

Community Volunteer Income Tax Program

Current Year: 20____

Drop Off Sheet

PRIOR YEARS TO BE FILED: 20____, 20____, 20____, 20____, 20____

Do you fit into any of the following situations? If YES, you are NOT eligible to participate in this program.

<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Farming Income	<input type="checkbox"/> Professional/Business Income
<input type="checkbox"/> Commission Income	<input type="checkbox"/> Pre/Post Bankrupt Return	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Deceased Returns	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Investment Income over \$1,000
<input type="checkbox"/> Employment Expenses	<input type="checkbox"/> Other Complex Returns	
<input type="checkbox"/> Single (over \$40,000)	<input type="checkbox"/> Married Couple (over \$52,500 plus \$2,500 for each dependent)	
<input type="checkbox"/> Single Parent (over \$40,000 plus \$2,500 for each additional dependent)		

**IF MARRIED OR COMMON LAW, PLEASE COMPLETE FOR
SPOUSE/COMMON LAW PARTNER**

MR/MRS/MS MALE FEMALE SELF-DESCRIBE _____

MARITAL STATUS ON DECEMBER 31, 20____?

(PLEASE CHECK ONE)

Married Widowed Divorced Single
Common-Law Separated

Did marital status change at any time during 20____?

If yes, what was the date of change? _____

SOCIAL INSURANCE NUMBER _____

FIRST NAME _____ MIDDLE _____

LAST NAME _____

DATE OF BIRTH Day _____ Month _____ Year _____

ADDRESS _____

POSTAL CODE _____

TELEPHONE NUMBER HOME _____

WORK _____

MR/MRS/MS MALE FEMALE SELF-DESCRIBE _____

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FIRST NAME _____ MIDDLE _____

LAST NAME _____

DATE OF BIRTH Day _____ Month _____ Year _____

ADDRESS _____

POSTAL CODE _____

TELEPHONE NUMBER HOME _____

WORK _____

1. Did you have and **income** for year 20____ YES NO If YES, include income slips
2. What province did you live in on December 31, of the current year tax? _____
3. If filing for **prior year** fill in the province you lived in, on December 31, of each year to be filled? _____
4. Did you immigrate to Canada in the current year, and if so what date? D/M/Y _____
5. Are you Canadian Citizen? YES NO Is this your first time filing taxes? YES NO
6. Authorization for Election Canada? YES NO
7. Are you the main caregiver for someone with disability or chronic illness? YES NO
8. Are you applying for GSTC? YES NO
9. Do you claim Disability Tax Credit for yourself or a dependent? YES NO
10. Do you have tuition/education amount? Carry forward amounts? YES NO
11. Do you have childcare, children's fitness, children's art class expenses? YES \$ _____ NO
12. Do you have medical expenses? YES \$ _____ NO
13. Do you have charitable donations? Carry forward amount? YES \$ _____ NO
14. Do you have Indigenous status under the Act? YES NO

CHILDREN INFORMATION (CHILDREN IN YOUR CARE ONLY)

First Name	Last Name	Date of Birth D/M/Y	Relationship	Net Income

ELIGIBLE DEPENDANT INFORMATION

First Name	Last Name	Date of Birth D/M/Y	Relationship	Net Income

RENT OR PROPERTY TAX - Name of Landlord

Address	Number of Months	Total Rent paid in 20__?	Property Taxes		School Taxes	
			Taxes paid (\$)	Credit Received (\$)	Amount paid (\$)	Seniors school tax credit (\$)

Proper Identification provided and verified for security purposes: YES NO

PLEASE COMPLETE and then Sign the Form TIS60, located on the back. Please note that if the form is not completed, we will not be able to complete or electronically file your return. Thank you.