|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE** - Return form to Coordinator | | | | | | | | | | | | | | Name: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | |  | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| South Essex Community Council | | | | | | | | | | | | | | | | | | | | | | | |
| Community Volunteer Income Tax Program | | | | | | | | | | | | | | | | | | | | | | | |
| **INTAKE FORM** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Legal Name:** | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | (as it is spelled on previous tax returns) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **SIN #:** | | |  | | | | | | | | | | | **Date of Birth:** | | | | |  | | | | |
|  | | |  | | | | | | | | | | | |  | | | |  | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | |
| **Postal Code:** | | | | |  | | | | | | | | | **Phone Number:** | | | | | |  | | | |
|  | | | | |  | | | | | | | | |  | | | | | |  | | | |
| \*If you would like to have your paperwork e-mailed to you, provide an e-mail address: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status:** | | | | | | | Married  Single  Widowed  Common Law  Divorced  Separated | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Did your marital status change in 2020?** | | | | | | | | | | NO  YES **If YES, date of change** | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |  |
| **Are you a Canadian Citizen:**  YES  NO | | | | | | | | | | | **Spouse/Partner Citizenship:** | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | |
| **If you are a Canadian Citizen, may we provide your Name, Address & Date of Birth to Elections Canada to update the voting list?**  YES  NO | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Did you live in Ontario on December 31st, 2020?** | | | | | | | | | | | | YES  NO | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Did you enter Canada (or leave Canada) for work last year?** | | | | | | | | | | | | | | | | | | YES  NO | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you want to apply for a G.S.T./H.S.T rebate?** | | | | | | | | | | | | | YES  NO | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **If you are eligible to receive the Trillium benefit, how would you like it paid out?** | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly installments  Single payment in June **2022** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Rent/Property Tax** | | | | | | | | | | | | | | | | | | | | | | | |
| **Landlord Name** | | | | | | | | **Months** | | | | | | **Rent Paid** | | | | | | | | **Address** | |
|  | | | | | | | |  | | | | | |  | | | | | | | |  | |
|  | | | | | | | |  | | | | | |  | | | | | | | |  | |
|  | | | | | | | |  | | | | | |  | | | | | | | |  | |
|  | | | | | | | |  | | | | | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Property Tax Amount:** | | | | | | | | $ | | | | | | **Municipality paid to:** | | | | | | |  | | |
|  | | | | | | | |  | | | | | | |  | | | | | |  | | |
| **CHECK OFF APPLICABLE INCOME STATEMENTS** | | | | | | | | | | | | | | | | | | | | | | | |
| Please check off applicable forms and, if more than one, how many brought of each: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **T4** Salary & Wages | | | | | | | | | | | | |  | | **T4RSP** Reg. Retired Savings Plan | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **T4A** Pension & Other income | | | | | | | | | | | | |  | | **T3** Statement of Interest Trust | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **T4A(OAS)** Old Age Security | | | | | | | | | | | | |  | | **T5** Interest & Dividend Payments | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **T4A(P)** Canada Pension Plan | | | | | | | | | | | | |  | | **T5007** Workers Comp/Social Assistance | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **T4E** Employment Insurance Benefits | | | | | | | | | | | | |  | | **RC210** Working Income Tax Benefit | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **T4RIF** Registered Income Fund Benefits | | | | | | | | | | | | |  | | **(NOA)** **Last Year’s Notice of Assessment** | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| **CHECK OFF APPLICABLE DEDUCTIONS/EXPENSES** | | | | | | | | | |
|  | | | | | | | | | |
|  | RRSP Payments | | |  | | Student Loans | | | |
|  | | | | | | | | | |
|  | Rent receipts | | |  | | If Retired – Group Life Insurance | | | |
|  | | | | | | | | | |
|  | Children under 19 years | | |  | | Child Support/Alimony | | | |
|  | | | | | | | | | |
|  | Property Tax | | |  | | Union Dues | | | |
|  | | | | | | | | | |
|  | Charitable Donations | | |  | | **T778** Child Care Expenses Receipts | | | |
|  | | | | | | | | | |
|  | Medical Expenses (over $300.00) | | |  | | Child fitness & art Activity Receipts | | | |
|  | | | | | | | | | |
|  | **T2201** Disability certificate | | |  | | Public transit receipts | | | |
|  | | | | | | | | | |
| **Name of Babysitter and SIN # if not daycare:** | | |  | | | | | | |
|  | | |  | | | | | | |
| **CHILDREN (Under 18 years old) WHO LIVED WITH YOU THIS YEAR:** | | | | | | | | | |
|  | | | | | | | | | |
| **Child’s Full Name** | | **Birth Date**  **(MM/DD/YYYY)** | | | **Male** | | **Female** | **Child’s**  **Income** | Did child live with you for the entire year? If NO, provide explanation on separate sheet of paper. |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |
|  | |  | | |  | |  | **$** | YES  NO |