

COMMUNITY VOLUNTEER INCOME TAX PROGRAM

Drop Off Program - Screening Sheet

Do you qualify for the free program ? ie: Single person less than \$ 35000.00 Yes

Please complete the form for each tax payer. If you are filing with a spouse or common law spouse please complete the Spousal Information section and a complete form for both spouses and attach.

Your Information			Spouse's or common law spouse Information			
S.I.N			S.I.N			
Name			Name			
Current Address						
City, Postal Code						
D.O.B		Year	Month	Day	D.O.B	
Year		Month	Day	Year		Month
Phone #						Day
Did your last name change last year			Yes	If yes, have you notified CRA		Yes
						No

Do you have any unfiled previous years tax returns ? Yes Years

CRA can now email your notice of assessment, if you prefer this please enter your e-mail address. e-Mail Address:

Marital Status As at Dec 31st Married Common Law Widowed Divorced Separated Single

Did your marital status change in the year Yes Date

Children who lived with you during the year.

Child's Name <i>(If you need more room, please attach a separate piece of paper)</i>	Date of Birth	Child Income	Did the child live with you on Dec 31st If no, please provide details

Other Information	Yes	No
Are you a Canadian citizen ?		
May we provide your Name, address & D.O.B to Election Canada to update the voting list ?		
Did you live in Ontario on Dec 31st of the year ?		
Did you sell a principal residence or property during the year ?		
Did you enter Canada as an immigrant during the year ? Date		
Do you have a HBP or LLP repayment due ?		

Expenses: Did you pay any of the following expenses during the year ?

Note: To claim the expenses you MUST have a receipt (*Or be able to obtain one*)

Type of expense	Yes	Amount
RRSP Contribution		\$
Moving Expenses		\$
Student loan interest		\$
Medical Expenses		\$
Property Taxes		\$
Rent		\$
Address 1		
Address 2		

Type of expense	Yes	Amount	
Child Care		\$	
Tuition		\$	
Child Support		\$	
Spousal support		\$	
Seniors home reno		\$	
# of months	Amount	Landlord's name	

Other Information	Yes
Do you have a disability tax credit certificate on file with CRA ?	
Did your children transfer any tuition amounts ? (<i>If yes, provide T2202 from student</i>)	
Did you receive any income not on a T4 slip ? (<i>tips, Support, odd jobs etc.</i>) <i>Excluding T5007</i>	
Did you receive child/spousal support Yes Total for the year	
Are you filing an income tax return for the first time ?	
Do you own any foreign property with a total cost of more than \$ 100,000 Canadian ?	
Were you and your spouse living separate and apart on Dec 31st of the year	
Did you purchase a residential property in the past year ?	
<i>If yes reason you lived apart...</i>	
Are you currently in bankruptcy status Yes If yes, have you been discharged Yes No	
Are you claiming home office expenses Yes If yes, Please fill out a Employment home office expenses form	
Do you have any Income slips missing Yes	
If the answer was yes do you agree to have the tax professional access your CRA account online to retrieve the missing tax information Yes No	

Please attach the following: Your tax information slips A copy of last years return if available Last years NOA If available.

Client signature _____ Date _____

By signing this form to agree to have your income tax return prepared and efiled by a tax professional.

This area for tax professional:

Name _____ Date _____

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