

Community Volunteer Income Tax Program – T1 Client Information 2021

Are you in Bankruptcy Status? If so, we are unable to complete your income tax return.

Name: _____

Address: _____

City / Prov: Cranbrook, BC or _____ Postal Code: _____

Prov. of Residence as of Dec 31 2021: BC or _____ Email (optional): _____

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

If Address changed in 2021 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 ONLY 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 2021: BC or _____ Must provide Net Income for Spouse for 2021: _____

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 (for the tax year only) (total & receipts) _____

Adoption expenses _____ Charitable donations (up to the past 5 years) (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 2021: BC or _____ 2021 Net Income (if applicable): _____

Disabled: Yes No

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

Medical expenses (for the tax year only) (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 2021: BC or _____ 2021 Net Income (if applicable): _____

Disabled: Yes No

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

Medical expenses (for the tax year only) (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 2021: BC or _____ 2021 Net Income (if applicable): _____

Disabled: Yes No

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

Medical expenses (for the tax year only) (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 2021: BC or _____ 2021 Net Income (if applicable): _____

Disabled: Yes No

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

Medical expenses (for the tax year only) (total & receipts) _____



Clear Data

Protected B when completed

Community Volunteer Income Tax Program Taxpayer Authorization

Tax year 2021

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>	
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)	_____
Taxable income (line 26000)	_____
Total federal non-refundable tax credits (line 35000)	_____
	Refund (line 48400) _____
	or
	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	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/ora-oocontact 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.