

Community Volunteer Income Tax Program – T1 Client Information 2020

Name: _____

Address: _____

City / Prov : _____ Postal Code: _____

Prov. of Residence as of Dec 31 2020: _____ Email (optional): _____

Phone#: _____ Change of Name: Yes No Are you filing for the first time: Yes No

If Address changed in 2020 you must contact Revenue Canada 1 800 959 8281

English French Birthday: _____ SIN: _____

Do you want your Name on Elections Canada list? Yes No GST Credit: Yes No

Do you have a Native Status Card: Yes No Canadian Citizen: Yes No

Marital Status:

Single Widowed Separated Divorced

Common-law spouse (or separated for less than 90 days) as of Date: _____

Married (or separated for less than 90 days) as of Date: _____

Spousal Information required for those separated less than 90 days

Name of Spouse: _____

Birthday: _____ SIN: _____

Address: Same or must provide address: _____

Prov. of Residence as of Dec 31 2020: _____ Must provide Net Income for Spouse for 2020: _____

How many children under the age of 18: _____ Medical expenses (total & receipts) _____

Income Items (indicate the number of slips for each type):

T3 _____ T4 _____ T4A _____ T4A (OAS) _____ T4A (P) _____ T4E _____

T4RIF _____ T4RSP (require RSP Deduction Limit from previous years NOA) _____ T5 _____

T5007 _____ Other _____

Deductions from income:

Union Dues _____ Safety deposit box fees _____

Child Care expenses (Form T778) _____ Pension Splitting (Form T1032) _____

Other _____

Non-refundable Tax Credits:

Disability (T2201 must be filed prior AND include nature of disability ie Diabetes) _____

Medical expenses (total & receipts) _____

Adoption expenses _____ Charitable donations (total & receipts) _____

Caregiver amount _____ Education/tuition (T2202A) _____

Student Loan Interest on NOA _____ Disability amount for dependent _____

Please List all Children/Dependents on following page

Signature: _____ Date: _____

Children/Dependent Information

NOTE: SIN required if claiming disability

Name: _____ Birthday: _____ SIN# _____

Address: Same or must provide address: _____

Prov. of Residence as of Dec 31 2020: _____ 2020 Net Income (if applicable): _____

Disabled: Yes No

Relationship (circle one): son / daughter / brother / sister / nephew / niece / uncle / aunt / other _____

Medical expenses (total & receipts) _____

Children/Dependent Information

NOTE: SIN required if claiming disability

Name: _____ Birthday: _____ SIN# _____

Address: Same or must provide address: _____

Prov. of Residence as of Dec 31 2020: _____ 2020 Net Income (if applicable): _____

Disabled: Yes No

Relationship (circle one): son / daughter / brother / sister / nephew / niece / uncle / aunt / other _____

Medical expenses (total & receipts) _____

Children/Dependent Information

NOTE: SIN required if claiming disability

Name: _____ Birthday: _____ SIN# _____

Address: Same or must provide address: _____

Prov. of Residence as of Dec 31 2020: _____ 2020 Net Income (if applicable): _____

Disabled: Yes No

Relationship (circle one): son / daughter / brother / sister / nephew / niece / uncle / aunt / other _____

Medical expenses (total & receipts) _____

Children/Dependent Information

NOTE: SIN required if claiming disability

Name: _____ Birthday: _____ SIN# _____

Address: Same or must provide address: _____

Prov. of Residence as of Dec 31 2020: _____ 2020 Net Income (if applicable): _____

Disabled: Yes No

Relationship (circle one): son / daughter / brother / sister / nephew / niece / uncle / aunt / other _____

Medical expenses (total & receipts) _____



Clear Data

Protected B when completed

Community Volunteer Income Tax Program Taxpayer Authorization

Tax year 2020

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 15000)		Refund (line 48400)	
Taxable income (line 26000)		or	
Total federal non-refundable tax credits (line 35000)		Balance owing (line 48500)	

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:

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/ora-contact or call 1-800-868-8281.

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