



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

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 <small>(only enter last 3 digits)</small>		
				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)	_____	Refund (line 484)	_____
Total federal non-refundable tax credits (line 350 of Schedule 1)	_____	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?

Che 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:

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

Address to mail the completed return to: