



Wachiay Friendship Centre

Offices: 1625 McPhee Avenue, Courtenay, BC, V9N3A6

Phone: [250] 338-7793 Fax: [250] 338-7287 Website: www.wachiay.org

Operating in the Traditional Territories of the Pentlatch,
Sahtloot, Sasitla, E'iksan, Yayaqwilta and K'omox Coast Salish People.

Community Volunteer Income Tax Program (CVITP)- 2024

Wachiay's CVITP clinic will be drop off. Please follow the directions below.

1. The client must complete and sign a CVITP Taxpayer Authorization form. Part's A, B and D must be filled in, signed in Part B- Disclaimer and Part D- Declaration and authorization.
2. Complete pages 1 & 2 of the 2024 Income Tax and Benefit form. It is important to answer all of the information requested, providing clear and accurate information.
3. Fill in the Wachiay Additional Information form.
4. Client must submit all tax slips, T4, T5, etc, and any other relevant documents.
5. Return all completed forms and tax slips to Wachiay Reception.
6. Wachiay's CVITP volunteer will complete and file tax return online with CRA. A summary of your tax return and your documents will be returned to you by mail, or you can pick up at Wachiay if requested.

If you have any questions, please contact Roger at 778-225-0308, or email:
roger@wachiay.com

Our mission:

*To build a strong community rooted in the philosophy and culture of our peoples.
Greetings, Waachiyah, Gi'lakas'la, Tansi, Cacim hihak kwaa, A-a-a sii em,*



Community Volunteer Income Tax Program Taxpayer Authorization

Tax year 2024

Keep this form for your records. Do not send a copy to the Canada Revenue Agency (CRA).

- Complete **Section I** to allow a Community Volunteer Income Tax Program (CVITP) volunteer to prepare your income tax and benefit return.
- Complete **Section II** if you would like your return to be electronically filed. The CVITP volunteer must complete parts **E** and **F**.
- Keep all records used to prepare your return for a period of six years, and provide this information to the CRA on request.
- The CRA is responsible for ensuring the confidentiality of your electronically filed tax information **only** after the CRA has accepted it.

Section I – Authorization

Part A – Identification

Last name		First name		Social insurance number (only enter last 3 digits)	
				X X X	X X X
Mailing address: Apt. No. – Street No. Street name			Telephone number (home)	Telephone number (work)	
P.O. Box	R.R.	City		Prov./Terr.	Postal code

Part B – Disclaimer

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

Signature (individual identified in Part A)

Date

Signed at (place and name of organization)

Section II – Electronic filing (EFILE)

Part C – Declaration

Enter the following amounts from your income tax return:

Total income (line 150)				
Taxable income (line 260)				Refund (line 484)
Total federal non-refundable tax credits (line 350 of Schedule 1)				or
				Balance owing (line 485)

Part D – Declaration and authorization

I declare that the information entered in Part A and the amounts shown in Part C above are correct and complete, and fully discloses my income from all sources. I also declare that I have read the information above, and the electronic filer identified in Part E is electronically filing my income tax and benefit return.

Signature (individual identified in Part A)

Date

CVITP volunteer must complete parts E and F

Part E – Electronic filer identification

By signing Part D above, the individual in Part A declares that the following person or organization is electronically filing his or her income tax return. Part D **must be signed** before the return is electronically transmitted.

Name of person or organization: _____

Electronic filer number: _____

Part F – Document control number

Document control number for the electronic record of the individual's return:

We're here to help!

If you need more information on your tax refund or your tax return, or if you have a service complaint, go to canada.ca/cra-contact or call 1-800-959-8281.

Personal information is described in Personal Information Bank CRA PPU 100. Under the Privacy Act, individuals have a right to have their personal information protected. They also have the right to access, correct or notate this information and to file a complaint with the Privacy Commissioner of Canada regarding our handling of their information.

Step 1 – Identification and other information (continued)



Elections Canada

For more information, go to canada.ca/cra-elections-canada.

A) Do you have Canadian citizenship?

If **yes**, go to question B. If **no**, skip question B.

1 Yes 2 No

B) As a Canadian citizen, do you authorize the CRA to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors or, if you are 14 to 17 years of age, the Register of Future Electors?

1 Yes 2 No

Your authorization is valid until you file your next tax return. Your information will only be used for purposes permitted under the Canada Elections Act, which include sharing lists of electors produced from the National Register of Electors with provincial and territorial electoral agencies, members of Parliament, registered and eligible political parties, and candidates at election time.

Your information in the Register of Future Electors will be included in the National Register of Electors once you turn 18 and your eligibility to vote is confirmed. Information from the Register of Future Electors can be shared only with provincial and territorial electoral agencies that are allowed to collect future elector information. In addition, Elections Canada can use information in the Register of Future Electors to provide youth with educational information about the electoral process.

Indian Act – Exempt income

Tick this box if you have income that is exempt under the Indian Act.

For more information about this type of income, go to canada.ca/taxes-indigenous-peoples.

1

If you ticked the box above, complete Form T90, Income Exempt from Tax under the Indian Act, so that the CRA can calculate your Canada workers benefit for the 2024 tax year, if applicable, and your family's provincial or territorial benefits. The information you provide on Form T90 will also be used to calculate your Canada training credit limit for the 2025 tax year.

Foreign property

Did you own or hold specified foreign property where the total cost amount of all such property, at any time in 2024, was **more than CAN\$100,000**?

26600 1 Yes 2 No

If **yes**, complete Form T1135, Foreign Income Verification Statement. There are substantial penalties for not filing Form T1135 by the due date. For more information, see Form T1135.

Consent to share contact information – Organ and tissue donor registry

I authorize the CRA to provide my full name, email address and postal code to BC Transplant so that it may contact or send information to me by email about organ and tissue donation. For more information about organ and tissue donation in British Columbia and Canada, go to canada.ca/organ-tissue-donation.

1 Yes 2 No

Note: You are **not** consenting to organ and tissue donation when you authorize the CRA to share your contact information with BC Transplant. Your authorization is only valid in the tax year during which you are filing this tax return. Your information will be collected and used in accordance with the Freedom of Information and Protection of Privacy Act (British Columbia).



Wachiay Friendship Centre

1625 McPhee Avenue
Courtenay, BC, V9N 3A6
Phone (250) 338-7793 Fax (250) 338-7287

Federally Registered Charitable Number: 896275898RR0001

WACHIAY ADDITIONAL INFORMATION FORM

Your Full Name: _____

Are you a Canadian Citizen: Yes No

Please list dependent children or others in your care:

Name	Date of Birth	Relationship to You

Do you want Revenue Canada to send you a Notice of Assessment? Yes No

Revenue Canada no longer mails hard copies. You will need to provide your email address in order to receive the Notice of Assessment.

Your email address: _____

