**CVITP Intake**

**Checklist Items: Not all items may be applicable**

|  |  |
| --- | --- |
| **Intake Done By** |  |
| **ID Identified By** |  |
| **Are you new to Canada?****If yes, refer them to CFN, CIWA, TIES** |  |
| **Date you entered Canada****(DD/MM/YYYY)** |  |
|  | **Self** | **Spouse** |
| First Name |  |  |
| Middle Name |  |  |
| Last Name |  |  |
| Are you a first-time filer? |  |  |
| Tax year(s) you are looking to file |  |  |
| Annual Income |  |  |
| What was your source(s) of income?E.g., AB work, AISH, EI, CPP, OAS, Employment. |  |  |
| Are you Self-Employed? (sole proprietor, GIG Economy). If so, did you earn more than $1000?**If yes, you will be scheduled with a trained volunteer if you have expenses to claim**.Is your company a limited company?**If yes, unable to do your taxes** |  |  |
| Did you change your name in any of the years we are filing for?**Is yes, please provide previous name and the date it changed** |  |  |
| Social Insurance Number  |  |  |
| Date Of Birth (DD/MM/YYYY) |  |  |
| Gender |  |  |
|  | **Self** | **Spouse** |
| Province of residency as of Dec 31, 2023 **(Unable to file Quebec Taxes)** |  |  |
| As of Dec 31, 2023, what was your marital status?(Married, Common-Law, Widowed, Divorced, Separated, Single)**Indicate single if you’ve never been married.** |  |  |
| Has your marital status changed over the past year?**If yes, please provide the date of change. (DD/MM/YYYY)****If spouse deceased, Unable to do your taxes.****We will need your partners information to fill** |  |  |
| Are you a Canadian Citizen? **If yes, do you authorize the CRA to share your information with Election Canada** |  |  |
| Did your address change in the past year?**If yes, please provide the old address** |  |  |
| Current street address |  |  |
| City and Postal Code |  |  |
| Phone Number |  |  |
| Email |  |  |
| Do you authorize to receive email notifications from the CRA? |  |  |
| Did you receive Spousal Support?**If yes, proof is required.** |  |  |
|  |  |  |
|  | **Self** | **Spouse** |
| Did you receive interest income over $1000?**If yes, unable to file.** |  |  |
| Did you receive an income that exempt under the Indian Act S 78 (Indigenous)? |  |  |
| Are you a Treaty Status Indigenous Person?**If yes, please provide Treaty Status Number and Band** |  |  |
| Did you receive any Grant? (students) |  |  |
| Did you receive a rental income?**If yes, unable to file.** |  |  |
| Other income:**Please specify.** |  |  |
| Did you receive a Covid Benefits, Years (2020 – 2021 - 2022) |  |  |
| Do you have any Home Buyer Plan **HBP**, or Lifelong Learning Plan **LLP** repayment? |  |  |
| Did you buy a rental property? |  |  |
| Do you have Disability Tax Credit? |  |  |
| If yes, what is the disability? Who would claim the DTC? |  |  |
| Does anybody qualify for the Caregiver Amount? |  |  |
|  |  |  |
| **Expenses / Deductions** | **Self** | **Spouse** |
| Medical Expenses. At least 3% of net income or $2,635?**This includes Health Benefits Plan, travel insurance, dental, glasses, medical equipment.** |  |  |
| Did you pay a spousal support?**Proof is required** |  |  |
| RRSP contribution |  |  |
| Charitable donations |  |  |
| Other Expenses / Deductions**Please specify** |  |  |
|  |  |  |
| **Do any of the following apply to you** |
| Have you sold your principal residence in any of the years you filing for? |  |  |
| Is this a Pre-Bankruptcy return?**If yes, unable to do your taxes** |  |  |
| Do you own a foreign property more than $100,000?**If yes, unable to file.** |  |  |
| Incarceration?**(if incarcerated, please provide (DD/MM/YYYY) started to (DD/MM/YYYY) released.** |  |  |
|  |
| Dependent Children Information |
| Do you have children living with you under age 19 as of Dec 31, 2023 \*Over 19 should file separately. |
| First Name |  |  |  |  |
| Middle Name |  |  |  |  |
| Last Name |  |  |  |  |
| Gender |  |  |  |  |
| Social Insurance Number **(SIN)** |  |  |  |  |
| Date of Birth**(DD/MM/YYYY)** |  |  |  |  |
| Childcare Expenses. Official receipts with provider, address, and logo**Please provide first and last name, SIN for any caregivers if individuals** |  |  |  |  |

**Anonymous Survey Data**

**Please use a separate survey for each member of household**

1. **What is your immigration status?**

☐ Canadian Citizen ☐Permanent resident ☐Refugee ☐ Work Permit ☐ Study Permit

☐ Others: (please specify)

1. **Do your children have Registered Education Savings Plan RESP?**

☐ Yes ☐ No ☐ N/A

1. **Are any of your children under 12 and in childcare, pre-school, early learning, or cared by a relative?**

☐ Yes ☐ No ☐ N/A

1. **Do you, a spouse or child in your care have a long-term mental, learning, or physical disability?**

☐ Yes ☐ No ☐ N/A

1. **Would you having to pay a fee to file your taxes, create a financial burden for you?**

☐ Yes ☐ No

1. **If you could not file your taxes here, where would you have gone?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Would you need help opening a My Account or My Service Canada Account?**

☐ Yes ☐ No ☐ Already have one

1. **Are you interested in any of the following programs?**

☐ Earn & Learn ☐ Financial Coaching ☐ Mobility Coaching