

PERSONAL AND CONFIDENTIAL INFORMATION*			
First:		Last:	
Social Insurance Number (SIN):		Date of Birth (YYYYMMDD) :	
Current Address:			
City:		Province:	Postal Code:
Cell:	Other Phone:		
E-mail Address:			
TAX INFORMATION:			
Marital Status December 31, 2024: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law			
Prov of Residence December 31, 2024:		In 2024: Did you work from Home?	Sell a home in 2024?
Were you self-employed in 2024?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a Canadian Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a Canadian Resident?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you own foreign property in 2024 worth over \$100K?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to provide information to elections Canada?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you claiming a disability?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are we also preparing your spouse's return?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you claim any dependants (Children or Parents)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
File Return(s): <input type="checkbox"/> Yes		Replace Return(s): <input type="checkbox"/> Yes	Tax Review/NOA: <input type="checkbox"/> Yes <input type="checkbox"/> Other: <input type="checkbox"/> Yes
MRTAXES.CA ASSOCIATE USE:			
Associate Name:		Email:	@MrTaxes.ca
Associate Cell:	Client ID#:	2025-	

Income Tax Power of Attorney:

Taxpayer's Name:

(hereinafter referred to as the "Taxpayer") by Taxpayer's execution of this Power of Attorney Agreement hereunder irrevocably makes, constitutes and appoints MrTaxes.ca Inc., Office 210 - 713 Columbia St., New Westminster, BC, V3M 1B2 (hereinafter referred to as "MrTaxes.ca") Taxpayer's true and lawful attorney for Taxpayer and in Taxpayer's name, place and stead do any and/or all of the following:

- (i) open any mail received from the Minister of National Revenue his agents or servants ("CRA") and reply thereto;
- (ii) receive from CRA a copy of all correspondence, notices and other material of any kind (including, but not limited to, all assessments and reassessments in respect to all the taxation years);
- (iii) contest, object, settle and appeal any assessments and reassessments made by CRA;
- (iv) sign the tax returns and other forms not limited to the T1013 and RC59 level 2, RC71+72, T1153, T183 and other tax related forms; and
- (v) make change of address, direct deposit and banking information on behalf of the forenamed taxpayer.

Taxpayer gives MrTaxes.ca and, for the purposes set out above, if applicable, the Agent full and absolute power of attorney to do and execute all acts, deeds, matters, and things necessary to be done as contemplated but this Power of Attorney and the Income Tax Refund Purchase Agreement as is deemed appropriate, and Taxpayer agrees to ratify and confirm all that MrTaxes.ca and the Agent shall lawfully do or cause to be done by virtue hereof and to indemnify and save MrTaxes.ca and the Agent harmless from and against any and all damages, liabilities, costs and expenses whatsoever (including legal fees) incurred by reason of the lawful exercise of these presents. Taxpayer declares that this power of attorney cancels and revokes any previous or prior dated powers of attorney granted regarding the same or similar matters.

Executed in: _____ Date: _____

TaxPayer's
Signature:

X

Witness: _____

Witness: _____

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

Tax year: _____

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		Last name		Social insurance number	
Address:		City		Prov./Terr	Postal code
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)		Refund (line 48400)			
Taxable income (line 26000)		or			
Total federal non-refundable tax credits (line 35000)		Balance owing (line 48500)			
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: _____				Electronic filer number: _____	
Representative identifier (Rep ID): _____					
Part D – Document control number					
The document control number generated for my electronic record: _____					
Part E – How do you want to receive your notices of assessment and reassessment? (Select one or more of the following electronic options.)					
<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 checked="" 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 (✓) 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					
<input 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 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)				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.

Authorize a Representative – signature page

Instructions:

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

Taxpayer information

SIN

First name

Last name

Representative information and authorization

- ☐ Individual Representative ID: _____ First name: _____ Last name: _____
- ☒ Business Firm BN: 821587060 Business name: MrTaxes.ca Inc.
- ☐ Group Group ID: _____ Group name: _____

Level of authorization (1 or 2): 2

Level 1: View only, allows the CRA to only disclose information to the representative

Level 2: View and update, allows the CRA to disclose information and accept changes made by the representative

Enter an expiry date, if applicable. _____

Signature and date

☐ I am the legal representative for this taxpayer.

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.

Name of taxpayer or legal representative

Date of signature

Signature of taxpayer or legal representative