



TAX PREPARATION ASSISTANCE

Tax Preparation Assistance (TPA) Authorization (to be filled out by the taxpayer)

Information and Instruction

You must complete parts A and B to allow the TPA volunteer to prepare your Income Tax and Benefit return. In addition, you acknowledge that under the *Income Tax Act* you have to keep all records used to prepare your return for a period of six years, and provide this information to the Canada Revenue Agency (CRA) on request. You also acknowledge that you may be contacted about future Tax Preparation Assistance programs at the telephone number or email address provided below.

* Required fields

Part A - Identification as shown on your income tax return

First Name: _____ * Last name: _____ *

Telephone number: _____ Email: _____

Part B - Taxpayer disclaimer

I am fully aware that my Income Tax and Benefit return is prepared by a volunteer under the Tax Preparation Assistance program. I hereby release, discharge, indemnify and hold harmless Chartered Professional Accountants of Ontario, its members of council, officers, employees, representatives, agents and all TPA volunteers from and against any and all claims, liabilities, losses or damages of any kind arising in connection with the preparation of my Income Tax and Benefit return and my participation in the Tax Preparation Assistance program.

Signed at (place and name of Organization) _____ * **X** _____ * / / *
Signature (individual identified in Part A) Date (mm/dd/yyyy)

PLEASE RETURN YOUR COMPLETED FORM TO THE ORGANIZATION'S REPRESENTATIVE WHO PROVIDED IT TO YOU OR TO THE TAX PREPARATION ASSISTANCE VOLUNTEER.