



# 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 (mandatory)

|                                                           |           |  |        |                         |      |            |             |
|-----------------------------------------------------------|-----------|--|--------|-------------------------|------|------------|-------------|
| 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 (mandatory)

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 (mandatory)

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: \_\_\_\_\_ Electronic filer number: \_\_\_\_\_

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

## Part D – Document Control number (mandatory)

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 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 (✓) 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 the Express NOA section 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 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 F – Declaration and authorization (mandatory)

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.

|                                                                                     |                                                                                                                                                                                                                                   |      |       |      |      |      |       |      |      |      |  |  |       |  |     |    |       |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|------|------|-------|------|------|------|--|--|-------|--|-----|----|-------|
| _____<br>Signature (individual identified in Part <b>A</b> or legal representative) | _____<br>Name and title of legal representative                                                                                                                                                                                   |      |       |      |      |      |       |      |      |      |  |  |       |  |     |    |       |
|                                                                                     | <table><tr><td>____</td><td>____</td><td>____</td><td>____</td><td>____</td><td>____</td><td>____</td><td>____</td></tr><tr><td colspan="3">Year</td><td colspan="2">Month</td><td>Day</td><td>HH</td><td>MM SS</td></tr></table> | ____ | ____  | ____ | ____ | ____ | ____  | ____ | ____ | Year |  |  | Month |  | Day | HH | MM SS |
| ____                                                                                | ____                                                                                                                                                                                                                              | ____ | ____  | ____ | ____ | ____ | ____  |      |      |      |  |  |       |  |     |    |       |
| Year                                                                                |                                                                                                                                                                                                                                   |      | Month |      | Day  | HH   | MM SS |      |      |      |  |  |       |  |     |    |       |