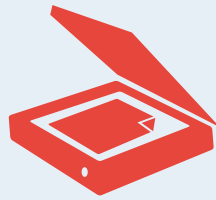


IT'S QUICK AND EASY TO GET YOUR CANADIAN TAX REFUND WITH TAXBACK.COM. JUST FOLLOW THE STEPS BELOW:



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 _____

CUSTOMER AGREEMENT

The customer agreement forms the basis of the relationship between Taxback and you. It is an important document, please read the points in full and ensure you understand them, before signing.

I confirm that:

1. I understand that Taxback.com is the trading name for the services of Taxback Inc., Chicago, USA, and its parent company Taxback, Ireland and its subsidiaries and representative companies.
2. I understand that Taxback Inc will utilise its parent company Taxback and its subsidiary and affiliate companies to gather information regarding the services where necessary and that the contract remains with Taxback Inc for the duration of the service.
3. I have signed the necessary power of attorneys to authorise Taxback. Inc, trading as Taxback.com, and owned by Taxback, and referred to hereafter as the Agent, to prepare this tax return and represent me before the Canadian tax authorities.
4. I have not filed an income tax return/applied for an income tax refund from Canada for this tax year or authorised any other party to do so on my behalf.
5. I authorise the Agent to receive all correspondence from the Canadian tax authorities on my behalf.
6. I want to avail of the offer to “pay no fee up-front” when I sign up for the service. In order to avail of this option, I understand that the fee will need to be paid by me when the refund has been issued by the Canadian tax authorities.
7. I authorise the Agent to receive my refund cheque(s) from the tax authorities.
8. I further authorise the Agent to endorse the cheques, deduct the necessary fee and to send me the remaining amount.
9. I understand that once my refund is processed, I will be contacted by the Agent with regard to payment options for receiving my refund and will be able to provide my bank details.
10. Should the Agent choose for any reason not to endorse the cheque, I understand and agree that I will pay the fee due and will cash the tax office refund cheque myself.
11. Should I receive the refund directly from any other source other than the Agent, I understand and agree that I will pay the fee due to the Agent for the work completed.
12. Should I owe income tax for other tax years, and the Canadian tax authorities deduct this owed money from the refund due for other tax year (s), I understand and agree that I need to pay the Agent processing fee for each tax year for which a tax return was processed.
13. I understand that the Canadian tax authorities will make the final decision on the value of any refund due. I understand that the Agent will provide the best estimation possible based on current tax law and information given, however this is an estimation only, not a guarantee.
14. I agree to and accept the terms and conditions of service as written online at www.taxback.com and to any changes in the terms and conditions which Taxback Inc. may effect from time to time, and to the fees of the agent which represents the services I have requested and which are provided by Taxback.com and/or it’s affiliate companies. I want to stay informed and subscribe to receiving communications from Taxback.com relating to new and existing products and services.
15. I understand that information collected in writing and/or verbally for Canadian tax return filing services can and may be used for internal auditing purposes by Taxback.com and provided to the Canadian tax authorities for external auditing purposes, subject to relevant data protection legislation.
16. I confirm that I have given Taxback.com all information needed and available to me.
17. I commit to updating Taxback.com of any change in my contact details.
18. I understand that Taxback.com will submit my application to the relevant tax office as soon as I have been informed of the refund amount and have sent all necessary documentation. Should I wish to cancel my application, I will contact Taxback.com immediately. I understand that while Taxback.com will make every effort to recall my application, this may not be possible.

Name in print X	Date X ____ / ____ / ____ <small>DD MM YYYY</small>
SIN/ITN X □□□-□□□-□□□	Signature X

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.

Refund or balance due

Amount from line 450		450	
Québec income tax withheld at source, as shown on your RL slips or other information slips	451		
Amount from line 58 of your Schedule Q	- 451.1		
Subtract line 451.1 from line 451.	= 451.2		
Québec income tax withholding transferred by your spouse	+ 451.3		
QPP or CPP overpayment	+ 452		
Income tax paid in instalments	+ 453		
Transferable portion of the income tax withheld for another province	+ 454		
Tax credit for childcare expenses. Complete Schedule C.	+ 455		
Tax credits respecting the work premium. Complete Schedule P.	+ 456		
QPIP overpayment	+ 457		
Tax credit for home-support services for seniors. Complete Schedule J.	+ 458		
QST rebate for employees and partners	+ 459		
Tax shield	+ 460		
Other credits Specify: 461	+ 462		
Senior assistance tax credit	+ 463		
Add lines 451.2 through 463. Income tax paid and other credits	= 465		
Financial compensation for home-support services	+ 466		
Add lines 465 and 466.	=		468
Subtract line 468 from line 450.			
If the result is negative , enter it on line 474 below.			
If the result is positive , enter it on line 475 below.			470

Refund	
Amount from line 470, if it is negative	474
Refund transferred to your spouse	- 476
Subtract line 476 from line 474.	
Refund	= 478
Accelerated refund	480

Balance due	
Amount from line 470, if it is positive	475
Amount transferred by your spouse	- 477
Subtract line 477 from line 475.	
You are not required to pay a balance of less than \$2. Balance due	= 479
For information on how to make your payment, see the instructions for line 479 in the guide. Amount enclosed	481

➤ To find out how to **register for direct deposit or update your direct deposit information**, see page 10 in the guide.

Certification

- I certify that, in this return and the documents attached to it, the information about me is accurate and complete and fully discloses all of my income.
- If I am entitled to a refund and entered an amount on line 476, I agree to have the amount applied to the payment of my spouse's balance due (line 475 of my spouse's return).
- If I entered an amount on line 123, it is because I have elected to add part of my spouse's retirement income to my income.
- If I elected (or revoked an election) in Schedule U to stop making Québec Pension Plan contributions on my self-employment income or my activities as a person responsible for a family-type resource or an intermediate resource, I accept that it will take effect on the first day of the month I made the election (or revocation).

X _____ Signature _____ Date

Area code Phone (home) Area code Phone (work) Extension

498 _____ 499 _____ _____

We may compare the information in this return with information obtained from other sources or communicate it to other government departments and bodies.



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, Personal Bank numbers CRA PPU 005 and CRA PPU 063.