

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

**Protected B**  
when completed

Tax year: 2023

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 Reed	Last name Walker	Social insurance number 576 529 424		
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 (mandatory)**

Enter the following amounts from your return, if applicable:

Total income (line 15000)	22,780	99	Refund (line 48400)	_____
Taxable income (line 26000)	22,780	99	or	_____
Total federal non-refundable tax credits (line 35000)	2,250	00	Balance owing (line 48500)	166
				86

**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: Vaive and Associates Professional Corporation

Electronic filer number: K4411

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

**Part D – Document Control number (mandatory)**

The document control number generated for my electronic record: K441123H5U90G

**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 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 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 (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.

Signature (individual identified in Part <b>A</b> or legal representative)	Name and title of legal representative
	<u>2024-04-18</u> Year Month Day      HH MM SS