Agence du revenu du Canada

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

Protected B when completed

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 D must be signed by the individual identified in Part A or by the individual's legal representative. Your electronic filer must fill out Parts C (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	return (m	andator	v)			
First name	Last name			,	<u> </u>	Social insurance number
Mailing address: Apt no - Street no Street name	РО Вох	RR	City	:		Prov./Terr Postal code
Get your CPA mail plostropically delivered in My Acce			<u> </u>		Herita .	
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 General Income Tax and Benefit Return (mandatory)						
Enter the following amounts from your return, if applicable:						
Total income (line 150)					Refund (line 484	.)
Taxable income (line 260)					ог .	,
Total federal non-refundable tax credits (line 350 of Schedule 1).	· · · <del>- · · · ·</del>		<del></del>	i	Balance owing (	ine 485)
Part C – Electronic filer identification (mandatory)				k i i i i i i i		
By signing Part <b>D</b> below, I declare that the following person or firm is electronically filing the T1 return or the amended T1 return of the person named in Part <b>A</b> . Part <b>D must be signed</b> before the return is electronically transmitted.						
Name of person or firm:				ŕ	Electronic filer	number:
Part D – Declaration and authorization (mandatory)				1		
I declare that the information entered in Part A, B and C is correct the information on page 2 of this form, and that the electronic files to correct any errors or omissions.	t and come	olete and	fully disc	loses my in	come from all so	urces. I also declare that I have read
Signature (individual identified in Part A or legal representative)	Name	and title o	f legal rep	oresentative		Year Month Day
Part E – Document Control number (mandatory)						
The document control number generated for my electronic record:						
Part F - Delivery of your notices of assessment and re	assessm	i <b>ent</b> (a s	election	n must be r	nade)	
How do you want to receiv	e your no	otices of	asses	sment and	d reassessmei	nt?
Select one						
I am registering (as indicated in Part A above) or I am alreated of assessment and reassessment online.	dy register	red to rec	eive ema	ail notificatio	ons from the CRA	and can view and access my notices
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.						
Provide your electronic filer with authorization by filling out Form T1013, Authorizing or Cancelling a Representative.						
I understand that ticking the box above ( $\checkmark$ ) 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 <b>part C</b> . I will now receive a copy of my notices of assessment and reassessment from my electronic filer. For more information, see <b>page 2</b> of this form.						
		OR				
✓ I would like to receive paper notices of assessment and rea	ssessmen	it 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 <b>not</b> receive a copy of my notice through Canada Post.						
Part G - Pre-authorized debit agreement (optional)		* 1. ** .* *				
	oified am	ount from		ank assau	n40 If a a fill in 4	
Do you want to pre-authorize the CRA to withdraw a specified amount from your bank account? If so, fill in the information below:  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	<del></del>		`	Year Mo	onth Day	
One time payment for your Individual income tax (T1), to be withdrawn on Year Month Day						