

ESSEX COMMUNITY SERVICES

35 Victoria Ave., Unit 7 Essex, ON N8M 1M4

Phone: (519) 776-4231 or Fax: (519) 776-4966

Drop-off hours: Monday – Thursday 8:30AM - 4:00PM

Friday 8:30AM – 2:00PM

CHECKLIST FOR 2018 INCOME TAX CLINIC (for the tax year of 2017)

Drop off dates: March 5 to 23, 2018

**Eligibility: Gross household income of less than \$30,000 if single and without dependants
Gross household income of less than \$40,000 if married and/or with dependants**

Personal Information

Full Name _____ Phone _____

Address _____

SIN # _____ D.O.B. _____ Gender _____

Marital Status:

- Single Married Divorced Separated Widowed Common-law

Spouse/ Common Law Information

Name _____

SIN # _____ D.O.B. _____

Spouse's/Common Law Total Income: _____

Dependant(s)

Child's Name _____ D.O.B. _____ SIN: _____

Child's Name _____ D.O.B. _____ SIN: _____

Child's Name _____ D.O.B. _____ SIN: _____

Please include the following slips that pertain to you

Income

Old Age Security (T4A OAS) \$ _____
Supplement \$ _____
Canada Pension (T4A P) \$ _____
Interest Slips (T5, T3) \$ _____
WSIB/ODSP (T5007) \$ _____
Other Income \$ _____
(T4, T4A, T4E, RC62, T4RIF)
TOTAL \$ _____

Expense

Rent receipts/property tax
Donation receipts
Medical receipts
Safety deposit box
RRSP contribution slips
Tuition slips/student loan
2017 income tax return
2017 Notice of Assessment

SEE OVER

Other slips and information provided: _____



Additional Questions – only answer if applicable

Date of marriage or separation (if in 2017): _____

Details of any alimony and maintenance payments received or paid:

If new immigrant, date of arrival in Canada: _____

If first-time home buyer, details of home purchase: _____

Elections Canada

Are you a Canadian Citizen? YES NO

Do you want to be on the voter list? YES NO

Questions/Notes: _____

Firm/Accountant that prepared last year's return: _____

***** NEW *** PLEASE READ AND SIGN BELOW *****

I am fully aware that my Income Tax and Benefit Return is prepared by a volunteer under the Tax Preparation Assistance Program. In addition, I acknowledge that under the Income Tax Act, I have to keep all records used to prepare my return for a period of six years, and provide this information to the Canada Revenue Agency upon request. I hereby release, discharge, indemnify and hold harmless Chartered Professional Accountants of Ontario, its members of council, officers, employees, representatives, agents and all TPA volunteers from and against any and all claims, liabilities, losses or damages of any kind arising in connection with the preparation of my Income Tax and Benefit return and my participation in the Tax Preparation Assistance Program.

Signature

Date