## Community Volunteer Income Tax Program Taxpayer Authorization

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|-------------|---|--|
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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 | orization |
|---------|-----------|
|         |           |
|         |           |

Part A - Identification

| Last name  |   | First name  |          | (only enter last 3 digits)            |               |                             |  |  |
|--|---|---|----------|---------------------------------------|---------------|-----------------------------|--|--|
| Mailing address: Apt. No. –  | Street No. Street name                                | Telephone number (home)   |          | x   x   x   x   x   x                 |               |                             |  |  |
| Mailing address. Apt. No. –  | Street No. Street name                                |   | releprit | one number (nome)                     | i eleptione i | idilibei (work)             |  |  |
| P.O. Box   | R.R.  | City  |          |                                       | Prov./Terr.   | Postal code                 |  |  |
|  |   |   |          |                                       | ı             |                             |  |  |
| Part B – Disclaimer  | 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 id   | dentified in Part A)                                  | Date  | -        | Signed at (place                      | ce and name   | of organization)            |  |  |
| Section II – Electror  | Section II – Electronic filing (EFILE)                |   |          |                                       |               |                             |  |  |
| Part C – Declaration   |   |   | +        |                                       |               |                             |  |  |
| Enter the following amour  | nts from your income ta                               | ax return:  |          |                                       |               |                             |  |  |
| Total income (line 15000)  | )   |   |          |                                       |               |                             |  |  |
| Taxable income (line 260   | Taxable income (line 26000)                           |   |          |                                       |               |                             |  |  |
| Total federal non-refunda  | Total federal non-refundable tax credits (line 35000) |   |          |                                       |               |                             |  |  |
| 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 (indi  | vidual identified in Part A)                          |   |          |                                       | Date          | _                           |  |  |
| CVITP volunteer mu   | ıst complete parts                                    | s E and F   |          |                                       |               |                             |  |  |
| Part E – Electronic fi   | ler identification                                    |   |          | Part F – Docur                        | nent conti    | ol number                   |  |  |
|  | ally filing his or her inco                           | declares that the following persone tax return. Part <b>D must be s</b> i |          | Document control record of the income |               | for the electronic<br>turn: |  |  |
| Name of person or organiza   | ation:  |   | _        |                                       |               |                             |  |  |
| 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.

