

Community Volunteer Income Tax Program for Low Income, Simple Tax Returns

Date: _____

Information about the Taxpayer

Name: _____ Date of Birth: _____
(DD/MM/Year)

Mailing Address: _____

Phone Number: _____ Are you a Canadian Citizen? Yes No

Social Insurance Number: _____ Tax Year(s) Requesting to be Filed: _____

Marital Status and Income Level

I am: Single Separated Divorced Widowed

I have **NO** income to claim ----- \$0.00

My income on all T4s and/or Box 72 total less than ----- \$35,000 add \$5000 for 1 child
each additional child add \$2500

Or, I am: Married Common-Law

Spouse's Name: _____ Spouse's SIN: _____

I have **NO** income to claim ----- \$0.00

Our income on all T4s and/or Box 72 total less than ----- \$45,000 add \$5000 for 1 child
each additional child add \$2500

Information About Your Dependents

Name	Birthdate DD/MM/Year	Gender M/F/X	Eligible for Child Tax Credit	Social Insurance Number
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	

I have a Disability Tax Credit Certificate: Yes Nature of Disability: _____

I am fully aware that my income tax and benefit return is being prepared by a volunteer and that this volunteer is not acting as an agent of the Canada Revenue Agency.

X _____ Date: _____

(Signature Required)