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 **2024 Oak Park Neighbourhood Centre Income Tax Clinic**

Our program provides free, year-round tax filing for people who live in Halton and have a combined household income near or below the modest income threshold…

**Family Size Total Family Income is under…**

1 person $40,000

2 persons $50,000

3 persons $52,500

4 persons $55,000

4 or more persons $55,000 plus $2,500 for each additional person

**X** **We CANNOT file your return if you are self-employed, unless it is a simple return and your income in Box 48, Box 20 of T4A is less than $2500.**

Please complete each section **in clear printing** of the Registration form below. Return the form, along with all income slips (T4/T5007/etc.), **in a single e-mail** to **taxes@opnc.ca** or call 905-257-6029 x103 to schedule an appointment at our office at 2200 Sawgrass Dr in Oakville or if you have questions. If you are unable to get all slips please contact us for assistance.

**Marital/Partner Status**:

If you are married or common law (have lived together for more than one year), then you both need to file a tax return. Your partner's *Name, DOB, SIN# and net income for 2024 is required to be able to complete your tax return.* If your marital status has changed, you need to update CRA after 90 days of separation.

[**How to Change Your Marital Status with CRA**](https://www.canada.ca/en/revenue-agency/services/child-family-benefits/update-your-marital-status-canada-revenue-agency.html)

**Rent/ Property Tax**:

We require the total amount that you paid in 2024. Enter $0 if you did not pay rent. Only one partner can claim the rent. If you share the rent with a roommate, you claim only the portion you pay.

**Questions?** Contact **Nurali (905) 257-6029 ext.103 or** **taxes@opnc.ca**

**Our tax clinic is funded by Halton Region**

**2024 Income Tax Registration**

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| **Please complete a separate form for each person needing a tax return filed****If you need help, call 905 257 6029 ext 103 or send e-mail to** **taxes@opnc.ca**Do you need taxes filed for other years? Yes \_\_\_ No \_\_\_ If Yes, what years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (as spelled on CRA Account): First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name/Initial *if used* \_\_\_\_\_\_\_\_\_\_Social Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: yy\_\_\_\_\_\_\_/mm\_\_\_\_\_\_/dd\_\_\_\_\_\_ Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status on Dec 31/2024** Single \_\_ Separated \_\_ Divorced \_\_ Widowed \_\_\_ Married \_\_\_ Common-Law \_\_\_Did your marital status change during 2024? No \_\_\_ Yes \_\_\_ If Yes, Legal date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If we are *not* preparing your partner’s return, provide the following information:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: Y/M/D \_\_\_\_\_\_\_\_\_\_\_\_ SIN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2024 Net Income: \_\_\_\_\_\_\_\_

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| **Children, Living in the home/Dependents YYYY/MM/DD** |

First & Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_ son/daughterFirst & Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_­­\_\_ son/daughterFirst & Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_ son/daughterIs anyone else claiming the Canada Child Benefit for the above children, i.e. other parent? Yes \_\_\_ No \_\_\_ |

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| **2024 Rent or Property Tax**  |
| Total rent paid in 2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property taxes paid in 2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you a senior? May be eligible for Homeowners Property Tax Grant Yes\_\_\_\_\_ No\_\_\_\_\_\_Landlord Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of addresses\_\_\_\_\_\_ # of months paying rent\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address if different from current address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you sell your primary residence last year? Yes \_\_\_ No \_\_\_ If yes, please provide information belowDate of Purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Price of Purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Sale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Price of Sale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Citizenship Status** |
| Are you a Canadian Citizen? Yes \_\_\_ No \_\_\_ Is this your first Canadian Tax return? Yes \_\_ No \_\_ Newcomers: If you arrived in Canada in 2024* Exact date of arrival? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country arrived from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* World Income: Income earned in 2024 BEFORE coming to Canada $Cdn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive a Foreign Pension? Yes \_\_\_ No \_\_\_ From which country \_\_\_\_\_\_\_\_\_\_\_ Yearly amount $Cdn \_\_\_\_\_\_\_\_Do you own any foreign property worth $100,000 or more? Yes \_\_\_ No \_\_\_**Income Slips**  If e-mailing this registration form, include copy of slips in same e-mail- Contact us if you do not have slips |  |

T4 Employment \_\_\_ T4A Other Income \_\_\_ T4A(P) Pension\_\_\_ T4A(OAS) Old Age Security \_\_\_

T4E EI/other Benefits \_\_ T4RIF/T4RSP RRSP Income \_\_\_ T5007 ODSP/OW/WSIB \_\_\_ T5/T3/T5008 Investment \_\_\_

RC210 Advanced Canada Worker Benefit \_\_\_\_

Spousal support PAID $\_\_\_\_\_\_\_\_\_\_\_ Spousal support RECEIVED $\_\_\_\_\_\_\_\_\_\_\_\_

Child support PAID $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support RECEIVED $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Deduction**s (need proof of all except Medical expenses.

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| Medical/ Dental expenses \_\_\_\_\_\_\_\_\_\_ Union Dues/Prof Assoc Fee \_\_\_\_\_\_\_ Childcare \_\_\_\_\_\_\_\_RRSP Contribution (need limit from 23 NOA) \_\_\_\_\_\_ Charitable Donations \_\_\_\_\_\_ Tuition (T2202) \_\_\_\_\_\_ Disability Tax Credit: I am eligible and CRA has my T2201 disability form on file: Yes \_\_\_ No \_\_\_\*Please send your 2023 Notice of Assessment along with this registration form \*I authorize CRA to give my name/address/DOB to Elections Canada voter registry: Yes \_\_\_ No \_\_\_I consent to share my information with the Organ and Tissue Donation registry: Yes \_\_\_ No \_\_\_**Acknowledgement**In signing below, I authorize the Oak Park Neighbourhood Centre Tax Team to complete and file my return with CRA. I commit that I have provided all relevant documentation to OPNC and that the information is correct, truthful and complete. I understand that CRA may require proof of expenses and income after filing. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature Date and Time |