

2020 Income Tax Registration

Please fill out this form *completely* to ensure your return is done correctly

If you need help filling out this form or finding your documents, call us at 905 257 6029 ext 103

How did you hear about the OPNC Tax Clinic?

Please indicate here if, for religious reasons, you need a female tax preparer ____

Do you have any unfiled tax returns from previous years? Y or N If Yes, what years do you need filed?

SIN # _____ First Name _____ Last Name _____

Date of Birth _____ E-mail _____

Current Address _____ City & Postal Code _____ Phone# _____

Marital Status in 2020 Single Separated Divorced Widowed Married Common-Law

Did your marital status change during 2020? Yes No Date _____

Children, Living in the home/Dependents

YYYY/MM/DD

First & Last Name _____ Date of Birth _____

First & Last Name _____ Date of Birth _____

First & Last Name _____ Date of Birth _____

Rent Paid or Property Tax

Total rent you paid in 2020 _____ **Total** property taxes you paid in 2020 _____

2020 Address if not present address _____ Months at that address _____

If you'd like a copy of your tax return sent to a worker (Housing/OW/ODSP), include their contact information

Worker's name: _____ Tel #: _____ E-mail: _____

If you paid **property tax** and were **64 or older on Dec. 31 of the previous year** you could be **eligible** for the **Ontario Seniors Homeowners' Property Tax Grant**. Would you like to apply?

Status

Canadian Citizen ___ Permanent Resident ___ Refugee ___ Newcomer + Date of Arrival (yy/mm/dd) _____

Country of Origin if in Canada less than 5 years _____ Language Spoken at Home _____

Do you receive a Foreign Pension? Y or N If Y, amount in original currency _____ Cdn dollar equivalent _____

Do you own any foreign property worth \$100,000 or more?

Did you sell your primary residence last year? _____ If _____ If yes, please call us as we will need further information.

Did you receive CERB CRB CRCB CRSB CEWS Did you make a repayment?

Income Slips (indicate all that apply and include when you send in this registration)

T4 Employment	T4A Pension/benefits	T4OAS Old Age Security	T4E EI/other Benefits
T4RIF	T5007 ODSP/OW	T5/T3 Investment	CPPT4AP WSIB

Deductions (enter total amount and include forms if tuition and RRSP)

To claim the expense, you must have or be able to obtain a receipt.

Medical/Dental not covered by health plan	RRSP Contribution	Childcare
Tuition (T2202)	Disability Amount	Charitable Donations

Home Office Claim: If, as an employe, you worked more than 50% of the time from home for a period of **at least** four consecutive weeks in 2020 due to the COVID-19 pandemic, you can claim \$2 for each day you worked from home during that period. You can also claim \$2 for any additional days you worked at home in 2020 due to the COVID-19 pandemic. The maximum you can claim for the temporary flat rate method is **\$400 per individual**. Vacation/sick days do not count toward claim.

Do you have an approved **disability form T2201** with CRA and are eligible to claim the **Disability Tax Credit**?

***Please send your 2019 Notice of Assessment along with this registration form, income statements and deductions ***

Acknowledgement

It is your responsibility to ensure that you have provided us with all relevant documentation and that all receipts, documents, and information shared with us are correct, truthful and complete.

I authorize a member of the OPNC tax clinic to complete and e-file my tax return.

Signature

Date