

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

Protected B
when completed

Tax year: 2022

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 West | Last name Walker | Social insurance number 570 396 663 | | |
| Mailing address: Apt number – Street number – Street name 184 Rainbow Valley Drive | | | | |
| PO Box | RR | City Smiths Falls | Prov./Terr ON | Postal code K7A 5B8 |

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) | 5,633 | 60 | Refund (line 48400) | _____ |
| Taxable income (line 26000) | 5,633 | 60 | or | _____ |
| Total federal non-refundable tax credits (line 35000) | 2,159 | 70 | 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: 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: K441122GZZ3ZR

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 (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 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.

Signature (individual identified in Part **A** or legal representative)

Name and title of legal representative

2023-04-24
Year Month Day HH MM SS

Authorization/Cancellation request – Signature page

- Print this page and have it signed and dated by the taxpayer or legal representative
- Retain a copy of the signed and date signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send the signature page by mail or fax unless request to do so.

Representative information

| | | |
|--|--|------------------|
| REP ID <input type="text"/> | First name : _____ | Last name: _____ |
| Group ID <input type="text"/> | Group name _____ | |
| Business number (BN) <input type="text" value="865427041"/> | Business name (BN) <u>Vaive and Associates Professional Corporation</u> | |

Taxpayer information

| | | |
|--|--------------------------|--------------------------|
| SIN <input type="text" value="570 396 663"/> | First name : <u>West</u> | Last name: <u>Walker</u> |
|--|--------------------------|--------------------------|

Authorization information

| | |
|-------------------------|--------------------------------------|
| Level of authorization: | <input type="text" value="Level 2"/> |
| Expiry date: | <input type="text"/> |

Cancellation information

| | | |
|--|-----------------------------|------------------|
| <input type="checkbox"/> Cancel all representatives | | |
| <input type="checkbox"/> Cancel specific representative | | |
| Rep ID <input type="text"/> | First name : _____ | Last name: _____ |
| Group ID <input type="text"/> | | |
| Business number (BN) <input type="text"/> | Business name (BN) _____ | |

Signature information

| |
|---|
| <input type="checkbox"/> Legal representative signature |
| Name of taxpayer or legal representative: <u>West Walker</u> |

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with and/or cancel the representative(s) mentioned above.

| |
|--|
| Signature: <u>X</u> |
| <u>Signature of taxpayer or legal representative</u> |
| Date: <u>2023-04-24</u> |

ENGAGEMENT LETTER

Dear West Walker:

Re: Our services – 2022 and subsequent years personal tax return preparation

We would like to thank you for allowing us to prepare your 2022 personal income tax return.

The purpose of this letter is to set out a clear understanding of the nature of our involvement as the preparer of your (and your family's) personal income tax return(s) for 2022 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 may prepare your return in a timely manner. We wish to emphasize that you are responsible for the accuracy of your return. We are providing guidance to you in accumulating the required information and preparing the return for you. 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 does not include any representations made by Vaive and Associates Professional Corporation in the event of an audit by a government tax authority nor does it include various requests by a government tax authority for documents and slips subsequent to the filing of your return, detailed research exercises which are specific to your situation and follow up time with respect to erroneous assessments by a government tax authority.

The arrangements outlined in this letter will continue to be in effect from year to year unless changed by either you or us. If you are in agreement with the above noted terms, 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**

(date)

(signature)

West Walker
(Please PRINT name)