

Received by:

Date:

The Inn of the Good Shepherd Community Volunteer Income Tax Program

Tax Years: 2024 2023 2022 2021 2020

Pick Up Permission (name or agency):

Drop Off Information Sheet

Note: we cannot prepare a return with business income, self-employment income, rental income, capital gains or a return for a deceased person.

Identification		<i>Please print clearly.</i>
Your Information	Spouse's Information	
Name _____	Name _____	
SIN _____ DOB dd-mm-yyyy _____	SIN _____ DOB dd-mm-yyyy _____	
Current Address _____	Current Address _____	
Apt# _____ City _____ Postal Code _____	Apt# _____ City _____ Postal Code _____	
Phone _____	Phone _____	
Marital Status as of Dec 31, 2024		<i>If we are doing returns for multiple years, please indicate marital status for each year.</i>
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		
Has this status changed during any year that taxes are being completed for? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of change _____		
Do you or your spouse have a doctor approved T2201 (Disability Tax Credit) on file with Revenue Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, Name _____ Nature of Disability _____		
Children (under 18) who lived with you this year:		
Name	Date of Birth	Income
	dd-mm-yyyy	
Relationship	Doctor Approved Child	Childcare
	Disability Tax Credit	Expenses
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Other Information		
Is the address above new in 2024? Yes <input type="checkbox"/> No <input type="checkbox"/> What province did you live in on Dec. 31, 2024? _____		
Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you declared bankruptcy within the last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you arrive in Canada in 2024? Yes <input type="checkbox"/> * No <input type="checkbox"/> * If YES you must complete a new resident Blue Sheet and provide a copy of your 900-series SIN		
Were you incarcerated at any time during 2024? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, for how many days? _____		
Is this your first time filing your taxes? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please PRINT your middle name: _____		

Expenses & Deductions*Check all that apply and provide receipts.*

- RRSPs Tuition (T2202A) Charitable Donations Interest on a School Loan
 Medical Expenses TOTAL \$ _____ Other _____

*Please note that The Inn does not keep receipts. Please add your receipts up and record the **TOTAL \$**.***Housing***If doing returns for multiple years, please indicate rent amount, address and landlord for each year.***Renters**Did you pay rent last year? Yes No

Address	# of Months	\$ Rent Amount	Landlord	Year
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Is the \$ Rent Amount listed above your TOTAL yearly rent, or the monthly amount? Yearly Monthly **Home Owners**Are you a senior? (64+ as of Dec 31, 2024) Yes No

Annual Property Tax Amount \$ _____ Municipality _____

First Nations individuals residing on reserve

Annual Heating Costs \$ _____ Paid to _____

Alimony & Support PaymentsSpousal Support \$ _____ x _____ months Received by me Spousal Support \$ _____ x _____ months Paid by me

Full name of (ex) spouse paying support _____

Child Support Payments Paid by me \$ _____ x _____ months

Incomes*Please check boxes and provide all income slips.*

- T4 T4E T5007 T4RSP T5 T4A, T4A(P), T4A(OAS)

Direct Deposit*If you already have direct deposit set up, you do not need to fill out this section.*Do you already have Direct Deposit set up? Yes No

Branch/Transit Number

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Institution Number

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Account Number

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Account Holders Name _____

Notes

For further assistance
please contact the toll-
free Canada Revenue
Agency help desk:

1-800-959-8281

