



Tax year: 2018

- 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.

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

Get your CRA mail electronically delivered in My Account at canada.ca/my-account (optional)

Email address:

By providing an email address, I am registering to receive email notifications from the CRA and I agree to the Terms of use on **page 2** of this form.

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: DALMENY ACCOUNTING SERVIC Electronic filer number: C3305

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.

X _____ 2019/02/14
Signature (individual identified in Part A or legal representative) Name and title of legal representative Year Month Day

Part E - Document Control number (mandatory)

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 of the following electronic options:

- I am registering (as indicated in Part A above) or I am already registered to receive email notifications from the CRA and can view and access my notices of assessment and reassessment online.
- 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.

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

I understand that by ticking the box above (X) 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.

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 email notifications from the CRA and I tick this box, I understand that I will not receive a copy of my notice 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