

DROP OFF FORM

FOR VERIFIED DROP OFF PARTNERS

For assistance filing out these forms or to become a verified partner, please contact:

Sarah Al Saadi
Sarahas@cfcs.mb.ca
204 560-7143

Marvin Kocay
marvink@cfcs.mb.ca
204 989-1915

VERIFIED PARTNER INFO


NAME: _____

ORGANIZATION: _____

PHONE NUMBER: _____

E-MAIL: _____

Yes, I have verified this client's ID (sign below)


SIGNATURE:  _____

CLIENT CONSENT FOR CFCS

- I give CFCS permission to speak with the Verified Partner listed above regarding my tax situation and the information contained in these documents.
- I understand I am consenting to have my tax return(s) filed immediately, based on the information on these forms and in my CRA My Account, and that I will receive copies of the documents.
- I understand the completed documents will be sent to the address as provided in the Mail Directive.
- I understand that as a Community Volunteer Income Tax Program (CVITP), CFCS does not retain a copy of my information after my return is filed.

Client **FIRST NAME:** _____ **MIDDLE NAME (OR INITIAL):** _____

LAST NAME: _____

Client **SIGNATURE:**  _____

MAIL DIRECTIVE FOR VERIFIED PARTNER

Send completed CFCS tax documents to one of the following:

Verified Partner via e-Courier; or
Mailing address from the tax return; or
A mailing address different from the one used on the tax return.

Alternative mailing address for CFCS tax documents:

City: _____ Province: _____ Postal Code: _____

Care of (if applicable):

ADDITIONAL INSTRUCTIONS

FILE CURRENT YEAR ONLY.

FILE ALL YEARS NOT PREVIOUSLY FILED

FILE ONLY THE FOLLOWING YEAR(S): 20 _____ 20 _____ 20 _____ 20 _____ 20 _____

Province of residence on December 31, 2023 _____

Indicate if province of residence differs for prior year return(s): _____

Contact client directly with any questions

Please provide the following additional documents, if available:

Proof of Income Statement (Option C) (current year)

Proof of Income Statement (Option C) (prior year)

Notice of Assessment: Year(s) _____

Other _____

REQUIRED TAX INFORMATION

Client **DATE OF BIRTH (DD/MM/YEAR)** ____/____/____ **PHONE NUMBER (Optional)** _____

SOCIAL INSURANCE NUMBER (SIN) _____

MAILING ADDRESS FOR THE TAX RETURN

The CANADA REVENUE AGENCY will use this address for the tax return(s) and all other correspondence

Address: _____

City: _____ Province: _____ Postal Code: _____

Care of (if applicable): _____

MARITAL STATUS

SINGLE DIVORCED WIDOWED SEPARATED

MARRIED or COMMON LAW on December 31

Separated from spouse for medical reasons YES NO Spouse is non-resident? YES NO

FILING RETURN WITH SPOUSE? YES (Recommended): Include separate, authorized form for spouse

NO: Spouse's net income only _____ Name _____

Did marital status change during the current year? If yes, date of change (DD/MM) ____/____

If filing prior years, is **marital status different** from the current year? If yes, indicate new status:

Date of Change (DD/MM/YEAR): ____/____/____

TAX YEAR INFORMATION

DO YOU IDENTIFY AS INDIGENOUS?

NO

YES If yes, do you have status? YES NO Do you live or work on a reserve? YES NO

DID YOU IMMIGRATE TO CANADA DURING THE YEAR?

NO

YES Date (dd/mm/year) _____

ARE YOU A CANADIAN CITIZEN?

NO

YES If yes, are you providing authorization to Elections Canada? YES NO

DO YOU, YOUR SPOUSE, OR A DEPENDANT HAVE A SEVERE/PROLONGED MENTAL OR PHYSICAL DISABILITY?

NO

YES If yes, has the Canada Revenue Agency approved a Disability Tax Credit Form? YES NO

Please Identify individual(s) approved for this claim: _____

ARE YOU REGISTERED AS A PRIMARY CAREGIVER WITH THE PROVINCE OF MANITOBA?

NO

YES Year registered _____ (Note that it requires renewal every three years)

Please Identify individual approved as the care recipient: _____

INCOME, CREDITS AND DEDUCTIONS

NO INCOME TO REPORT

PLEASE CHECK ANY INFORMATION SLIPS THAT APPLY TO THE RETURN

The Canada Revenue Agency usually has copies of the following information slips on the client's My Account. If they are not provided with your request, the volunteer (with permission) can often view and retrieve them.

- T4 information slip(s) employment income
- T5007 EIA (provincial and federal social assistance)
- T5007 Workers Compensation
- T4E slip (Employment Insurance)
- T4A slips for COVID-19 income supports
- T4A slips (pension, scholarship, bursary, research grants)
- T4A slips (self-employed – please complete separate self-employed form if claiming expenses)
- T5 T3 T5008 investment slips
- Pension income slips (OAS CPP RRIF RRSP RPP)
- T2202 Tuition and education amounts (claiming Canada Training Credit: YES/NO)
- Rent Assist

ADDITIONAL INFORMATION TO REPORT

The following information is not on the client's My Account. Check any that apply, indicate the source, and the total amount to include on the return.

- Tips/ Casual Labour _____
- Medical expenses (12-month period only, ending in the claim year) _____
- Charitable donations _____
- Union/Professional Dues (not on a T4 slip) _____
- Child Care/ Fitness Amounts _____
- Foreign Pension (indicate source country and amount in Canadian funds)

DEPENDANT INFORMATION (Children under 18 or infirm adults related by blood or marriage)

- NO DEPENDANTS**
- YES DEPENDANTS (please provide the following information for each dependant)**

FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mm/yyyy)	RELATIONSHIP	NET INCOME

INCARCERATION / JAIL

WERE YOU INCARCERATED DURING THE YEAR(S) BEING FILED?

- NO**
- YES (please circle the number that best applies and provide dates if possible)**
 1. Less than 90 days
 2. More than 90 days, not in on December 31 of tax year
 3. In on December 31 of tax year and less than 6 months, more than 90 days
 4. In on December 31 of tax year and for more than 6 months
 5. In on December 31 of tax year and for more than 1 year
 6. In on December 31 of prior tax year and for the first 179 days of tax year

If filing prior years, please indicate incarceration status for those years in the columns to the right. For each prior year, enter the appropriate number from the above list. If NOT incarcerated for some of those years, place an X in the corresponding number field.

YEAR _____	NUMBER _____
YEAR _____	NUMBER _____
YEAR _____	NUMBER _____
YEAR _____	NUMBER _____
YEAR _____	NUMBER _____
YEAR _____	NUMBER _____
YEAR _____	NUMBER _____
YEAR _____	NUMBER _____
YEAR _____	NUMBER _____
YEAR _____	NUMBER _____

HOUSING (Manitoba and Ontario ONLY)

ARE YOU A TENANT?

- NO**
- YES (please check all the boxes that apply)**
 - Receive RENT ASSIST
 - Rent in private market
 - EIA pays the rent
 - Rent w/roommate
 - Rent in hotel/ room and board
 - Student housing
 - MB or WPG subsidized housing
 - Seniors only housing
 - Nursing home/ care facility

ARE YOU A HOMEOWNER?

GROSS SCHOOL TAXES _____

MB EPTC ADVANCE RECEIVED _____

DID YOU SELL A PRINCIPAL RESIDENCE IN THE YEAR?

- NO**
- YES (We will contact you for more information)**

YEAR	# OF MONTHS	TOTAL RENT PAID	OWNER / AGENCY	RENT ASSIST (If received)
20				
20				
20				

SET UP DIRECT DEPOSIT

If not already in place, Start or Update direct deposit (optional)

Name on Account _____ Transit Number (5 digits) _____ Institution Number (3 digits) _____

Account Number _____ Signature _____

CVITP ELIGIBILITY GUIDELINES

A reminder that the Community Volunteer Income Tax Program (CVITP) is intended for individuals and families with modest incomes.

The income guidelines are set each year by the Canada Revenue Agency and currently identify eligibility as:

- a single person with income below approximately \$35,000.
- single parents or couples with income below approximately \$45,000; with an additional \$2,500 for each dependent.

Income eligibility excludes COVID-19 financial supports and is adjusted to acknowledge northern communities with a higher cost of living.

Please COMPLETE and SIGN the attached CRA Forms T1S60 and AUT-01 (one each per individual). Incomplete forms will not permit us to complete and electronically file the requested return(s). Thanks!



DROP OFF FORM

FOR VERIFIED DROP OFF PARTNERS

Canada Revenue Agency (CRA) Community Volunteer Income Tax Program (CVITP) Authorizations

Community Financial Counselling Services Inc is a registered CVITP host organization with CRA-CVITP as 'CFCS (Norquay)'. To file your taxes under this program, CRA requires that the client or their legal representative indicate their understanding and agreement to several statements.

Authorization Signature Page (below)

- Gives temporary permission to access your CRA My Account or interact over the phone with CRA for the purposes of obtaining tax information and to confirm CRA has received electronically transmitted tax returns.

TIS60—Taxpayer Authorization (back)

- Your signature in Part B indicates your understanding that CFCS staff and volunteers are not employees of CRA
- Your signature in Part D declares that the information you have provided to prepare your return in these documents as well as what is in your CRA My Account is correct and complete, fully disclosing your income from all sources, and that you give permission for your tax returns to be electronically filed by Community Financial Counselling Services based on this information. Returns older than three years will be paper filed.

Your completed tax documents including a summary of all tax information and confirmation of filing for electronically submitted returns will be sent to you as per the mail directive.

Authorization request – signature page

**Keep this Signature page for your records.
Do not send a copy to the Canada Revenue Agency (CRA).**

Taxpayer information

SIN: _____ Given name: _____ Surname: _____

Representative information

Group ID

GXXXXX

Group name: CVITP/PCBMI

Authorization information

Level of authorization:

Expiry date, if applicable: valid for the day your return is prepared

Signature information

I am the legal representative for this taxpayer

Name of taxpayer or legal representative

Signee's telephone number

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.



Signature of taxpayer or legal representative

Year Month Day

Date of signature



Community Volunteer Income Tax Program Taxpayer Authorization

Protected B
when completed

Tax year <u>2023</u>

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) XXX-XXX-		
Mailing address: Apt. No. – Street No. Street name				Telephone number (home)	Telephone number (work)	
P.O. Box	R.R.	City			Prov./Terr. MB	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	<u>Winnipeg, Community Financial Counselling Serv</u> Signed at (place and name of organization)
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Section II – Electronic filing (EFILE)

Part C – Declaration

Enter the following amounts from your income tax return:			
Total income (line 15000)		Refund (line 48400)	
Taxable income (line 26000)		or	
Total federal non-refundable tax credits (line 35000)		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
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CVITP volunteer must complete parts E and F

Part E – Electronic filer identification

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.

Name of person or organization:	<u>Community Financial Counselling Services CVITP</u>
Electronic filer number:	<u>Organization: CXM99716</u>

Part F – Document control number

Document control number for the electronic record of the individual's return:

*See federal confirmation page in
returned tax document package*

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.