

COMMUNITY VOLUNTEER INCOME TAX CLINIC

Name: _____ SIN: _____

Spouse's name: _____ SIN: _____

Address: _____

_____ - _____

Contact phone number: _____

Dependants

1st Child's name: _____ Date of birth: ___/___/___ SIN: _____

2nd Child's name: _____ Date of birth: ___/___/___ SIN: _____

3rd Child's name: _____ Date of birth: ___/___/___ SIN: _____

4th Child's name: _____ Date of birth: ___/___/___ SIN: _____

Check off the documents you bring in:

<input type="checkbox"/>	Personal identification with photo
<input type="checkbox"/>	T4, T4A, T4A (OAS), T4E, T4A(P)
<input type="checkbox"/>	T5, T5007
<input type="checkbox"/>	Rental receipts
<input type="checkbox"/>	Donation receipts
<input type="checkbox"/>	Property tax receipts
<input type="checkbox"/>	Tuition receipts
<input type="checkbox"/>	Proof of first-time home buyer
<input type="checkbox"/>	Medical expenses receipts
<input type="checkbox"/>	Child care expenses
<input type="checkbox"/>	RRSP receipts
<input type="checkbox"/>	Monthly bus pass receipts or PRESTO account statement
<input type="checkbox"/>	Statement of Universal Child care Benefit (RC62 slip)
<input type="checkbox"/>	Children's fitness expenses
<input type="checkbox"/>	Qualified home renovation receipts
<input type="checkbox"/>	Other: _____

Complete T1S60 Tax Payer Authorization (Part A and B only)