

## 2025 Income Tax Questionnaire

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

On December 31<sup>st</sup>, 2025, which province did you live in? \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ SIN: \_\_\_\_\_

Birth Date: (D) \_\_\_\_\_ (M) \_\_\_\_\_ (YR) \_\_\_\_\_

Are you Indigenous?

YES  or NO

**Marital Status (check one box):**

- Single (never married)
- Common-law
- Married
- Separated
- Divorced
- Widowed

**If married or common-law, your partner must fill out a second sheet.**

Spouse's First Name: \_\_\_\_\_ Spouse's Last Name: \_\_\_\_\_

Spouse's Social Insurance Number: \_\_\_\_\_

Spouse's net income: \_\_\_\_\_

If separated or divorced, please indicate how long: \_\_\_\_\_

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**You may be eligible for the Renter's Tax Credit if you paid rent for six months in 2025. If this is the case, we need the following information:**

# of months rented: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Rent paid: \_\_\_\_\_

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**What year(s) are you filing for?**

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Is this your first time filing your taxes?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you a Canadian citizen?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you a newcomer to Canada?	<b>YES</b> <input type="checkbox"/>  <b>Date of arrival:</b>	<b>NO</b> <input type="checkbox"/>
Did you earn any working income in 2025?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you a caregiver for a dependent that's older than 18 years (not your child)?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you receiving the Federal Disability Tax?	<b>YES</b> <input type="checkbox"/>  <b>You must give us a copy of your Letter of Certificate from the CRA.</b>	<b>NO</b> <input type="checkbox"/>
Did you receive Income Assistance, PWD, or PPMB for the years you're filing for?	<b>YES, I RECEIVED INCOME ASSISTANCE</b> <input type="checkbox"/>  <b>YES, I RECEIVED PWD</b> <input type="checkbox"/>  <b>YES, I RECEIVED PPMB</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Do you own any foreign property that is worth \$100,000 or more?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

Are you a student?	<b>YES</b> <input type="checkbox"/>  <b>Please provide receipts.</b>	<b>NO</b> <input type="checkbox"/>
Are you on the voters list for Elections Canada?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>  <b>Do you want to be (circle one)?</b>  <b>YES or NO</b>
Do you have child-care expenses?	<b>YES</b> <input type="checkbox"/>  <b>Please provide receipts.</b>	<b>NO</b> <input type="checkbox"/>
If you are also filing for 2020 or 2021, did you collect CERB in either of those years?	<b>YES</b> <input type="checkbox"/>  <b>Amount:</b>	<b>NO</b> <input type="checkbox"/>

**Please list all the dependents you have Legal Custody of:**

Please state Name, Birth Date, Gender, and Relationship.

1. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

4. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Use this empty space to list any other dependents if needed:

Do you have direct deposit set up with the CRA?

YES  or NO

- If NO, would you like to set up one?

YES  or NO

- If YES, please provide your banking details below:

Bank name: \_\_\_\_\_

Institution Number: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Hello,

Ribbon Community is filing taxes remotely and in -person. In completing your tax and benefit return, we will be discussing information that is personal to you. We would like to communicate with you via email and phone. All efforts will be made to ensure that your personal information is protected during the course of our email communication, however.

Your acknowledgement and consent is required before we proceed with completing your return.

- You will be interacting with a volunteer from the Community Volunteer Income Tax Program who will prepare your income tax and benefits return(s) electronically with the information that is supplied by you. You understand that the volunteer is acting in the capacity of a volunteer that is affiliated with Ribbon Community to provide this service to you. He is not an agent or a representative of the Canada Revenue Agency.

- Do you consent to the volunteer completing and filing your tax return? ‘

YES  or NO

- Do you consent to the use of a **cell phone or cordless telephone** for the purpose of discussions pertaining to completing your income tax and benefits return(s)?

YES  or NO

- Do you consent to the use of unsecure **email** for the purpose of written discussions, communication and the transmission of documents pertaining to completing and filing your income tax and benefits return(s)?

YES  or NO

- Do you want to pick up your completed return at Ribbon Community or have it mailed to you?

**PICK UP or MAIL?**

By signing this questionnaire, you are authorizing the volunteers of the Community Volunteer Income Tax Program (CVITP) to complete your tax return(s). Income Tax returns are complete once the EFILE or mail returns are completed. Your digital copy will be destroyed once it is filed. I understand that all documents will be returned to me at the time of electronic copying. I further understand that neither Ribbon Community nor its volunteers/staff will be held responsible for any financial penalties or fines. We would like to confirm that we will not be saving any personal information, and all emails will be deleted upon filing your return.

X \_\_\_\_\_

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

Signature

Name of Case Managers, Peers, or STOP team members (and STOP team member phone number) in case we need to get back to you or send a file to you:

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