

Community Volunteer Income Tax Program - T1 Client Information

Name: _____ Address: _____

City _____ Province: _____ Postal Code _____ Prov. of Res. Dec 31/14 _____

Marital Status: _____

SIN: _____ Date of Birth: (MMM/DD/YYYY) _____

Contact Info: Telephone: _____ Canadian Citizen: Yes No Election Canada Yes No

I wish to apply for GST Credit Yes No

Spousal Information (if applicable):

SIN: _____ Name: _____ Date of Birth: (MMM/DD/YYYY) _____

Province of Residence 31 Dec 2014 _____ 2014 Net Income: _____

Children/Dependent Information (if applicable): *Add other dependants on reverse side.*

SIN: _____ Name: _____ DOB: (MMM/DD/YYYY) _____

Net Income: _____ Relationship to You: _____

Disabled: Yes No

Children/Dependent Information (if applicable): *Add other dependants on reverse side.*

SIN: _____ Name: _____ DOB: (MMM/DD/YYYY) _____

Net Income: _____ Relationship to You: _____

Disabled: Yes No

Children/Dependent Information (if applicable): *Add other dependants on reverse side.*

SIN: _____ Name: _____ DOB: (MMM/DD/YYYY) _____

Net Income: _____ Relationship to You: _____

Disabled: Yes No

Children/Dependent Information (if applicable): *Add other dependants on reverse side.*

SIN: _____ Name: _____ DOB: (MMM/DD/YYYY) _____

Net Income: _____ Relationship to You: _____

Disabled: Yes No

Children/Dependent Information (if applicable): *Add other dependants on reverse side.*

SIN: _____ Name: _____ DOB: (MMM/DD/YYYY) _____

Net Income: _____ Relationship to You: _____

Disabled: Yes No

Children/Dependent Information (if applicable): *Add other dependants on reverse side.*

SIN: _____ Name: _____ DOB: (MMM/DD/YYYY) _____

Net Income: _____ Relationship to You: _____

Disabled: Yes No

**THIS PROGRAM IS OFFERED BY JAMES BAY NEW HORIZONS SOCIETY
AS A COMMUNITY SERVICE.**

- **WE DEPEND HIGHLY ON THE DEDICATION OF OUR VOLUNTEERS, AS SUCH YOUR DROP-OFF RETURN(S) WILL BE PROCESSED ON A FIRST COME – FIRST SERVED BASIS.**
- **UNDER NO CIRCUMSTANCE WILL VERBAL ABUSE TOWARDS BOTH OUR VOLUNTEERS AND STAFF BE TOLERATED.**
- **UPON COMPLETION OF YOUR TAX RETURN, YOU WILL BE CONTACTED ONCE TO PICK UP YOUR LEGAL DOCUMENTS. SHOULD YOU FAIL TO RECLAIM YOUR PAPERWORK WITHIN 30 DAYS FROM SAID CONTACT, C.R.A. WILL BE INFORMED THAT THE DOCUMENTS ARE BEING SHREDDED. IT IS NOT THE RESPONSIBILITY OF JBNH TO MAINTAIN YOUR RETURN – YOU ARE FOR SIX YEARS!**
- **DO NOT CONTACT OUR OFFICES REQUESTING THE STATUS OF YOUR REFUND; WE DO NOT HAVE ACCESS TO SUCH INFORMATION. PLEASE CONTACT C.R.A. AT 1-800-959-8281**
- **TO OFFSET OUR EXPENSES A DONATION OF NO LESS THAN \$5.00 IS SUGGESTED. FOR LARGER DONATIONS A CHARITABLE TAX RECEIPT WILL BE ISSUED.**

Signature

Dated