

## Income Tax Clinic Intake Form

[taxclinic@theworkingcentre.org](mailto:taxclinic@theworkingcentre.org)

### Personal and Contact Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ SIN \_\_\_\_\_

Date of Birth (day/month/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone number of Taxpayer \_\_\_\_\_

### Province of Residence

Did you live in Ontario on December 31, 2025?  Yes  No, I lived in \_\_\_\_\_

Did you change your province of residence in 2025?  Yes  No

If yes, date of change (day/month) \_\_\_\_\_ / \_\_\_\_\_

### Marital Status as of December 31, 2025

Single  Married  Separated  Divorced  Widowed  Common-law

Did your marital status change in 2025?  Yes  No

If yes, date of change (day/month) \_\_\_\_\_ / \_\_\_\_\_

If yes, the status changed from \_\_\_\_\_ to \_\_\_\_\_

Ex. From Single to Married, or From Married to Divorced

If marital status change from Married/common- law to separated, please provide the income for the ex-spouse \_\_\_\_\_

Note: Please ensure that spouse basic information is fill out, even if non-resident of Canada

### Current Mailing Address

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

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### CRA Questions

Are you filing an income tax return with CRA for the very first time?  Yes  No

If yes, were you a newcomer to Canada in 2025?  Yes  No If Yes, please refer to the attached sheet

Do you own a foreign property in 2025 with a total cost over CAN\$100,000?  Yes  No

If yes, we would not be able to process your taxes due to CVITP regulations

Did you sell a principal residence in 2025?  Yes  No

If yes, we would not be able to process your taxes due to CVITP regulations

Are you a Canadian citizen?  Yes  No

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

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

What city did you reside in on December 31, 2025? \_\_\_\_\_

### Information Slips (check all that apply)

No Income  T5007  T4  \*T4A  T4A(OAS)  T4A(P)  
 T4E  T2202A  T4RSP  T4RIF  RC62  T3  
 T5  Foreign Pension  Other: \_\_\_\_\_

\*refer to tax clinic host

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

If you are over 65, please confirm you are NOT receiving OAS.  Yes  No

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

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

Do you have a disability tax certificate with CRA?  Yes  No

If yes, are you receiving Canada Disability benefits?  Yes  No

### Ontario Trillium Benefit

Would you like to receive the Ontario Trillium Benefit monthly or as one lump sum payment in June 2027?

I would like this monthly benefit.  I would like this benefit in a lump sum in June 2027 (next year)

### Incarceration

Were you in prison in 2025?  Yes  No

If yes, incarceration dates (day/month) \_\_\_\_\_ to \_\_\_\_\_

**Expenses – Please make sure that you include your receipts**

Type of Expense:	Amount Paid:	Type of Expense	Amount Paid:
Seniors' Monthly Bus Pass	\$	Child Care	\$
Interest on Student Loan	\$	Charitable Donations	\$
Medical Expenses	\$	Child Support – received / paid	\$
Home Accessibility Tax Credit	\$	Alimony Support - received / paid	\$
First Time Homebuyer Expenses	\$	Other	\$

**Housing expenses**

**Rent:**

Full Address (Street, City, Postal Code)	# months (2025)	Amount Paid	Landlord's Name
1.		\$ Monthly/Annual (Circle One)	
2.		\$ Monthly/Annual (Circle One)	
3.		\$ Monthly/Annual (Circle One)	

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 the landlord's name.

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

**Property Tax:** \_\_\_\_\_

If you are over 65, do you want to apply to Ontario Senior homeowners' Property tax grant (OSHPTG)?

Yes

No

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

**Personal and Contact Information**

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

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

Spouse Date of Birth (day/month/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse Phone number \_\_\_\_\_

**Province of Residence**

Does your spouse reside **outside** of Canada in 2025?  Yes  No

If yes, country of residence \_\_\_\_\_ Spouse World Income \$ \_\_\_\_\_

If you are eligible for CCB, please connect them with Money Matters to fill out form CTB9 for a non-resident spouse.

Does your spouse live in Ontario on December 31, 2025?  Yes  No, I lived in \_\_\_\_\_

Does your spouse change your province of residence in 2025?  Yes  No

If yes, date of change (day/month) \_\_\_\_\_ / \_\_\_\_\_

**CRA Questions**

Is your spouse filing an income tax return with CRA for the very first time?  Yes  No

If yes, were you a newcomer to Canada in 2025?  Yes  No If Yes, please see the attached sheet.

Does your spouse own a foreign property in 2025 with a total cost over CAN\$100,000?  Yes  No

If yes, we would not be able to process your taxes due to CVITP regulations

Did your spouse sell a principal residence in 2025?  Yes  No

If yes, we would not be able to process your taxes due to CVITP regulations

Is your spouse a Canadian citizen?  Yes  No

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

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

What city did your spouse reside in on December 31, 2025? \_\_\_\_\_

Was your spouse a newcomer to Canada in 2025?  Yes  No

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

If yes, world income prior to coming to Canada CAN\$ \_\_\_\_\_

**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  Foreign Pension  Other: \_\_\_\_\_

\*refer to tax clinic host

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

If you are over 65, please confirm you are NOT receiving OAS  Yes  No

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

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

Do you have a disability tax certificate with CRA?  Yes  No

If yes, are you receiving Canada Disability benefits?  Yes  No

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

Was your spouse in prison in 2025?  Yes  No

If yes, incarceration dates (day/month) \_\_\_\_\_ to \_\_\_\_\_

**Spouse Expenses** Please make sure that you include your receipts.

Type of Expense:	Amount Paid:	Type of Expense	Amount Paid:
Seniors' Monthly Bus Pass	\$	Child Care	\$
Interest on Student Loan	\$	Charitable Donations	\$
Medical Expenses	\$	Child Support - received / paid	\$
Home Accessibility Tax Credit	\$	Alimony Support- received / paid	\$
First Time Homebuyer Expenses	\$	Other	\$

**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 married  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 with CRA  Yes  No

If yes, is it still valid?  Yes  No

My child has no income  Yes  No      My child is married  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 with CRA  Yes  No

If yes, is it still valid?  Yes  No

My child has no income  Yes  No      My child is married  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 with CRA  Yes  No

If yes, is it still valid?  Yes  No

My child has no income  Yes  No      My child is married  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 for tax related questions**

Phone Number \_\_\_\_\_

Alternative phone number \_\_\_\_\_

Name of the Alternative contact \_\_\_\_\_ Relationship to taxpayers \_\_\_\_\_

**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 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) .....

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.

### Part F – Document control number

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

Name of person or organization: .....

.....

Electronic filer number: .....

.....

### 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 update this information and to file a complaint with the Privacy Commissioner of Canada regarding our handling of their information.

# 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 (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) .....

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.

### Part F – Document control number

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

Name of person or organization: .....

.....

Electronic filer number: .....

.....

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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.

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