

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

**Protected B**  
when completed

Tax year: 2024

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 James		Last name Walker		Social insurance number 501 538 193	
Mailing address: Apt number – Street number – Street name 2044 Dovercourt Ave					
PO Box	RR	City Ottawa		Prov./Terr ON	Postal code K2A 0X1

**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)	74,610	69	Refund (line 48400)	
Taxable income (line 26000)	60,122	57	or	
Total federal non-refundable tax credits (line 35000)	2,355	75	Balance owing (line 48500)	2,086
				52

**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: Vaive and Associates Professional Corporation

Electronic filer number: K4411

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

**Part D – Document control number**

The document control number generated for my electronic record: K441124EY9RCH

**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 (x) 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
	<u>2025-05-30</u>
	Year Month Day      HH MM SS

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).

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**Certification**

I certify that the information given on this form is, to my knowledge, correct and complete, and fully discloses the reporting taxpayer's foreign property and related information.		If someone other than the taxpayer or the partnership prepared this form, provide their:	
Print name James Walker		Name Vaive and Associates Professional Corporation	
<b>Sign here (It is a serious offence to file a false statement.)</b>		Address 441 MacLaren Street 200A Ottawa ON	
Telephone number	Date (YYYYMMDD) 2025-05-30	Postal or ZIP code K2P2H3	Telephone number (613) 369-5064

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**Part A – Identification and address as shown on your tax return**

First name <u>Laramie</u>		Last name <u>Morrison</u>		Social insurance number <u>505 575 407</u>	
Mailing address: Apt number – Street number – Street name <u>2044 Dovercourt Ave</u>					
PO Box	RR	City <u>Ottawa</u>	Prov./Terr <u>ON</u>	Postal code <u>K2A 0X1</u>	

**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)	<u>66,021</u>	<u>98</u>	Refund (line 48400)	_____
Taxable income (line 26000)	<u>66,021</u>	<u>98</u>	or	_____
Total federal non-refundable tax credits (line 35000)	<u>2,355</u>	<u>75</u>	Balance owing (line 48500)	<u>5,183</u> <u>43</u>

**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: Vaive and Associates Professional Corporation

Electronic filer number: K4411

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

**Part D – Document control number**

The document control number generated for my electronic record: K441124F24XZF

**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 (x) 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
_____	_____
	<u>2025-05-30</u>
	Year Month Day      HH MM SS

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**Part A – Identification and address as shown on your tax return**

First name West	Last name Walker	Social insurance number 570 396 663		
Mailing address: Apt number – Street number – Street name 2044 Dovercourt Ave				
PO Box	RR	City Ottawa	Prov./Terr ON	Postal code K2A 0X1

**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)	66,021	98	Refund (line 48400)	
Taxable income (line 26000)	66,021	98	or	
Total federal non-refundable tax credits (line 35000)	2,355	75	Balance owing (line 48500)	6,343

**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: Vaive and Associates Professional Corporation

Electronic filer number: K4411

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

**Part D – Document control number**

The document control number generated for my electronic record: K441124GZZ3ZR

**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 (x) 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
	<u>2025-05-30</u> Year Month Day      HH MM SS

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**Part A – Identification and address as shown on your tax return**

First name <u>Reed</u>	Last name <u>Walker</u>	Social insurance number <u>576 529 424</u>
Mailing address: Apt number – Street number – Street name <u>2044 Dovercourt Ave</u>		
PO Box	RR	City <u>Ottawa</u>
		Prov./Terr <u>ON</u>
		Postal code <u>K2A 0X1</u>

**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)	<u>66,021</u>	<u>99</u>	Refund (line 48400)	_____
Taxable income (line 26000)	<u>66,021</u>	<u>99</u>	or	_____
Total federal non-refundable tax credits (line 35000)	<u>2,355</u>	<u>75</u>	Balance owing (line 48500)	<u>6,343</u>
				<u>86</u>

**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: Vaive and Associates Professional Corporation

Electronic filer number: K4411

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

**Part D – Document control number**

The document control number generated for my electronic record: K441124H5U90G

**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 (x) 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.

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**Part F – Declaration and authorization**

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Signature (individual identified in Part A or legal representative)	Name and title of legal representative
	<u>2025-05-30</u>
	Year Month Day      HH MM SS

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## ENGAGEMENT LETTER

Dear James Walker:

**Re: Our services – 2024 and subsequent years personal tax return preparation**

We would like to thank you for asking us to prepare your 2024 personal income tax return(s).

The purpose of this letter is to set out both the nature of our involvement as the preparer of your (and your family's) personal income tax return(s) for 2024, and your responsibilities as the taxpayer.

During our engagement, we will rely on you to provide us with complete and accurate information so that we can prepare your return in a timely manner. We wish to emphasize that as the taxpayer you are responsible for the accuracy of your return. Our role is to provide guidance to help you collect the required information, and to prepare and file the return on your behalf. Our services do not include an audit of any information provided to us; we will rely entirely on your representations.

An invoice indicating our fee will be provided with your return and is payable upon receipt. We would be happy to provide an estimate of our fee in advance.

Please note that our fee for the preparation of your return(s) does not include any representations made by our firm, on your behalf, subsequent to the filing of your return. This includes but is not limited to; an audit by a government tax authority, work completed in response to any requests made by a government tax authority for documents and slips related to your return(s), detailed research exercises which are specific to your situation, or follow up time with respect to erroneous assessments by a government tax authority.

Once your tax return(s) have been filed, Canada Revenue Agency may select your return(s) for a pre-assessment or processing review. If our office receives correspondence in relation to a review of your return and we have the information required to respond to the review letter, we will do so on your behalf. We will contact you if we require additional information to respond to the letter.

The arrangements outlined in this letter will continue to be in effect from year to year unless our firm makes changes to the terms, or you as our client choose to withdraw from the engagement. If you agree with the terms set out above, please sign and date this letter at the bottom of the page and return it to us.

On the back of this page please list the names of the individuals – for example, each family member for whom we are preparing a personal income tax return – who will be covered by these terms.

If you have any questions concerning this matter, please do not hesitate to contact us.

Yours very truly,

*Vaive and Associates*

**Vaive and Associates Professional Corporation**  
**Chartered Professional Accountants**

I acknowledge my understanding of and agreement to the terms set out above and accept my responsibilities as the taxpayer. Additionally, I agree to and accept the same terms and responsibilities on behalf of the individuals listed on the following page.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
**James Walker**  
(Please PRINT name)

**The following are the individuals covered by the terms of this engagement:**

*Please print full name:*

1. Laramie Morrison
2. West Walker
3. Reed Walker
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_