

## COMMUNITY VOLUNTEER INCOME TAX PROGRAM, United Way Leeds & Grenville

Tax Years: 2025 2024 2023 2022 2021 2020 2019 2018 2017 **CIRCLE ALL THAT APPLY**

HEAD OF HOUSEHOLD—Receives BENEFITS		PLEASE PRINT	EMAIL: _____						
FIRST _____	LAST _____		PHONE _____						
S.I.N. _____ - _____ - _____	D.O.B. Day _____	Mth _____	Yr _____	Female Male Other					
Prov. Of Residence Dec 31 _____									
Marital Status Dec 31	<b>M</b>	<b>CL</b>	<b>SI</b>	<b>SP</b>	<b>D</b>	<b>W</b>	Cdn Citizen	<b>Y</b>	<b>N</b>
Change in 2025?	<b>Y</b>	<b>N</b>	(If yes, Date: _____)			First Time Filer	<b>Y</b>	<b>N</b>	
Current Address Street	_____				On Voters List	<b>Y</b>	<b>N</b>		
City	_____		Postal Code	_____		E-File	<b>Y</b>	<b>N</b>	
					Auto Fill	<b>Y</b>	<b>N</b>		

**M**-Married **CL**-Common Law **SI**-Single **SP**-Separated **D**-Divorced **W**-Widowed

Couples doing both	<b>Y</b>	<b>N</b>	If NO, then net income of spouse/partner required \$	_____	
Spouse/Partner Name First	_____		Last	_____	
S.I.N. _____ - _____ - _____	D.O.B. Day _____	Mth _____	Yr _____	Female Male	Canadian <b>Y</b> <b>N</b>
Voters List	<b>Y</b>	<b>N</b>	EFILE	<b>Y</b>	<b>N</b>
Address Same?	<b>Y</b>	<b>N</b>	OR _____		

Rent for Tax Year—List All	
#1 Address & PC _____	Landlord Name _____
_____	# of Mths _____ Total Year \$ _____
#2 Address & PC _____	Landlord Name _____
_____	# of Mths _____ Total Year \$ _____

Homeowner Address _____	# Months _____	\$ Taxes _____	Municipality _____
P.O.B./Street _____	Qualify for Seniors Home Owner Grant? <b>Y</b> <b>N</b>		
City _____	Postal Code _____	Amount \$ _____	

DEPENDANTS - LIST ALL THAT APPLY	If Shared Custody, name of other parent _____	
1. _____ relationship _____	DOB _____	M F Sin _____ Income _____
2. _____ relationship _____	DOB _____	M F Sin _____ Income _____
3. _____ relationship _____	DOB _____	M F Sin _____ Income _____
4. _____ relationship _____	DOB _____	M F Sin _____ Income _____
Please list children, grandchildren, grandparents, guardianship		

**CIRCLE ALL THAT APPLY**

Direct Deposit **Y N** Start/Change date \_\_\_\_\_ Principal residence sale? **Y N**  
Split Pension **Y N** Medical Receipts **Y N** Bankruptcy? **Y N** Foreign Property over \$100,000? **Y N**  
Disability Tax Credit—on file with Gov't? **Y N** Donations **Y N** Involuntary Separation **Y N**  
Incarceration **Y N** **COVID 19 Benefits:** **Y N** \_\_\_\_\_  
Other \_\_\_\_\_

## Community Volunteer Income Tax Program Taxpayer Authorization

**AUTHORIZATION & DECLARATION**

Name (please print) \_\_\_\_\_ <<<<<<

Name (please print) \_\_\_\_\_

I declare that the information entered above is correct and complete. I have fully disclosed my income from all sources. I understand that my income tax return will be electronically filed.

Privacy Statement: United Way Leeds & Grenville respects everyone’s privacy and will work diligently to ensure all personal information provided to us remains accurate, confidential and secure. We provide your personal information only to staff or fellow volunteers who need it for purposes that have been disclosed or otherwise made know to you. Questions or concerns about our privacy policy can be directed to Untied Way Leeds & Grenville.

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. **PHONE RETURNS** : Client will be given the following completed return information by phone: eFile confirmation number, the amount of the refund, GST, Trillium, CCB, etc. This will be verified by the CRA Notice of Assessment. **DROPOFF RETURNS**: Clients who choose this option will have printed eFile forms and personal documents to pickup from the office. Personal documents not picked up within ten days of notification will be shredded.

Signature: \_\_\_\_\_ <<<<<< Date \_\_\_\_\_ <<<<<<

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Are You Signed Up for My Account? **Y N** Will you receive email messages? **Y N**

EMAIL ADDRESS: \_\_\_\_\_

Intake Preparer

**613-499-9393**

