

DISABILITY: PWD PPMB Processing PWD PWD (MSO) PWD caregiver
 CPP-D (\$35,000) DTC (\$35,000) LTD (\$35,000) WCB (\$35,000)
 Other (specify) _____

File #

IDENTIFICATION

	Full Name (Last, First)	DOB (DD/MM/YYYY)	SIN#					
Taxpayer								
Spouse								

CURRENT ADDRESS

Street	City	Postal Code			

CONTACT INFORMATION

Phone number	Email (taxpayer)	Email (spouse)

STATUS

- Marital Status on December 31, 2018: Single Married Common Law Married Widowed
 Separated Divorced
- Did your marital status change in 2018 Marital Status: Y N When? _____
- Dependent: Y N

	Full Name (Last, First)	DOB (DD/MM/YYYY)	SIN#	Gender
Dependent				

- **Lived outside BC for any years?** Y N If yes, for which province? _____
Indicate the date of your move if your province or territory of residence changed in 2018.
- **Do you have a Canadian Citizenship?** Y N
- **Do you authorize CRA to give your info to Elections Canada?** Y N
If you answer YES, the CRA will be allowed to provide your name, address and date of birth to Elections Canada in order to help update the National Register of Electors.
- **Do you want to receive CRA correspondence (NOA) exclusively by email not by mail?** Y N
*By providing an email address, you are registering for online mail and authorizing the CRA to send you email notifications when there is mail for you to view on **My Account**.*
- **Do you have CRA approved Disability Tax Credit (Line 316)?** Y N I have no idea
 If yes, for which years? _____
- **Do you have any income** (other income such as self-employed income; contact income: rental property income; capital gain) not reported on a tax slip? Y N

STATEMENT OF UNDERSTANDING, WAIVER OF LIABILITY, AND WAIVER OF CONFIDENTIALITY
Tax AID DABC Program

The Tax AID DABC team agrees to help prepare and submit your income tax return for one or more years, subject to the following terms and conditions:

1. The team is part of a non-profit, non-governmental organization and there is no fee for their services.
2. Team members are neither lawyers nor accountants and cannot provide legal or financial advice.
3. Involvement with the team is totally voluntary.
4. Team staff are bound by rules of confidentiality and a code of ethics. Details of any case will only be discussed with other team members or any person necessary in the course of providing assistance when authorized by the client.
5. Team staff operate under the mandate of Canada Revenue Agency’s Community Volunteer Income Tax Preparation (CVITP) Program. We do not help prepare income tax returns for people who fall outside the mandate of that program due to their income level or for other reasons.
6. In some cases, Tax AID DABC team members may not be able to assist you to prepare your income tax returns due to the complexity of your tax situation or for other reasons. Where possible, with your consent, we will try to refer you to someone who can help you in these situations.
7. You are solely responsible for the accuracy and completeness of your income tax returns and you acknowledge that any errors or omissions, made under any circumstances, in the preparation of those income tax returns are your own.
8. You are responsible for providing information that is true. You confirm that you have provided us with all income and deduction items to be included in your tax returns and that they are correct and complete.
9. Under no circumstances will you take legal action of any kind against the Disability Alliance BC Society, its employees, or affiliates as a result of your involvement with the Tax AID DABC program.
10. The assistance provided by the Tax AID DABC team may be terminated at any time by you or the advocate in the event that the advocate/client relationship becomes non-productive or for any other reason.

*I am consenting that Tax AID DABC keep my file for my next year’s tax return Y N

* I am consenting that Tax AID DABC can email me any update including services, workshop information? Y N

Taxpayer Name (PRINT)	Signature	Date (MM/DD/YYYY)

Tax AID Advocate’s Name	Signature

Tax AID Services Advocate ONLY (Don't send the page to your client)

Date Opened		Date Closed		Advocate	
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REASONS Taxes Not Filed Previously? Owes money to CRA Needed help to file Lost paperwork
 Medical reasons Language Barriers Didn't think it was important Other _____

Is client a **returning**/past Tax AID client? Yes No

Did client use **DABC services** other than Tax AID? Y N if yes, which program? _____

Was the client **referred** elsewhere? Y N specify any items related to _____

Internal	Partners	MSDPR	Self-Referral	Other Agencies
<input type="checkbox"/> PWD Advocate <input type="checkbox"/> CPP-D Advocate <input type="checkbox"/> DTC Advocate <input type="checkbox"/> Other staff	<input type="checkbox"/> DABC (vancouver) <input type="checkbox"/> TAPS (Victoria) <input type="checkbox"/> KFS (Kelowna) <input type="checkbox"/> ASAP (Prince George)	<input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Local office <hr/> <input type="checkbox"/> CRA CVITP <input type="checkbox"/> Website <input type="checkbox"/> Other CVITP agencies	<input type="checkbox"/> Tax AID/DABC website <input type="checkbox"/> Tax AID program flyer <input type="checkbox"/> Tax AID workshops <input type="checkbox"/> My friend/family member <input type="checkbox"/> Google	<input type="checkbox"/> Doctor <input type="checkbox"/> Advocate <input type="checkbox"/> Libraries <input type="checkbox"/> Agency <hr/> Name of agency (if possible)

HOW were the services delivered? In person at office On-site services Remote services Other

DEPTH: How in-depth were the services and how much time did you need to complete them?

Tax Categories	Service Hours
<input type="checkbox"/> SIMPLE: one-two tax years, all tax slips	
<input type="checkbox"/> INTERMEDIATE: three more years with; one-two tax without tax slips	
<input type="checkbox"/> ADVANCED: Multiple years without tax slips; several appointments; self-employment	
<input type="checkbox"/> HIGHLY ADVANCED: complicated taxes such as deceased; rental income; capital gain	

RESULT: List years taxes were filed, and total value of tax credit/benefit received

Years	GST (\$)	BCCATC(\$)	Refund(\$)	Other (specify; \$)	Total (\$)	WITB(Y/N)	DTC(Y/N)

ADDITIONAL SERVICES (INFORMATION): what other supports did this client need?

Tax Tips	Helpsheet	Government Benefit Program
<input type="checkbox"/> DTC/Caregiver <input type="checkbox"/> DTC other benefits <input type="checkbox"/> WITB <input type="checkbox"/> NOA readiness <input type="checkbox"/> CRA My Account <input type="checkbox"/> Self-employment	<input type="checkbox"/> DTC (#14) <input type="checkbox"/> RDSP (#15) <input type="checkbox"/> PWD Benefits (#3) <input type="checkbox"/> Trust (#8) <input type="checkbox"/> MNS (#4)	<input type="checkbox"/> CTB <input type="checkbox"/> GTS/PST <input type="checkbox"/> MSP <input type="checkbox"/> Federal Excise Gasoline Tax Refund Program <input type="checkbox"/> BC Fuel Tax Refund Program

*****If you did an extensive consultation, please add "consultation" services intake as well.

NEXT STEPS: What other supports did this client need?

<input type="checkbox"/> No further assistance needed	Specify: Service; advocate; agencies
<input type="checkbox"/> Other services within Tax AID	
<input type="checkbox"/> Referral to other services	
<input type="checkbox"/> Other	

OTHER COMMENTS OR NOTES:

DATA ENTRY

By	DATE (MM/DD/YYYY)