

Agency

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

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 Parts 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 (man	datory)						
First name Social insurance number								
	Last hame							
Mailing address: Apt number - Street number - Street name	PO Box RF	R City		Prov./Terr Postal code				
Get your CRA mail electronically delivered in My Acco	ount at cana	da.ca/my-account (optional)					
Email Address:								
By providing an email address, I am registering to receive email r	notifications fro	om the CRA and I agree	to the Terms of use on page	ge 2 of this form.				
Part B – Declaration of amounts from your Income Ta	x and Benef	it Return (mandator	/)					
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)	· · · · · ·		Balance owing (line 48500))				
Part C – Pre-authorized debit agreement (optional)								
Do you want to pre-authorize the CRA to withdraw a specified amount from your bank account? If so, fill in the information below:								
I hereby authorize the electronic filer to create this personal pre-authorized debit on my behalf. I authorize the CRA to automatically withdraw the funds from my bank account as per the agreement details listed below. I acknowledge that I have read and understood the information about pre-authorized debit on page 2 of this form.								
Signature		Year	Month Day					
One time payment for your Income Tax and Benefit Return, to	be withdrawn	on	, for the amount of					
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: Koroll & Company, CPAs, Professional Corporation Electronic filer number: W8955								
Part E – Document Control number (mandatory)								
The document control number generated for my electronic record:								
Part F – Delivery of your notices of assessment and re	eassessmer	nt (a selection must b	e 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.								
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		d to receive email notifi	cations from the CRA and c					
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