



ACKNOWLEDGMENT AND CONSENT

1. Your income tax return will be completed by a volunteer registered with Canada Revenue Agency's Community Volunteer Income Tax Program (CVITP) at Low Income People Involvement of Nipissing (LIPI).
2. It is your responsibility to ensure that all receipts, documents, and information provided is correct, truthful, and complete. **Any missing information will cause a delay in income tax completion.**
3. While our volunteers have received training to assist you in completing your income tax return, neither LIPI nor the volunteers can make any guarantee as to the accuracy or completeness of the returns. LIPI cannot represent you dealing with the Canada Revenue Agency (CRA) should your return be audited, nor be responsible for any penalties or additional tax assessed.

I _____,

(PRINT YOUR NAME)

I hereby acknowledge that I have read and understood the above information.

I acknowledge that the process can up take four to six weeks.

I of the District of Nipissing, in the Province of Ontario, hereby give my permission and authorize you are providing information to any representative of Low Income People Involvement of Nipissing.

I further consent to the release of information about my Case by any representative of the Low Income People Involvement of Nipissing to such persons as that representative considers necessary in order to represent me, subject to any express instructions from me.

SIGNATURE

DATE



Low Income People Involvement of Nipissing
Community Volunteer Income Tax Program

2020 Income Tax

Date _____

Name				Spouse Name			
Date of Birth	Day	Month	Year	Date of Birth	Day	Month	Year
SIN #				SIN #			
Canadian Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Canadian Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Phone #				Phone #			
Email				Email			

Marital Status- AS OF DECEMBER 31, 2020

Single Common-Law Married Divorced Separated Widowed

If marital status changed in 2022, Indicate changes Month: _____ Day: _____ Previous Status: _____

Address

Apt/Unit #	Address	City	Postal Code
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Benefits and Credits

Do you want Trillium Benefits starting Monthly (July 2021) Yearly (June 2022)

Does anyone in your family receive a Disability Tax Credit? Yes No (Who: _____)

Name and Relationship of Dependents

Name	Day	Month	Year	Relationship	SIN #

Rent or Property Tax for 2020

Address/City (Ontario Only)	Start Date & End Date (2020 Jan-Dec Only)	Amount of Rent or Taxes Paid (Total)	Name of Landlord or Municipality for Taxes
1			
2			
3			
4			

Complete all the above information that applies to you. All 2022 information slips (T4/T5/T2200 etc.) for you and any dependants (spouse, children, etc.) are required. Rent or Property Tax receipts would be preferred.

INCOME TAX RETURNS WILL **NOT** BE E-FILED UNTIL THEY ARE PICKED UP OR CONFIRMED. AFTER TWO WEEKS OF NOTIFICATION ALL INFORMATION LEFT WILL BE SHREDDED

Office Use Only

Tax Return Picked up by:	Date Picked Up	Confirmation #	Date E-Filed
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