Protected B when completed

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

Tax year: 2020

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	n (mand	atory)						
First name	Last name PO Box RR City			So	Social insurance number				
Mailing address: Apt number – Street number - Street name					D	rov./Terr	Boo	tol code	
Walling address. Apt number – Street number - Street name	FO BOX	IKK	Oity			Ov./Tell	105	iai code	,
Get your CRA mail electronically delivered in My Account (optional)									
Email Address:									
By giving an email address, I am registering to receive email notifications from the CRA and agreeing to the terms of use on page 2.									
Part B – Declaration of amounts from your Income Tax and Benefit Return (mandatory)									
Enter the following amounts from your return, if applicable:									
Total income (line 15000)	<u> </u>			Refund (line 484	100)				
Taxable income (line 26000)	· · · · · <u> </u>			or					
Total federal non-refundable tax credits (line 35000)	· · · · · <u> </u>			Balance owing (I	line 48500) .				
Part C – Electronic filer identification (mandatory)									
By signing Part F below, I declare that the following person or firm is electronically filing the new or the amended Income Tax and Benefit Return of the person named in Part A . Part F must be signed before the return is electronically transmitted.									
Name of person or firm: Koroll & Company, CPAs, Profess	sional Co	rporation		_ Electronic file	er number:	W895	55		
Part D – Document Control number (mandatory)									
The document control number generated for my electronic record	l:								
Part E - How do you want to receive your notices of as options)	sessme	nt and re	eassessment?	(select one or	more of the	followin	g ele	ectronic	С
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.									
I understand that by ticking (\checkmark) this box, 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 the Express NOA section on page 2 . 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 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 in any errors or omissions.									
Signature (individual identified in Part A or legal representative	dividual identified in Part A or legal representative) Name and title of legal representative					ve			
			L Year	Month Day	HH MM	M SS			

Privacy Act, personal information bank number CRA PPU 211