

# Central Hastings Support Network

151 St. Lawrence St. East Madoc, ON K0K 2K0

Phone: 613-473-5255 | Fax: 613-473-2374

chsn.support



## CHSN COMMUNITY VOLUNTEER INCOME TAX PROGRAM Tax Year **2024**

### INCOME

You must report and submit proof of income: T4, T4A, T4E, T5007, T3, rental income, commission, business income or other taxable income.

### EXPENSES

Receipts for expenses must be included in order to claim them. This includes: Rent, property taxes, RRSP contributions, charitable donations, child care, tuition, interest paid on student loans, uncovered medical expenses, moving expenses (if you moved more than 40 kms to start a job), or income taxes paid that are not on a T4.

Your signature represents your understanding and acknowledgement that:

- CHSN is a non-profit Charitable Corporation, participating in the Community Volunteer Income Tax Program as a service to people in Central Hastings;
- CHSN uses volunteers from the community to complete Personal Income Taxes for people in Central Hastings on low and fixed incomes;
- **YOU** are responsible for all information provided and must keep all documents for six years as required by Canada Revenue Agency and in the event that your Income Tax is audited (i.e. income statements, rent receipts, charitable donations, medical expenses etc.).
- CHSN is not responsible to you as an individual or to the Canada Revenue Agency for any discrepancies, incorrect information or errors that may arise from the completion of your Income Tax return.

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Signed at : MADOC

### In the 12 months, have you experienced:

☐ Homelessness

☐ Temporary / Unsecured Living Arrangements

☐ Living Rough

☐ Emergency Shelter

☐ NONE OF THE ABOVE

### Who will be picking up your income tax package when complete?

Central Hastings Transit

FoodBank

Christmas Sharing

Community Volunteer Income Tax

Volunteer Drivers

Resource Information



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The following information must be filled out or we will not be able to complete your income tax preparation:

## 1. Your personal information:

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Canadian Citizen ☐ Yes ☐ No

Full Address \_\_\_\_\_

Marital Status:

☐ Single ☐ Married ☐ Common-law ☐ Divorced ☐ Separated ☐ Widowed

Did your marital status change last year? ☐ Yes ☐ No If yes, when \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate # \_\_\_\_\_

## 2. Spouse/common-law information:

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Canadian Citizen ☐ Yes ☐ No

Full Address \_\_\_\_\_

☐ - Same as above

## 3. Children/dependents information:

	First Name	Last Name	Gender	DOB (D/M/Y)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**\*Use the back of this package if you need more space.**

## Do you, your spouse, or your child receive the CRA Disability Tax Credit?

☐ If YES, who \_\_\_\_\_

☐ What is the nature of the disability? \_\_\_\_\_

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## 4. Accommodations

FOR PEOPLE WHO OWN:

Property Taxes - \$ \_\_\_\_\_ Municipality \_\_\_\_\_

FOR PEOPLE WHO RENT (2024 ONLY):

Address #1. \_\_\_\_\_

Rent per month: \$ \_\_\_\_\_ # of months \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Address #2. \_\_\_\_\_

Rent per month: \$ \_\_\_\_\_ # of months \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

## 5. Benefits:

Do you wish to receive your 2024 Ontario Trillium Benefits in:

☐ 12 installments beginning June 2025

☐ One lump sum in July 2026

FOR COUPLES:

Please state who will be receiving:

☐ Trillium \_\_\_\_\_ ☐ GST \_\_\_\_\_ ☐ Child Tax Credit \_\_\_\_\_