



Income Tax Clinic Intake Form

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 changed 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

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 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 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:

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)	_____
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	Part F – Document control number
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.	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 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.



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)	_____
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	Part F – Document control number
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.	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 or call 1-800-959-8281.

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