? \_\_\_\_\_

Which COVID support payments did you receive in 2021, if any?

☐ None ☐ CRB ☐ CRSB ☐ CRCB ☐ CWLB

**[Optional Section] Spouse Information for Joint Filing**

Spouse First Name \_\_\_\_\_

Spouse Last Name \_\_\_\_\_

DOB of Spouse (Day/Month/Year) \_\_\_\_\_

SIN of Spouse \_\_\_\_\_

Is Your Spouse a Canadian Citizen? ☐ Yes ☐ No**[Optional Section] Spouse Income Information for Joint Filing**☐ No Income ☐ T5007 ☐ T4 ☐ T4A ☐ T4A (OAS) ☐ T4A (P) ☐ T4E☐ T2202A ☐ T4RSP ☐ T4RIF ☐ RC62 ☐ T3 ☐ T5 ☐ Other: \_\_\_\_\_Did your spouse receive any income NOT reported on a T-Slip? ☐ Yes ☐ No

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

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

Name (First, Last)	Relationship (Son/Daughter?)	Date of Birth (day/month/year)	Has no income?	Is single (un- married)?	Has a Disability Tax Certificate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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



## 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:** \_\_\_\_\_

For couples:

**Spouse's Name (Printed):** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_

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****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)	
				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

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) .....

Taxable income (line 260) .....

Total federal non-refundable tax credits (line 350 of Schedule 1) .....

Refund (line 484) .....

or

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:



## Returns

How would you like to have your completed taxes returned to you?

☐ Check I would like to pick them up at 58 Queen St S when they are ready.

Phone number to contact you when they are ready:

☐ Mail I would like to have my completed tax returns mailed back to me.

Address to mail the completed return to: