



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

- 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 the back.
- The individual (or legal representative) identified in Part A must sign Part E.
- Part G is to be filled out by your electronic filer once the return has been submitted.
- Give the signed original of this form to your electronic filer and keep a copy for yourself.

Tax year: 2015

Part A - Identification and address as shown on your return (mandatory)

First name RATI	Last name KHETAN	Social insurance number 931-991-632
Mailing address: Apt. No. - Street number and name 2501-4090 LIVING ARTS DR		
PO Box	RR	City MISSISSAUGA
		Prov./Terr. ON
		Postal code L5B 4M8

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)	66,944	41	Refund (line 484)	8,921	63
Taxable income (line 260)	66,944	41	or		
Total federal non-refundable tax credits (line 350 of Schedule 1)	3,591	08	Balance owing (line 485) .		

Part C - Alternative address information (optional)

Fill out this part if you want us to mail your notice of assessment and your tax refund, or only your notice of assessment, to you at the address of the electronic filer named in Part F. Tick (X) the appropriate box to tell us which information to mail to the electronic filer's address. This authorization is valid for the current tax year only. **Important: Read the back of this form for more details, especially if you have signed up for the online mail service.**

notice of assessment and tax refund notice of assessment

2016/03/02

Part D - Authorizing an electronic filer to represent you (optional)

By filling out and transmitting this part of the T183 form, I authorize the Canada Revenue Agency to deal with the electronic filer named in Part F as my representative for income tax matters on my tax return. This authorization is limited to the specific tax year and does not provide my representative with online access. This authorization will expire on _____
If you do not show an expiry date, this authorization will remain in effect until you, the undersigned, cancel it. Read the back of this form for more details

2016/03/02

Signature (individual identified in Part A or legal representative)

Name and title of legal representative

Date

Part E - Declaration and authorization (mandatory)

I declare that the information entered in Part A and F and the amounts shown above in Part B are correct and complete and fully disclose my income from all sources. I also declare that I have read the information on the back of this form, and that the electronic filer identified in Part F is filing my return. I allow this electronic filer to communicate with the Canada Revenue Agency to correct any errors or omissions.

2016/03/02

Signature (individual identified in Part A or legal representative)

Name and title of legal representative

Date



Sign up for online mail!

Get your CRA mail electronically delivered in My Account, instead of on paper.

Email address (optional) _____

I understand that by providing an email address, I am **registering** for online mail and I **accept the terms and conditions**. For more information, refer to the information and instructions on the back of this form.

Part F - Electronic filer identification (mandatory)

By signing Part E above, the individual named in Part A declares that the following person or firm is electronically filing his or her return. Part E must be signed before the return is electronically transmitted.

Name of person or firm: **BHARAT CHAVDA PROFESSIONAL** Electronic filer number: **K8919**

Part G - Document control number or confirmation number (mandatory)

Enter the document control number or confirmation number for the individual's electronic record:

K891915VSU42G

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 175



Important - If you moved recently, update your address and contact information with the Canada Revenue Agency (CRA) online if you are registered with MyAccount, at www.cra-arc.gc.ca/myaccount, by telephone at 1-800-959-8281, or in writing.

Complete this form to authorize the CRA to deal with another person who would act as your representative for income tax matters or to cancel any existing representatives on your account. Only forms received with a valid account number will be processed.

By registering with MyAccount at www.cra.gc.ca/myaccount, you will be able to provide immediate access to your representative and cancel and manage your representatives through "Authorize my representative." You can also authorize or cancel a representative by completing this form and mailing it to your tax centre. We aim to process this paper form in 20 business days or less from the date it is received at the tax centre. To immediately cancel a representative, call us at 1-800-959-8281.

Part 1 - Taxpayer information

You will need to complete a separate Form T1013 for each account and representative. Complete the line that applies:

SIN, TTN or ITN
931-991-632

First name RATTI
Last name KHETAN

Trust account number

Trust name _____

T5 filer identification number

Filer name _____

Part 2 - Representative information and authorization

Name of your representative

(individual or business): BHARAT CHAVDA PROFESSIONAL CORPORATION

Mailing address: 4255 SHERWOODTOWNE BLVD, SUITE 104E MISSISSAUGA ON L4Z1Y5

Do not complete a new form every year if there are no changes. Complete section A or B, as applicable.

A. Authorize online access (includes access by telephone, in person, and in writing)

To grant online access to your representative, your representative must register online through "Represent a Client" at www.cra.gc.ca/representatives and obtain a ReplID or GroupID or register their business number (BN). Our online services do not have a year-specific option. Therefore, your representative will have access to all tax years.

By completing this section to authorize a representative for a trust account, the representative will have access to all tax years with no online access.

ReplID

First name: _____

Last name: _____

GroupID

Name of group: _____

Business number (BN)

829457431

Name of business: BHARAT CHAVDA PROFESSIONAL CORPORATION

Enter the level of authorization (level 1 or 2): Level 2 If you do not specify a level of authorization, we will assign a level 1.

If you authorize your representative for online access and have a "care of" address, you will receive a letter to confirm the authorization.

or

B. Authorize access by telephone, in person, and in writing (no online access)

Enter the full name of the individual or business you are authorizing. If you do not identify a specific representative from that business, you will be authorizing the CRA to deal with any representative from that business.

Individual:

First name: _____

Last name: _____

Name of business:

Telephone: _____ Ext: _____

Fax: _____

Tick the appropriate box and indicate the level of authorization:

All tax years (past, present, and future)

Level of authorization (level 1 or 2)

If you do not specify a level of authorization, we will assign a level 1.

or

Enter the applicable tax year or years (past and/or present), and specify the level of authorization (level 1 or 2) for each tax year.

Tax year(s) _____

Level of authorization _____

Part 3 - Authorization expiry date

Enter an expiry date, if applicable, otherwise the authorization will stay in effect until you or your representative cancels it or we are notified of your death.

Year Month Day

Part 4 - Cancel one or more existing authorizations

Complete this section **only** to cancel an existing authorization. Tick the appropriate box.

Cancel all authorizations

or

Cancel the authorizations given for the individual, group, or business identified below:

RepID _____

First name: _____

Last name: _____

GroupID _____

Name of group: _____

Business number (BN) _____

Name of business: _____

Part 5 - Signature and date

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 or estate/trust (executor/administrator, power of attorney, the legal guardian or the trustee or custodian of this trust account).

Important: You must send a **complete** copy of the **legal document** giving you the authority to act in this capacity to the taxpayer's tax centre. Read the attached information sheet for tax centre addresses.

If two or more legal representatives are acting **jointly** on the taxpayer's behalf, each legal representative must sign below.

RATI KHETAN

Print name of taxpayer or each legal representative

x

Year Month Day

2016/03/02

Date of signature

If your representative has not electronically submitted this form on your behalf then it must be submitted **within six months** of the date of signature. If not, it will not be processed.

Privacy Act, personal information bank number CRA PPU 175

