



**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: 1

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	2023
----------	------

**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) <b>XXX-XXX-</b>	
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.



		<u>Winnipeg, Community Financial Counselling Serv</u>
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) .....		Refund (line 48400)	
Taxable income (line 26000) .....		<b>or</b>	
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

#### 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](http://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.