

## Community Volunteer Income Tax Program Income Tax and Benefit Return Summary

Tax year	Date	Clinic location
----------	------	-----------------

This document is a transcribed summary of the information from your completed tax return prepared by a Community Volunteer Income Tax Program (CVITP) volunteer, and is intended for your personal information only. It is not a tax return nor a notice of assessment (NOA).

The CVITP volunteer cannot be held responsible for any errors in the transcription of information from your return to this document, or for any discrepancies between the information found on this document and your NOA.

Bring this summary with you the next time you use the CVITP to prepare your tax return.

### Taxpayer identification

Last name		First name		Social insurance number (only enter last 3 digits)			
Address – street, apt., R.R. or P.O. box number			City or town		Prov./Terr	Postal code	
Telephone (home)		Telephone (work)		Marital status			
				<input type="checkbox"/> Married	<input type="checkbox"/> Living common-law	<input type="checkbox"/> Widowed	
				<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	
Name of spouse or common-law partner				Social insurance number (only enter last 3 digits)			
Net income of spouse or common-law partner – line 23600 of return			Prov./Terr. of residence on Dec. 31		Elections Canada		EFILE
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
					<input type="checkbox"/> No		<input type="checkbox"/> No

### Tax return summary

Section of the return	Line	Amount
Total income	15000	
Net income	23600	
Taxable income	26000	
Basic personal amount	30000	
Total federal non-refundable tax credits	35000	
Total payable	43500	
Total income tax deducted	43700	
Tax paid by instalments	47600	
Provincial or territorial credits	47900	
Total credits	48200	
Refund	48400	
Balance owing	48500	

Elected split-pension amount .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability tax credit for self or dependant .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuition carried forward to claim in another year .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Donations carried forward to claim in another year .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Notes**

---



---



---