

CVITP Client Tax Information Form (CTIF)**TAX YEAR** _____

Agency/Organization: _____

Client Name (Last, First): _____

Name of CTIF Preparer: _____

SECTION I: Declaration and Consent (signed by client)

Through the Community Volunteer Income Tax Program (CVITP), community organizations host free tax clinics where volunteers file tax returns for eligible people. This service is being provided by a Community Tax Volunteer and is not being paid for their services. The participants and volunteers of the CVITP are not employees of Canada Revenue Agency.

By signing this consent, I am allowing the CVITP Volunteers to complete and file my return using Auto-Fill and electronic EFILE. This will allow them to access my CRA account (view only) for purposes of completing the return only and that they will not have access after this time. The information I have provided is accurate and complete to the best of my knowledge and I take full responsibility for this. I understand that none of my tax information is being retained by the volunteers and that all tax inquiries to CRA are my responsibility. It is my responsibility to retain my tax information for 6 years as required by CRA.

Client Signature: _____ **Date:** _____

SECTION II: Photo Identity Verification (Please Check and initial by person completing intake)

I know this individual personally I have seen their Photo ID Unable to verify, please help

SECTION III: Communication Consent (how can we contact the client for questions and discussions)

- o Cell/Home Phone: _____
- o Contact Agency Administrator: _____

SECTION IV: PERSONAL INFORMATION AND OTHER INFORMATION

Client First Name: _____

Client Last Name: _____

SIN: _____ Date of Birth (Day/Month/Year): _____

Mailing Address (House # and Street Name): _____

Apt #: _____ City: _____

Province: _____ Postal Code: _____

In which province did you live on Dec 31, 2020: _____

Is your home address the same as your mailing address? YES NO

If no, please provide home address. _____

Did your marital status change in 2020? *If applicable date status changed:* _____

Marital Status on Dec 31, 2020 (please check)

- Single Married (need spousal information)
- Divorced Common law
- Widowed
- Separated

(you are considered separated if you have been living separately and apart from your spouse or common law partner for a period of 90 days or more due to a breakdown in your relationship)

Are you a Canadian Citizen? YES NO



Are you a Permanent Resident? YES NO

Landing Date (dd/mm/yy) _____

Net Income Prior to Landing Date if in 2020 _____

Have you filed your taxes before (please check)? Yes No

Date of Return last Filed: _____

Are you filing prior years? YES NO
If yes, please list the years submitting for filing and complete a CTIF for each year

Spousal Information (if applicable)

First Name: _____

Last Name: _____

SIN: _____ Date of Birth (day/month/year): _____

Are we also filing the tax return for the spouse? Yes No

If no, Net Income for 2020 _____

Listing of Dependents (Required for Canada Child Benefits)

If there are childcare expenses, please see Section V.

1. Name (First and Last): _____

Date of Birth (day/month/year): _____

SIN: _____

Canadian Citizen? Yes No

Permanent resident? Yes No

Landing Date (if applicable) _____

Gender Male Female

Net Income for 2020: _____

2. Name (First and Last): _____



Date of Birth (day/month/year): _____

SIN: _____

Canadian Citizen? Yes No

Permanent resident? Yes No

Landing Date (if applicable) _____

Gender Male Female

Net Income for 2020: _____

3. Name (First and Last): _____

Date of Birth (day/month/year): _____

SIN: _____

Canadian Citizen? Yes No

Permanent resident? Yes No

Landing Date (if applicable) _____

Gender Male Female

Net Income for 2020: _____

4. Name (First and Last): _____

Date of Birth (day/month/year): _____

SIN: _____

Canadian Citizen? Yes No

Permanent resident? Yes No

Landing Date (if applicable) _____

Gender Male Female

Net Income for 2020: _____

Direct Deposit Information (if needed)

Branch/Transit # (5 digit) : _____

Bank/Institution # (3 digit) : _____

Account # (7 digit) : _____

******For Newcomers to Canada Only******

Date of Arrival to Canada: _____

Is your spouse a Non-Resident?

Yes No



Any other information we missed?

SECTION V INCOME, EXPENSES AND BENEFITS

Income (please check):

- T5007

- T4

- T4A, T5, T3

- T4OAS

- T4A(P)

- T4RSP, T4RRIF

- RC62

- Other (i.e. alimony)?

Expenses & Benefits (Please check and provide totals)

- Property Taxes Paid: _____

- Rent Paid: _____
Address: _____
of Months: _____
Total Paid: _____
Landlord Name: _____

- Child Care Expenses:**
1) Name of Child: _____
Child Care Expenses Paid (\$\$): _____
Organization Name/Person (with SIN): _____



2) Name of Child: _____

Child Care Expenses Paid (\$\$): _____

Organization Name/Person (with SIN): _____

3) Name of Child: _____

Child Care Expenses Paid (\$\$): _____

Organization Name/Person (with SIN): _____

○ Union Dues: _____

○ Tuition Fees (Form T2202): _____

○ Caregiver Supports: _____

○ Claiming Disability Amount (must have a T2201 Disability Form registered with CRA)? YES NO

○ Name or description of infirmity: _____

○ Medical Expenses not reimbursed (total): _____

○ Charitable/Political Donations (total):

○ Transportation/ Transit Passes (Prior to 2018 student only): _____

○ Work at Home Expenses for Employees: How many days did you work from home in 2020?

(eligibility – must have worked at home 50% of the time for at least 4 consecutive weeks, the number of days will be 209 less sick days, statutory holidays and vacation days)

○ Did you sell your principal residence this year? I.e did you move into another house or assisted living? YES NO

