

Received by:

Date:

The Inn of the Good Shepherd Community Volunteer Income Tax Program

Tax Years: 2025 2024 2023 2022 2021

Pick Up Permission (name or agency):

Drop Off Information Sheet

Note: we cannot prepare a return with business income, self-employment income, rental income, capital gains or a return for a deceased person.

Identification		<i>Please print clearly.</i>																								
<p style="text-align: center;">Your Information</p> <p>Name _____</p> <p>SIN _____ DOB dd-mm-yyyy _____</p> <p>Current Address _____</p> <p>Apt# _____ City _____ Postal Code _____</p> <p>Phone _____</p>	<p style="text-align: center;">Spouse's Information</p> <p>Name _____</p> <p>SIN _____ DOB dd-mm-yyyy _____</p> <p>Current Address _____</p> <p>Apt# _____ City _____ Postal Code _____</p> <p>Phone _____</p>																									
Marital Status as of Dec 31, 2025		<i>If we are doing returns for multiple years, please indicate marital status for each year.</i>																								
<p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed</p> <p>Has this status changed during any year that taxes are being completed for? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of change _____</p> <p>Do you or your spouse have a doctor approved T2201 (Disability Tax Credit) on file with Revenue Canada? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, Name _____ Nature of Disability _____</p>																										
Children (under 18) who lived with you this year																										
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 15%;">Date of Birth dd-mm-yyyy</th> <th style="width: 15%;">Income</th> <th style="width: 15%;">Relationship</th> <th style="width: 15%;">Doctor Approved Child Disability Tax Credit</th> <th style="width: 20%;">Childcare Expenses</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>\$ _____</td> </tr> </tbody> </table>			Name	Date of Birth dd-mm-yyyy	Income	Relationship	Doctor Approved Child Disability Tax Credit	Childcare Expenses	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Name	Date of Birth dd-mm-yyyy	Income	Relationship	Doctor Approved Child Disability Tax Credit	Childcare Expenses																					
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____																					
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____																					
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____																					
Other Information																										
<p>Is the address above new in 2025? Yes <input type="checkbox"/> No <input type="checkbox"/> What province did you live in on Dec. 31, 2025? _____</p> <p>Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you declared bankruptcy within the last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did you arrive in Canada in 2025? Yes <input type="checkbox"/>* No <input type="checkbox"/> * If YES you must complete a new resident Blue Sheet and provide a copy of your 900-series SIN</p> <p>Were you incarcerated at any time during 2025? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, for how many days? _____</p> <p>Is this your first time filing your taxes? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please PRINT your middle name: _____</p> <p>Do you identify as a Status Indian for income tax purposes? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																										

Expenses & Deductions*Check all that apply and total your receipts.*

- RRSPs Tuition (T2202A) Charitable Donations Interest on a School Loan
 Medical Expenses TOTAL \$ _____ Other _____

*Please note that The Inn does not keep receipts. Please add your receipts up and record the **TOTAL \$**.***Housing***If doing returns for multiple years, please indicate rent amount, address and landlord for each year.*

Renters			Did you pay rent last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address	# of Months	\$ Rent Amount	Landlord	Year
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Is the \$ Rent Amount listed above your TOTAL yearly rent, or the monthly amount? Yearly Monthly **Home Owners**Are you a senior? (64+ as of Dec 31, 2025) Yes No

Annual Property Tax Amount \$ _____ Municipality _____

First Nations individuals residing on reserve

Annual Heating Costs \$ _____ Paid to _____

Alimony & Support PaymentsSpousal Support \$ _____ x _____ months Received by me Full name of (ex) spouse _____Spousal Support \$ _____ x _____ months Paid by me Child Support Payments Paid by me \$ _____ x _____ months**Incomes***Please check boxes and provide all income slips.*

- T4 T4E T5007 T4RSP T5 T4A, T4A(P), T4A(OAS)
 Other Income (tips, subletting a room, etc.) _____

Notes (Details for additional Dependants here)

For further assistance please contact the toll-free Canada Revenue Agency help desk:
1-800-959-8281