

Information Return for Electronic Filing of an Individual's Income Tax and Benefit Return

Tax year:

| The information found on this form corresponds to the | tax year indicated on the right. |
|---|----------------------------------|
|---|----------------------------------|

• Before you fill out this form, read the information and instructions on page 2 of this form.

• Part **G** must be signed by the individual identified in Part **A** or by the individual's legal representative. Your electronic filer must fill out Parts **D** (prior to your return being submitted) and Part **E** (once your return has been submitted).

• Give the signed original of this form to your electronic filer and keep a copy for yourself.

| Part A – Identification and address as shown on your | r return (man | datory) | | | |
|--|----------------------|---------------------------------|------------------------------|------------------------------|--|
| First name | Last name | | | | |
| | | | | | |
| Mailing address: Apt number - Street number - Street name | PO Box RF | City | | Prov./Terr Postal code | |
| Get your CRA mail electronically delivered in My Account at canada.ca/my-account (optional) | | | | | |
| Email Address: | | | | | |
| By providing an email address, I am registering to receive email notifications from the CRA and I agree to the Terms of use on page 2 of this form. | | | | | |
| Part B – Declaration of amounts from your Income Tax and Benefit Return (mandatory) | | | | | |
| Enter the following amounts from your return, if applicable: | | | | | |
| Total income (line 15000) Refund (line 48400) Total | | | | | |
| Taxable income (line 26000) | | | | | |
| | | | | | |
| | | | | | |
| Part C – Pre-authorized debit agreement (optional) | fied and such f | | 0 lf e e fill in the informe | dian balaun | |
| Do you want to pre-authorize the CRA to withdraw a speci | | • | | | |
| I hereby authorize the electronic filer to create this personal pre-authorized debit on my behalf. I authorize the CRA to automatically withdraw the funds from my bank account as per the agreement details listed below. I acknowledge that I have read and understood the information about pre-authorized debit on page 2 of this form. | | | | | |
| | | | | | |
| Signature | | Year | Month Day | | |
| One time payment for your Income Tax and Benefit Return, to be withdrawn on Year Month Day, for the amount of | | | | | |
| Part D – Electronic filer identification (mandatory) | | | Buy | | |
| By signing Part G below, I declare that the following person or f | irm is electroni | cally filing the new or the | e amended Income tax and | Benefit Return of the person | |
| named in Part A. Part G must be signed before the return is e | lectronically tra | nsmitted. | | | |
| Name of person or firm: | | | Electronic filer numbe | ۲: | |
| Part E – Document Control number (mandatory) | | | | | |
| The document control number generated for my electronic reco | | | | | |
| Part F – Delivery of your notices of assessment and r | reassessmer | t (a selection must be | e made) | | |
| How do you want to receive | - | | | | |
| Select or | ne of the follow | ving electronic options | : | | |
| I am registering (as indicated in Part A above) or I am already registered to receive email notifications from the CRA and can view and access my notices of assessment and reassessment online. | | | | | |
| I would like my electronic filer to receive a one time notice of assessment and reassessment electronically in their software and provide me with a copy. | | | | | |
| I understand that by ticking (\checkmark) the box above I am allowing the CRA to electronically provide my assessment results and my notices of assessment and reassessment to the electronic filer (including a discounter) named in part D . I will now receive a copy of my notices of assessment and reassessment from my electronic filer. For more information, see page 2 of this form. | | | | | |
| OR | | | | | |
| I would like to receive paper notices of assessment and reassessment through Canada Post. | | | | | |
| I will receive my notices of assessment and reassessment through Canada Post once my return or amended return has been assessed. If I have already registered to receive email notifications from the CRA and I tick this box, I understand that I will not receive a copy of my notice through Canada Post. | | | | | |
| Part G – Declaration and authorization (mandatory) | | | | | |
| I declare that the information entered in Part A , B and D is correct and complete and fully discloses my income from all sources. I also declare that I have read | | | | | |
| the information on page 2 of this form, and that the electronic filer identified in Part D is filing my return. I allow this electronic filer to communicate with the CRA to correct any errors or omissions. | | | | | |
| Cignoture (individual identified in Dart A sub-ust success of 11) | N | | | | |
| Signature (individual identified in Part A or legal representative) | | d title of legal representative | e Ye | ear Month Day | |
| Privacy Act, personal information bank numbers CRA PPU 005 and CRA | | | | Canada | |
| T183 E (19) (C | e formulaire est c | isponible en français.) | Page 1 of 2 | VallaUd | |