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

Tax year: 2022

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.

Part A – Identification and address as shown on your	tax retur	rn (mand	atory)				
First name		Last name				Social insurance number	
Mailing address: Apt number – Street number - Street name	PO Box	RR	City	Pro	ov./Terr	Postal code	
Get your CRA mail electronically delivered in My Acco	o <mark>unt</mark> (opti	i <mark>onal)</mark>			<u> </u>		
Email Address:							
By giving an email address, I am registering to receive email notif	ications fr	om the CF	RA and agreeing to the terms of use o	n page 2 .			
Part B – Declaration of amounts from your Income Tax	x and Be	nefit Re	turn (mandatory)				
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)			
Part C – Electronic filer identification (mandatory)							
By signing Part F below, I declare that the following person or firm named in Part A . Part F must be signed before the return is elec				ax and Be	nefit Re	turn of the person	
Name of person or firm: Wise & Company			Electronic filer n	umber: _	F8538	3	
Representative identifier (Rep ID):							
Part D – Document Control number (mandatory)							
The document control number generated for my electronic record	d:						
Part E – How do you want to receive your notices of a options)	ssessme	ent and i	eassessment? (select one or mo	ore of the	followir	ng electronic	
I am registering (as indicated in Part A above) or I am alrea of assessment and reassessment online.	dy registe	red to rec	eive email notifications from the CRA	and can vie	ew and a	access my notices	
I would like my electronic filer to receive a one time notice o	f assessm	nent and re	eassessment electronically in their sof	tware and	provide	me with a copy.	
I understand that by ticking (\(\)) this box, I am allowing the C reassessment to the electronic filer (including a discounter) from my electronic filer. For more information, see the Expre	named in	Part C. I	vill now receive a copy of my notices of				
		OR					
I would like to receive paper notices of assessment and rea	ssessmen	t through	Canada Post.				
I will receive my notices of assessment and reassessment t registered to receive email notifications from the CRA and I							
Part F – Declaration and authorization (mandatory)							
I declare that the information entered in parts A, B and C is correct the information on page 2, and that the electronic filer identified any errors or omissions.							
Signature (individual identified in Part A or legal representative	Name and title of legal representative						
Control of the contro	,		Year Month Day	HH MM	I SS		

Privacy Act, personal information bank number CRA PPU 211

