



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

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	Last name			Social insurance number 	
Mailing address: Apt number – Street number – Street name	PO Box	RR	City	Prov./Terr	Postal code

<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) . . . . . _____ Refund (line 48400) . . . . . _____
Taxable income (line 26000) . . . . . _____ or
Total federal non-refundable tax credits (line 35000) . . . . . _____ Balance owing (line 48500) . . . . . _____

<b>Part C – Electronic filer identification (mandatory)</b>
By signing <b>Part 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 <b>Part A</b> . <b>Part F must be signed</b> before the return is electronically transmitted.
Name of person or firm: <u>Koroll &amp; Company, CPAs, Professional Corporation</u> Electronic filer number: <u>W8955</u>
Representative identifier (Rep ID): _____

<b>Part D – Document Control number (mandatory)</b>
The document control number generated for my electronic record: _____

<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 <b>Part A</b> 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 (✓) 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 <b>Part 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 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 <b>Part C</b> is filing my return. I allow this electronic filer to communicate with the CRA to correct any errors or omissions.												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Signature (individual identified in <b>Part A</b> or legal representative)</p> </div> <div style="width: 45%;"> <p>_____ Name and title of legal representative</p> </div> </div> <div style="text-align: right; margin-top: 10px;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 0 5px;">Year</td> <td style="padding: 0 5px;">Month</td> <td style="padding: 0 5px;">Day</td> <td style="padding: 0 5px;">HH</td> <td style="padding: 0 5px;">MM</td> <td style="padding: 0 5px;">SS</td> </tr> </table> </div>							Year	Month	Day	HH	MM	SS
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