



Tax year: **2019**

- 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 **Part 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 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

**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) .....	1,810 35	Balance owing (line 48500) ....	

**Part C - Pre-authorized debit agreement** (optional)

**Part D - Electronic filer identification** (mandatory)

By signing **Part G** 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 G must be signed** before the return is electronically transmitted.

Name of person or firm: INCOME TAX PLUS INC. Electronic filer number: L7606

**Part E - Document Control number** (mandatory)

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

**Part F - Delivery of your notices of assessment and reassessment** (a selection must be made)

**How do you want to receive your notices of assessment and reassessment?**

Select one 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 (X) 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.

**Sign  
Here**

Signature (individual identified in Part A or legal representative) \_\_\_\_\_ Name and title of legal representative \_\_\_\_\_ Year Month Day \_\_\_\_\_

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 175