



## Drop Off Form

Date: \_\_\_\_\_ Taxpayer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SIN: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
YYYY-MM-DD

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

Please answer all applicable questions below & sign the following pages. Include these forms and your **previous year's Notice of Assessment** with package dropped off.

1. Did you sell a home (dispose of a property) in the tax year? [Yes] [No]  
If yes, provide sales & purchase documents  
Was it a principal residence? [Yes] [No]
2. Are you a Canadian citizen? [Yes] [No]  
If yes, do you want your address provided to Elections Canada? [Yes] [No]
3. Do you authorize CRA to share your name & email with Ontario Health for the purpose of being contacted about organ & tissue donation? [Yes] [No]
4. Did you own foreign property over \$100,000 CAD? [Yes] [No]
5. Do you have any dependents? [Yes] [No]  
If yes, provide the following info for each dependent in package:  
Name, Relation to you, SIN, Birth Date
6. If your marital status changed from last year's tax filing, provide the date: \_\_\_\_\_
7. How much property tax or rent did you pay in the year for your principal residence?  
Rent: \_\_\_\_\_ Property Tax: \_\_\_\_\_
8. If you are signing on behalf of another individual, please fill out the following:  
Signing on behalf of: \_\_\_\_\_  
Authorized signing individual: \_\_\_\_\_  
If we do not have a Will or Power of Attorney on file, please provide a copy

If dropping off for multiple people, please fill out one drop off form per person and get them to sign authorization forms. Filled out drop off forms and signatures can be emailed in to [info@eggetttax.ca](mailto:info@eggetttax.ca) to avoid a second stop to the office.

Dependent Info:

Name	Date of Birth	SIN Number	Relation to you

Additional Info:

<NoName> SIN:

## Authorize a Representative – signature page

☒ Enable printing and EFILE of this authorization request

Select "EFILE Authorize a Representative" under the "EFILE" menu to file this authorization.

### Instructions:

1. Print this page and have it signed and dated by the taxpayer or legal representative.
2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the Canada Revenue Agency (CRA). Do not send the signature page to CRA by mail or fax unless requested to do so.

### Taxpayer information

SIN \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

### Representative information and authorization

☐ Individual Representative ID: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

☒ Business Firm BN: 756426904 Business name: ETS Tax Services Inc.

☐ Group Group ID: G Group name: \_\_\_\_\_

Level of authorization (1 or 2): 2

Level 1: View only, allows the CRA to only disclose information to the representative

Level 2: View and update, allows the CRA to disclose information and accept changes made by the representative

Enter an expiry date, if applicable. \_\_\_\_\_

### Signature and date

☐ I am the legal representative for this taxpayer.

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.

\_\_\_\_\_  
Name of taxpayer or legal representative

\_\_\_\_\_  
Signature of taxpayer or legal representative

\_\_\_\_\_  
Date of signature



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

Tax year: \_\_\_\_\_

The information on this form relates to the tax year shown in the top right corner. Before you fill out this form, read the information and instructions on page 2. The individual identified in Part A (or the individual's legal representative) must sign Part F. Your electronic filer must fill out Part C and Part D before submitting your return. 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 tax return

First name	Last name			Social insurance number			
Mailing address: Apt number – Street number – Street name			PO Box	RR	City	Prov./Terr	Postal code

### Get your CRA mail electronically delivered in My Account (optional)

Email address: \_\_\_\_\_

By giving an email address, I am registering to receive email notifications from the CRA and agreeing to the terms of use on page 2.

### Part B – Declaration of amounts from your Income Tax and Benefit Return

Enter the following amounts from your return, if applicable:

Total income (line 15000) .....	Refund (line 48400) .....
Taxable income (line 26000) .....	or
Total federal non-refundable tax credits (line 35000) .....	Balance owing (line 48500) ....

### Part C – Electronic filer identification

By signing Part F below, I declare that the following person or firm is electronically filing the new or the amended Income Tax and Benefit Return of the person named in Part A. Part F **must be signed** before the return is electronically transmitted.

Name of person or firm: ETS Tax Services Inc

Electronic filer number: Y0576

Representative identifier (Rep ID): \_\_\_\_\_

### Part D – Document control number

The document control number generated for my electronic record: \_\_\_\_\_

### Part E – How do you want to receive your notices of assessment and reassessment? (Select one or more of the following electronic options.)

- ☐ I am registering (as indicated in Part A above) or I am already registered to receive electronic mail 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 (✓) this box, 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 C. I will now receive a copy of my notices of assessment and reassessment from my electronic filer. For more information, see "NOA via Tax Software" on page 2.
- 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 electronic mail from the CRA and I tick this box, I understand that I **will not receive** a copy of my notice through Canada Post.

### Part F – Declaration and authorization

I declare that the information entered in parts A, B and C is correct and complete and fully discloses my income from all sources. I also declare that I have read the information on page 2, and that the electronic filer identified in Part C is filing my return. I allow this electronic filer to communicate with the CRA to correct any errors or omissions.

Signature (individual identified in Part A or legal representative)

Name and title of legal representative

Year	Month	Day	HH	MM	SS
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Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 211 on Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source).