



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

- 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 **D** must be signed by the individual identified in Part **A** or by the individual's legal representative. Your electronic filer must fill out Parts **C** (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.

Tax year: 2017

Part A – Identification and address as shown on your return (mandatory)

First name	Last name			Social insurance number			
Mailing address: Apt no – Street no Street name			PO Box	RR	City	Prov./Terr	Postal code

Part B – Declaration of amounts from your General Income Tax and Benefit Return (mandatory)

Enter the following amounts from your return, if applicable:

Total income (line 150)	Refund (line 484)
Taxable income (line 260)	or
Total federal non-refundable tax credits (line 350 of Schedule 1)	Balance owing (line 485)

Part C – Electronic filer identification (mandatory)

By signing Part **D** below, I declare that the following person or firm is electronically filing the T1 return or the amended T1 return of the person named in Part **A**. Part **D** must be signed before the return is electronically transmitted.

Name of person or firm: Koroll & Company, CPAs, Professional Corporation Electronic filer number: W8955

Part D – Declaration and authorization (mandatory)

I declare that the information entered in Part **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** of this form, 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) Name and title of legal representative Year Month Day

Part E – Document control number (mandatory)

Enter the document control number for the individual's electronic record: _____

Part F – Delivery of your notices of assessment and reassessment (a selection must be made)

How do you want to receive your notices of assessment and reassessment?
Select one or more of the following **electronic** options:

I am already registered for online mail and can view and access my notices of assessment and reassessment online.

Sign up for online mail!

I would like to view and access my notices of assessment and reassessment online anytime. I will sign up for online mail by providing my email address below.

My email address is: _____

To access online mail, you must be registered for My Account.

I understand that by providing my email address, **I am registering for online mail** and **I accept the terms and conditions that are set out on page 2 of this form**. I understand that by ticking (✓) the box above, I will now receive my notices of assessment and other CRA correspondence online. I can also print and download my online notices of assessment and reassessment. For more information, see **page 2** of this form.

I would like my electronic filer to receive my notices of assessment and reassessment electronically in their software and provide me with a copy.

Provide your electronic filer with authorization by filling out Form T1013, *Authorizing or Cancelling a Representative*.

I understand that by ticking (✓) the box above, 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 **page 2** of this form.

OR

I would like to receive paper notices of assessment and reassessment through Canada Post.

Part G – 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 Individual income tax (T1), to be withdrawn on _____, for the amount of _____

Year Month Day