



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

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

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: _____

Since 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 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 NoRelationship 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 NoRelationship 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 NoRelationship 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 NoRelationship to Taxpayer: _____ Gender: Male Female