KCR Tax Clinic Instruction - PLEASE WRITE NEAT and CLEAR.

Updated: May 2026

Name: _____Drop off date: _____Case #_____

Phone:_____ Email: _____

Preferred language:_____. Can KCR email your Tax return ? Yes ☐ No ☐

If you are a first time filer, specifically a newcomer, please also make sure to bring your Confirmation of SIN letter from Service Canada. Please bring your own translator if you need language support .

Have you self-checked if you are eligible for the tax clinic's services?

Modest Income: Yes ☐

- 1 person – under $40,000
- 2 people – under $55,000
- Each dependent adds $5000 to the income level

Simple tax situation: Yes ☐

- No rental, no business, no self-employment income and expenses
- No capital gain or loss, no overseas fixed asset
- No bankrupt or deceased individuals

If you meet the eligibility criteria:

1) Please complete the Checklist. A couple will only need to fill out one checklist.
   I. Each adult will need to sign their own 2) Taxpayer Authorization (TIS60) and 3) Authorization Request, please ask the Reception for additional forms if needed.
   II. If you are filing for multiple years, and if your province of residence was different in the tax years you want to file for, please make notes to indicate the years and change on the Checklist.
2) Taxpayer Authorization (TIS60). Please fill out Part A, sign Part B & D. Sign

Go paperless with CRA? Please write "YES" _____if you would like to receive email communications from the CRA. Please note that you will need to be able to log into the CRA's My Account website to download your Notice of Assessment. If you go paperless, you will NOT receive a Notice of Assessment by mail.

For KCR receptionist & volunteers: Called once [ ] Called twice [ ] Volunteer notes:

Pick up signature: Date:

PLEASE READ

All filings are submitted electronically, unless you are directly instructed to submit by paper by our volunteers. The tax volunteer may be calling you from anonymous number. Turn around may be around 4 - 8 weeks. The clinic is closed in July& Aug and Jan& Feb each year and help clients with emergency situation only.

You are automatically approved for the FortisBC/ BC Hydro's ECAP program (this program does not apply if you live in a condo/apartment). Seniors are also being invited to the Canadian Dental Plan. Please contact FortisBC/BC Health Care for detail.

For Drop off clients: When the filing is completed, the volunteer will contact you to let you know but ***please wait until the KCR Reception to call you about picking up*** the summary package before you come in.

Please note that all papers that are not picked up by the end of June will be shredded. **CASE #:**

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Community Volunteer Income Tax Program updated Feb 2026
T1 Client Information & Checklist

UNCLASSIFIED

Tax year(s) :_____

Name: _____ Address: _____ Is this the same as the address on your tax slips? ◯ Yes ◯ No

City: _____ Province: _____ Postal Code_____ Province of Residence as of Dec 31/2025:_____

Are you filing for the first time? ◯ Yes ◯ No SIN: _____

Marital Status: _____ Gender:_____ Date of Birth: (DD/MM/YYYY): _____

Did you move to Canada in 2025 with a study permit, work permit, or PR? ◯ Yes ◯ No

*If yes, provide your exact date of entry and world income from Jan 2025 up until your date of entry to Canada: _____

Are you a Canadian Citizen: ◯ Yes ◯ No Can the CRA share your name and address with Elections Canada in order to update the voter roll? ◯ Yes ◯ No

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Spousal Information (if applicable)

Name: _____ ☐ Address is the same as spouse OR Address: _____

City: _____ Province: _____ Postal Code_____ Province of Residence as of Dec 31/2025:_____

Are you filing for the first time? ◯ Yes ◯ No SIN: _____ Gender:_____ Date of Birth: (DD/MM/YYYY): _____

Did you move to Canada in 2025 with a study permit, work permit, or PR? ◯ Yes ◯ No

*If yes, provide your exact date of entry and world income from Jan 2025 up until your date of entry to Canada: _____

Provide 2025 net income if KCR is not filing returns for client and spouse together: _____

Are you a Canadian Citizen: ◯ Yes ◯ No Can the CRA share your name and address with Elections Canada in order to update the voter roll? ◯ Yes ◯ No

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How many children do you have that are age 18 or younger? _____ Add details on page 2 below.

In the year(s) you request tax service, did you have income from outside of Canada (eg. employment/self-employment, investment income, income from social media or websites, etc.)? ◯ Yes ◯ No

If Yes, from which country, and how much? Country:_____ Amount: _____

In the year(s) you request tax service, did you own properties outside of Canada (real estate property, stocks in foreign companies, etc.) that values over $100K? ◯ Yes ◯ No

If Yes, from which country, and how much? Country:_____ Amount: _____

Begining 2023 If you are over 19 years old, and you occupied an eligible rental unit in B.C. under a tenancy agreement, licence, sublease agreement or similar arrangement for at least 6 one-month periods, you are eligible for up to $400 new BC Renter Credit.

How many months did you rent during the year? _____ How much rent did you pay in total? _____

What is your landlord's full name? _____ What was the rental address? _____

INCOME ITEMS (indicate the number of each type of tax slip)

T4:	◯ Yes	◯ No	No#:_____	T4RSP:	◯ Yes	◯ No	No#:_____
T4A:	◯ Yes	◯ No	No#:_____	T4RIF	◯ Yes	◯ No	No#:_____
T4A (OAS):	◯ Yes	◯ No	No#:_____	T5:	◯ Yes	◯ No	No#:_____
T4A (P):	◯ Yes	◯ No	No#:_____	T5007:	◯ Yes	◯ No	No#:_____
T4E:	◯ Yes	◯ No	No#:_____				

Non-refundable Tax Credits:

Adoption expenses	◯ Yes	◯ No
Charitable donations (receipts)	◯ Yes	◯ No
Education/tuition (T2202A)	◯ Yes	◯ No
Student Loan Interest	◯ Yes	◯ No
Medical expenses (receipts)	◯ Yes	◯ No

Are you a Canada caregiver? ◯ Yes ◯ No

Have you been approved for the CRA Disability Tax Credit (DTC)?

(Note: this requires a valid T2201 form to be on file with the CRA, which is partially completed by a medical doctor. This is not the same as BC PWD.)

Nature of infirmity (i.e. Mental disability, chronic condition) :

_____

Deductions from income:

Union Dues: ◯ Yes ◯ No #_____

Child Care expenses: ◯ Yes ◯ No (Form T778)

Pension Splitting: ◯ Yes ◯ No (Form T1032)

Children/Dependent Information (if applicable): *Add other dependants on reverse side.* More? ❒ Yes ❒ No

SIN: _____ Name: _____ Date of Birth: (DD/MM/YYYY) _____

Address: ❒ Same or: _____ City: _____ Province: _____ Postal Code: _____

Province of Residence 31 Dec, 2025 _____ 2025 Net Income: _____

Marital Status: _____ Disabled: ❒ Yes ❒ No

Relationship to Taxpayer: _____ Gender: ❒ Male ❒ Female

Children/Dependent Information (if applicable): *Add other dependants on reverse side.* More? ❒ Yes ❒ No

SIN: _____ Name: _____ Date of Birth: (DD/MM/YYYY) _____

Address: ❒ Same or: _____ City: _____ Province: _____ Postal Code: _____

Province of Residence 31 Dec, 2025 _____ 2025 Net Income: _____

Marital Status: _____ Disabled: ❒ Yes ❒No

Relationship to Taxpayer: _____ Gender: ❒ Male ❒ Female

Children/Dependent Information (if applicable): *Add other dependants on reverse side.* More? ❒ Yes ❒ No

SIN: _____ Name: _____ Date of Birth: (DD/MM/YYYY) _____

Address: ❒ Same or: _____ City: _____ Province: _____ Postal Code: _____

Province of Residence 31 Dec, 2025 _____ 2025 Net Income: _____

Marital Status: _____ Disabled: ❒ Yes ❒ No

Relationship to Taxpayer: _____ Gender: ❒ Male ❒ Female

Children/Dependent Information (if applicable): *Add other dependants on reverse side.* More? ❒ Yes ❒ No

SIN: _____ Name: _____ Date of Birth: (DD/MM/YYYY) _____

Address: ❒ Same or: _____ City: _____ Province: _____ Postal Code: _____

Province of Residence 31 Dec, 2025 _____ 2025 Net Income: _____

Marital Status: _____ Disabled: ❒ Yes ❒No

Relationship to Taxpayer: _____ Gender: ❒ Male ❒ Female

Canada Revenue Agency | Agence du revenu du Canada

Community Volunteer Income Tax Program
Taxpayer Authorization

Protected B when completed

Tax year 20

Keep this form for your records. Do not send a copy to the Canada Revenue Agency (CRA).

- 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 all records used to prepare your return for a period of six years, and provide this information to the 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

Fill out >>>

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.

Sign >>>

Signature (individual identified in Part **A**) | Date | 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.

Sign >>>

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: _____

Electronic filer number: _____

Part F – Document control number

Document control number for the electronic record of the individual's return:

_____

We're here to help!

If you need more information on your tax refund or your tax return, or if you have a service complaint, go to **canada.ca/cra-contact** or call **1-800-959-8281.**

Personal information is described in Personal Information Bank CRA PPU 100. Under the Privacy Act, individuals have a right to have their personal information protected. They also have the right to access, correct or notate this information and to file a complaint with the Privacy Commissioner of Canada regarding our handling of their information.

(Ce formulaire est disponible en français.)

Canada

Authorization request – signature page

Keep this Signature page for your records.
Do not send a copy to the Canada Revenue Agency (CRA).

Fill out >>>>

Taxpayer Information

SIN: _____ Given name: _____ Surname: _____

Representative Information

Group ID
GXXXXX

Group name: CVITP/PCBMI

Authorization Information

Level of authorization: 1

Expiry date, if applicable: _____

Signature Information

☐ I am the legal representative for this taxpayer

_____ _____
Name of taxpayer or legal representative | Signee's telephone number

Sign >>>

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.

X _____ Year Month Day _____
Signature of taxpayer or legal representative | Date of signature