

**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.

<b>Part A – Identification and address as shown on your tax return (mandatory)</b>				
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
<b>Get your CRA mail electronically delivered in My Account (optional)</b>				
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 <b>page 2</b> .				
<b>Part B – Declaration of amounts from your Income Tax and Benefit Return (mandatory)</b>				
Enter the following amounts from your return, if applicable:				
Total income (line 15000)	22,781	00	Refund (line 48400)	_____
Taxable income (line 26000)	22,781	00	or	_____
Total federal non-refundable tax credits (line 35000)	2,250	00	Balance owing (line 48500)	166 86
<b>Part C – Electronic filer identification (mandatory)</b>				
By signing Part <b>F</b> 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 <b>A</b> . Part <b>F</b> <b>must be signed</b> before the return is electronically transmitted.				
Name of person or firm: <u>Vaive and Associates Professional Corporation</u>				
Electronic filer number: <u>K4411</u>				
Representative identifier (Rep ID): _____				
<b>Part D – Document Control number (mandatory)</b>				
The document control number generated for my electronic record: <u>K441123GZZ3ZR</u>				
<b>Part E – How do you want to receive your notices of assessment and reassessment? (select one or more of the following electronic options)</b>				
<input type="checkbox"/> 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.				
<input type="checkbox"/> 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 <b>C</b> . 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 <b>page 2</b> .				
<b>OR</b>				
<input checked="" type="checkbox"/> 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 <b>not</b> receive a copy of my notice through Canada Post.				
<b>Part F – Declaration and authorization (mandatory)</b>				
I declare that the information entered in parts <b>A</b> , <b>B</b> and <b>C</b> is correct and complete and fully discloses my income from all sources. I also declare that I have read the information on <b>page 2</b> , and that the electronic filer identified in Part <b>C</b> 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	
_____			_____	
			2024-04-18 Year Month Day      HH MM SS	