

**Community Volunteer Income Tax Program
Taxpayer Authorization****Protected B**
when completed

Tax year 20

- 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 this form for your records.
- Keep all records used to prepare your return for a period of six years, and provide this information to the Canada Revenue Agency (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)					
				X	X	X	X	X	X
Mailing address: Apt. No. – Street No. Street name				Telephone number (home)		Telephone number (work)			
P.O. Box		R.R.	City		Prov./Terr.		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_____
Lakehead Social Planning Council_____
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 150) _____
Taxable income (line 260) _____
Total federal non-refundable tax credits (line 350 of Schedule 1) _____

Refund (line 484) _____
or
Balance owing (line 485) _____

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: Lakehead Social Planning Council

Electronic filer number: _____

**Part F – Document control or
confirmation number**

Document control or confirmation number for the individual's electronic record:

Transmission Number
