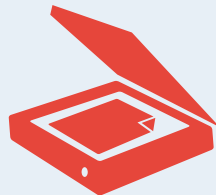


IT'S QUICK AND EASY TO GET YOUR CANADIAN TAX REFUND WITH TAXBACK.COM. JUST FOLLOW THE STEPS BELOW:



Complete the form in BLOCK CAPITALS using the checklist below to help you



Scan or take a picture of all forms, final payslips, T4 slips & photo ID and email them to **Canada@taxback.com**



Receive your refund!

Thank you for choosing to use Taxback.com. We look forward to working with you to apply for your Canadian tax refund. In this pack, you will find everything you need to authorise Taxback.com to apply for this refund on your behalf. Please read this pack carefully, sign, enclose supporting documents and return to **Canada@taxback.com**.

## INSTRUCTIONS

*In order to claim your 2024 tax refund we kindly ask you to follow these instructions:*

1.  **Canadian Tax Refund application form and Residency Questionnaire (pages 2 and 3)**  
Please fill in the enclosed form with as much detail as possible.

5.  **Authorization or power of attorney - MR 69-V(2018-11) (page 8)**  
Please, sign and date it at the places marked with an **X**

2.  **Declaration to International and Ottawa Tax Services Office and Declaration to the Employer (page 4)**  
Please fill in the forms with your name and surname, sign and date it at the places marked with an **X**

6.  **TP-1.D-V(2024 - 12) Page 4 (page 9)**  
Please, sign and date it at the places marked with an **X**

3.  **Customer Agreement (page 5)**  
Please fill in the forms with your name and surname, sign and date it at the places marked with an **X**

7.  **Address Change request (page 10)**  
Please, sign and date it at the places marked with an **X**

4.  **Authorize a Representative for Access by Phone and Mail -AUT-01 (pages 6 and 7)**  
Please, sign the form on the second page where marked with an **X**

8.  **Supporting documents**  
Please enclose copies of:

- payment documents (final cumulative pay slip, T4 or other statements of earnings);
- photo and signature page of your passport;
- expenses supporting documents;

**PERSONAL INFORMATION (PLEASE PRINT IN BLOCK CAPITALS)**

Mr      Mrs      Ms	First Name	Surname
Date of Birth ____/____/____ <small>DD MM YYYY</small>	Nationality	SIN/ITN    □□□-□□□-□□□
Current Address		
Phone	Mobile	Email
Application for a tax refund from    2019    2020    2021    2022    2023    2024    Other (please specify) _____		
Have you applied for a Canadian refund from the tax office for any tax year?    Yes    No If yes, please indicate the year(s) you have lodged a tax return:    2019    2020    2021    2022    2023    2024    Other (please specify) _____ Please attach the most recent Notice of Assessment you have from Canadian applications (if applicable)		
How did you receive your refund? by cheque      by direct deposit into my Canadian bank account      Is this bank account still open?    Yes    No		
Which is the current address that the Canadian tax office have for you?		
Date of arrival in Canada    ____/____/____ <small>DD MM YYYY</small>	Date of departure from Canada    ____/____/____ <small>DD MM YYYY</small>	
Which country do you plan to work and travel in next?		How did you hear about our company?

**EMPLOYMENT INFORMATION (PLEASE LIST ALL EMPLOYERS)**

How many employers did you have while you were in Canada?

**EMPLOYER 1**

Company name	Occupation
Full company address	City      Province
Phone      Fax / Email	Worked from ____/____/____    unti ____/____/____ <small>DD MM YYYY      DD MM YYYY</small>
Do you have your T4 and Revele l?    Yes    No	If no, do you want us to retrieve it for you?*    Yes    No

**EMPLOYER 2**

Company name	Occupation
Full company address	City      Province
Phone      Fax / Email	Worked from ____/____/____    unti ____/____/____ <small>DD MM YYYY      DD MM YYYY</small>
Do you have your T4 and Revele l?    Yes    No	If no, do you want us to retrieve it for you?*    Yes    No

**If you have had more than 2 employers in Canada, please write their details on a separate page. Also enclose copies of all available income statements.**

\*Document retrieval fee applies.

**OTHER INCOME**

Did you receive income from any source other than employment while in Canada?    Yes    No    If Yes, what type _____
Did you receive income from any country other than Canada, during the tax year you are filing tax return for?    Yes    No
If Yes, provide amount, currency and type _____
During your time in Canada what was / is your marital status:    Single    Common-Law Partner    Married*    Divorced    Widowed    Separated
While you were in Canada, were any of the following people living with you:    Spouse    Children    Other dependants

\*Please enclosed a copy of marriage certificate.

**Please complete the below if you were married or had a common-law partner during your time in Canada and if you had any dependants during that time**

**Spouse /Common-Law Partner Details**

First Name	Surname	Date of Birth ____/____/____ <small>DD MM YYYY</small>
Nationality	SIN/ITN    □□□-□□□-□□□	
Did your spouse or common-law partner earn any income in the year you are applying for?    Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, provide their net income amount and documents proving this income. If they earned income in Canada attach T4, NR4 or similar statement for your spouse/common-law partner)		

Child / Dependant's Information*					
Full Name	Date of Birth	Full time student?	Relationship to you	Number of months lived with you during the tax year	Dependant's net income amount
	____/____/____ <small>DD MM YYYY</small>	Yes No			
	____/____/____ <small>DD MM YYYY</small>	Yes No			

\*If more than 2 dependants provide additional information on a separate sheet.

**RESIDENCY QUESTIONNAIRE**

The information you provide below will allow us to establish your residency for tax purposes. If you have already left Canada, please answer the questions below as you would have answered them while still in Canada.

Did you stay in Canada temporarily? Yes No

Did you apply for Permanent Residency in Canada? Yes No If yes, please provide date when you became Canadian citizen. \_\_\_\_/\_\_\_\_/\_\_\_\_

Were you a Canadian Citizen / Resident in any year prior to the tax years you are applying for? Yes No

Programme type: Working Holiday Intern Student Other (please list): \_\_\_\_\_

What is your main reason for being in Canada?  
Permanent employment temporary employment education Other (please specify): \_\_\_\_\_

What are your living arrangements and which personal assets do you hold in Canada (tick all that apply)?  
staying with friends own or buying home renting or leasing accommodation hotel, motel, hostel employer provided accommodation  
car or other vehicle furniture bank account / credit cards Canadian Medical or Life Insurance Coverage other investments / assets

Are you a full time student in Canada (in a Canadian educational institution)? Yes No

**NOTE: Please complete only if the information below is applicable to you. If any of the questions below are answered "Yes", please enclose copies of the supporting documents.**

**EXPENSES AND DEDUCTIONS**

A number of expenses can be claimed by you to maximise your refund. Expenses and Deductions relate to expenses incurred in Canada to Canadian institutions and / or people.

Public transit passes (relevant for period prior to July 2017)	Yes	No	(If yes, please attach copies of all your monthly or annual public transit passes)	Amount _____
Medical expenses	Yes	No	(If yes, please attach copies of medical receipts or other supporting evidence)	Amount _____
Tuition, education or textbook expenses	Yes	No	(If yes, please attach copies of receipts issued by an educational institution)	Amount _____
Charitable donations	Yes	No	(If yes, please attach copies of receipts or other supporting evidence)	Amount _____
Interest on a student loan	Yes	No	(If yes, please attach copies of receipts or other supporting evidence)	Amount _____
Union dues	Yes	No	(If yes, please attach copies of receipts.)	Amount _____
Do you have any expenses not expressly mentioned?	Yes	No	(If yes, please attach copies of receipts or other supporting evidence)	
Type				Amount _____
Provide their details				

## DECLARATION TO INTERNATIONAL AND OTTAWA TAX SERVICES OFFICE

I, \_\_\_\_\_  
(NAME, SURNAME)

grant full authority to Taxback.com, to act as my agent in dealing with my Canadian income tax return applications; to ask for changes to my account and to sign the Income Tax and Benefit Return on my behalf. I authorise you to send my tax and benefits related correspondence and refund cheque to the office of Taxback.com at

**IDA Business & Technology Park, Ring Road, Kilkenny, R95 ETN5, Ireland.**

Signed **X** \_\_\_\_\_  
CUSTOMER SIGNATURE

Date **X** \_\_\_\_\_  
DD / MM / YYYY

## DECLARATION TO THE EMPLOYER

I, \_\_\_\_\_  
(NAME, SURNAME)

grant full authority to Taxback Inc. trading as

**IDA Business & Technology Park, Ring Road, Kilkenny, R95 ETN5, Ireland**

to act as my agent in dealing with my Canadian income tax return applications. I authorise that my T4 and other slips be sent to Taxback.com.

Signed **X** \_\_\_\_\_  
CUSTOMER SIGNATURE

Date **X** \_\_\_\_\_  
DD / MM / YYYY





**Step 3 – Level of access**

Choose **one** of the following levels:

**Level 1** – Allow access **to information only**

We can disclose information about your account to your representative.

**Level 2** – Allow access **to information and to make certain account changes**

We can disclose information about your account to your representative, and they can request to make certain changes on your account.

**Step 4 – Authorization expiry date**

If you want this authorization to expire, provide an expiry date.

Expiry date (YYYYMMDD):  (optional)

**Note:** If there is no expiry date, the authorization will remain until you or someone with signing authority changes or cancels it.

**Step 5 – Certification**

**You must have signing authority** for the accounts identified in **Step 1**. We may contact you for more information.

Choose the appropriate option:

- I am the:**
- taxpayer
  - parent or legal guardian of a taxpayer under the age of 16
  - legal representative (such as the executor, power of attorney, or trustee)
  - owner (such as the sole proprietor, or a partner of a partnership)
  - officer of a non-profit organization
  - corporate director or corporate officer
  - individual with delegated authority for the business account

**We will not process this form** if your name does not match the one in our records. To avoid processing delays, verify that we have complete and valid information on file for you **before** signing this form.

First name  Last name  Telephone number

I certify that the information given on this form is correct and complete.

Signature: **X**  Date (YYYYMMDD):

Once filled out, **send this form to your tax centre** within **six months** of the date you signed it or we will not process it. For more information, see page 4.

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 005, CRA PPU 015, CRA PPU 047, CRA PPU 063, CRA PPU 094, CRA PPU 140, CRA PPU 165, CRA PPU 178, CRA PPU 218, CRA PPU 223, CRA PPU 224, CRA PPU 231, CRA PPU 232, CRA PPU 233, CRA PPU 234 and CRA PPU 235 on Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source).

## Certification

If you are the taxpayer, you must sign and date this form.

If you are the **legal representative**, you must **tick** the box below, and **sign and date** this form.

**I am the legal representative for this taxpayer** (executor/administrator, power of attorney, the legal guardian).

**Important:** As a legal representative, please make sure that you have either included or have already sent a **complete** copy of the **legal document** that supports your authorization to the CRA before submitting a request to change a taxpayer's address.

\_\_\_\_\_  
Name of taxpayer or legal representative(s)

Year      Month      Day  
|\_| |\_| |\_|    |\_| |\_|    |\_| |\_|  
Date of signature

**X** \_\_\_\_\_  
Signature of taxpayer, legal representative(s), a parent (if taxpayer is under the age of 16), a witness (when signed with a mark)

## Purpose of this form

Complete this form to notify us of a change in your mailing address or your home address or of a change in your telephone number(s).

You **cannot** use this form:

- to notify us of a change of name
- to notify us of a change in your date of birth
- if you have not filed an income tax and benefit return with the Canada Revenue Agency

## Why is it important?

When you tell us your new address in advance:

- you can avoid a disruption in receiving your benefit payments, such as GST/HST credit payments (including certain related provincial payments), universal child care benefit payments, and Canada child tax benefit payments (including certain related provincial or territorial payments), as well as working income tax benefit advance payments.

## More information

- If you do not have a social insurance number but you already got an individual tax number or a temporary taxation number, continue to use the tax number you have been issued.
- Indicate your home or mailing address if it is different from what it was when you last dealt with us.
- Send your completed form to your local office listed below:

Jonquière Tax Centre  
PO Box 1900 Stn LCD  
Jonquière QC G7S 5J1

Winnipeg Tax Centre  
PO Box 14005 Stn Main  
Winnipeg MB R3C 0E3

Sudbury Tax Centre  
PO Box 20000 Stn A  
Sudbury ON P3A 5C1

## Privacy Act Notice

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at [Canada.ca/arc-info-source](http://Canada.ca/arc-info-source), Personal Bank numbers CRA PPU 005 and CRA PPU 063.