

COMMUNITY VOLUNTEER INCOME TAX PROGRAM (CVITP)
CANADA REVENUE AGENCY (CRA) Program & VEGREVILLE & DISTRICT FAMILY
COMMUNITY SUPPORT SERVICES (FCSS)

1. **Tax Year: 2020**

2. **Today's Date:**

3. **First Name:**

Last Name:

4. **Social Insurance Number:**

5. **Date of Birth:** Day _____ Month _____ Year _____

6. **As of Dec. 31, 2020, what Province did you live in?**

7. **As of Dec. 31, 2020, what was your marital status?**

Single (Never Married)

Common-Law

Separated

Married

Widowed

Divorced

8. **Who is applying for the GST rebate? Name:** _____

9. **Did your Marital status change in 2020?** No Yes

If Yes, please complete the "Change of Marital Status" page

10. **Street Address or Box Number:**

Town & Province:

Postal Code:

11. **Phone number:**

12. **Do any of the following apply to you?**

Indigenous

First-time filing taxes

Newcomer to Canada

I have a Disability Tax Credit Certificate

13. **Canadian Citizen?** Yes

No

14. **Tax Slips**

T4

T4A

T4A (OAS)

Medical

T4E

T4A (P)

T5007

Donations (and carry forward amounts)

Other _____

15. **Any children (under 17 yrs.) or dependent adult (18 and over) living with you in 2020?** No Yes

If Yes, please complete the "Children or Dependents" page



Community Volunteer Income Tax Program Taxpayer Authorization

Protected B
when completed

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)	
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.		
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">X</div> _____ 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.	
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">X</div> _____ 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: _____	_____

CVITP for 2020 tax returns that involve Children and/or Dependant Adults:

Please list the children (under 17) living with you:

- If you are responsible for the care of a child who is under 18 years of age, you can apply for the CCTB for that child. Apply as soon as possible after the child is born or begins to live with you.

Please list the adult dependants (age 18 or older) living with you:

- You can claim for each of your or your spouse's or common-law partner's dependent children or grandchildren only if that person had an impairment in physical or mental functions and was born in 2001 or earlier.

1. First Name:	Last Name:
Date of Birth(dd/mm/yyyy):	Relationship:
Did this dependant have any income in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter

2. First Name:	Last Name:
Date of Birth(dd/mm/yyyy):	Relationship:
Did this dependant have any income in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter

3. First Name:	Last Name:
Date of Birth(dd/mm/yyyy):	Relationship:
Did this dependant have any income in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter

4. First Name:	Last Name:
Date of Birth(dd/mm/yyyy):	Relationship:
Did this dependant have any income in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter

5. First Name:	Last Name:
Date of Birth(dd/mm/yyyy):	Relationship:
Did this dependant have any income in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter

Change of Marital Status in 2020: The CRA requires the information below.

- We cannot proceed without this information.
- If unable to provide this information, your tax return must be mailed in and not e-filed.

Date Separated (dd/mm/yyyy):

First Name:

Last Name:

Address:

(street, town, province, postal code)

Social Insurance Number (SIN):

Date of Birth (dd/mm/yyyy):

Was this person in prison and there for 90 days or more in 2020?

Yes

No

Was this person a Canadian resident in 2020 (not applicable for immigrant)?

Yes

No

What is the net federal income of your ex-spouse (line 236 of his or her return)

**Warning: Do not use an estimated income below the actual.*

Was your ex an immigrant?

Yes

No

Your spouse net income while you were living together in Canada?

Did your spouse receive universal childcare benefits in 2020?

Yes

No

Date Married (dd/mm/yyyy):

New Spouse First Name:

Last Name:

Social Insurance Number (SIN):

Date of Birth (dd/mm/yyyy):

Net Income (line 236):