



**Community Volunteer Income Tax Program  
Town of Banff - FCSS Department  
For Low Income, Simple Tax Returns**

E-File Confirmation #:

FOR FCSS USE ONLY

This program is for **eligible** residents who need assistance preparing their income tax and benefit return. To be **eligible**, you have a low income **and** a simple tax situation. You also need to be **one** of the following: a Canadian Citizen, a Permanent Resident (PR) or a TFW (who has already filed Canadian taxes in the past).

**PLEASE note that there have been changes to the program, due to COVID.**

1) If you would like your taxes filed with the program, you must either:

(A) Schedule an appointment and bring the following documents to Banff Town Hall. Appointments must be scheduled in advance (no drop-ins). Appointments are available Tuesdays or Thursdays, between 2:00 pm and 4:00 pm. To book your appointment, contact Sue by phone or email: 403-762-1253 or [sue.symthe@banff.ca](mailto:sue.symthe@banff.ca).

**OR**

(B) Scan all required documents and email to [sue.symthe@banff.ca](mailto:sue.symthe@banff.ca).

2) Below is a checklist of all required documents. Include this Checklist with the rest of your documents.

**DOCUMENT CHECKLIST**

Please check each document you are including.

**If any documents are missing or cannot be read, you will be notified. Your taxes will not be filed.**

**REQUIRED:**

- Photo identification
- Intake form completed, signed and dated
- This Checklist

**IF APPLICABLE:**

- All T4s (and any other T slips)
- **If you received CERB or EI, include your T4E and/or T4A**
- Medical and/or dental receipts
- Childcare receipts
- Direct Deposit/Banking information
- Disability Tax Credit Certificate

3) You will be contacted when your taxes have been filed.

# COMMUNITY VOLUNTEER INCOME TAX PROGRAM – INTAKE FORM

**\*Must be completed, signed and dated\***

## INFORMATION ABOUT THE TAXPAYER

First Name and Middle Initial	Last Name	Date of Birth (DD/MM/Year)	
Mailing Address	Town/City	Postal Code	Phone Number
Is a <b>new</b> mailing address? Yes <input type="checkbox"/> No <input type="checkbox"/> Direct Deposit: Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> , are you supplying Bank info? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Address Change (DD/MM/Year): _____ Province Moved From: _____ Date Moved (DD/MM/Year): _____			
Canadian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> , Immigration Status: _____ <b>First</b> Time Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Social Insurance Number: _____		TIPS = \$ _____ <small>CRA considers tips/gratuities that you receive from customers to be part of your income. You must report the amount you receive in tips/gratuities when you file your taxes.</small>	
EMAIL ADDRESS: _____		Tax Year(s) Requesting to be Filed	

## MARITAL STATUS AND INCOME LEVEL

**I am ...**  
 Single  Separated  Divorced  Widowed      Gender M \_\_\_ F \_\_\_ X \_\_\_

I have **NO** income to claim       **WORLD INCOME in Canadian Dollars (if applicable):** \_\_\_\_\_

**OR**

**I am ...**  
 Married  Common-Law      Gender M \_\_\_ F \_\_\_ X \_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's SIN: \_\_\_\_\_

I have **NO** income to claim       **WORLD INCOME in Canadian Dollars (if applicable):** \_\_\_\_\_  
**PLACE OF RESIDENCE (COUNTRY, if outside of Canada):** \_\_\_\_\_

My Marital Status changed in the Tax Year  Yes  No      Date of Change (DD/MM/Year) \_\_\_\_\_

## INFORMATION ABOUT YOUR DEPENDENTS

Name	Birthdate DD/MM/Year	Gender M/F/X	Relationship to Taxpayer	Social Insurance Number

## TAX CREDITS

I qualify for the **Northern Living Allowance Credit**  Yes  Basic Credit  Additional Credit

I have a **Disability Tax Credit Certificate**  Yes

**I am fully aware that my income tax and benefit return is being prepared by a volunteer and that this volunteer is not acting as an agent of the Canada Revenue Agency.**

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature Required)

------(FCSS to Tear Off Below After Return Completed)-----

### FOR [Town of Banff] USE ONLY

Tax Year: \_\_\_\_\_ Community of Residence: \_\_\_\_\_

Senior  AISH  Low-income  Canadian Citizen  PR  TFW      # of children: \_\_\_\_\_

GIS: \$ \_\_\_\_\_ AB Seniors Benefit: \$ \_\_\_\_\_ GST: \$ \_\_\_\_\_ CB: \$ \_\_\_\_\_ ACR: \$ \_\_\_\_\_

WITB: \$ \_\_\_\_\_ EI/CERB: \$ \_\_\_\_\_ **Tax Refund: \$ \_\_\_\_\_ OR Tax Balance Owing: \$ \_\_\_\_\_**

Month Return Processed: \_\_\_\_\_ Data Entered: \_\_\_\_\_