2025 BNH Income Tax Clinic Screening Pre-Booking Form

2025 年 BNH 收入所得税诊所筛查预约表

Please answer the questions below to determine your eligibility for the income tax clinic. This year, it is in-person appointments only. If you qualify, a BNH representative will CALL or EMAIL to book your appointment time (The call might come from a blocked number so please pick up all calls.) Note: Due to the high volume of the applications, it will take 7-10 business days for us to get back to you.

请回答以下的问题,以确定您是否符合条件获得所得税诊所的服务。今年,我们仅接受当面的预约。如果您符合条件,BNH 的工作人员将致电或者发邮件为您预约时间(电话可能来自屏蔽的号码,请务必接听所有的电话)。请注意:由于申请的数量多,我们需要7到10个工作日才能回复您。

- **Please check your inboxes regularly (including junk folder)**
- **请定期检查您的收件箱(包括垃圾邮件所在的文件夹)**

Questions/concerns? Contact taxassistant@burnabynh.ca or call 604-431-0400 (South) or 604-294-5444 (North) or 604-299-5778 (Brentwood)

如有任何疑问以及顾虑?请发邮件至 taxassistant@burnabynh.ca 或打电话至 604-431-0400(南区)或 604-294-5444(北区)或 604-299-5778(Brentwood 地区)

* Indicates required question

带有*为必须填写的问题

Do you have a social insurance number (SIN)? *
您有社会保险号码(SIN)吗?*
□ Yes □是
\square No (If you selected 'no', you are NOT eligible to receive our services. Please look for a paid tax service provider)
□否(如果您选择了"否",则您不符合条件接受我们的服务,请寻找其他的付费税务服务提供商)

Do you live in Burnaby and does your ID show that you live in Burnaby? *

您是否居住在本拿比(Burnaby)?您的身份证件是否显示您居住在本拿比(Burnaby)?*						
□ Yes □是						
☐ No (If you selected 'no', you are NOT eligible to receive our services. Please visit https://www.canada.ca/en/revenue-agency/services/tax/individuals/community-volunteer-income-tax-program.html to find a tax clinic in your area)						
□否(如果您选择"否",则您不符合条件接受我们的服务,请访问 https://www.canada.ca/en/revenue-agency/services/tax/individuals/community-volunteer-income-tax-program.html 查询您所在地区的税务诊所服务项目)						
What was your income for the year(s) that you are filing for? (If your income was above the list below, please find a paid tax service). *						
您所申报年份的收入为多少?(如果您的收入高于以下选项,请查找付费税务服务)						
\square Single individual with an income of \$40,000 or less from ALL tax slips per year						
□单身人士,所有税单上的年收入不超过 40,000 加币						
\square Single parent with an income of \$45,000 or less from ALL tax slips per year						
口单亲父母,所有的税单上的年收入不超过 45,000 加币						
\square A couple with an income of \$55,000 or less from ALL tax slips per year						
□夫妇,所有税单上的年收入不超过 55,000 加币						
Are you self-employed? *						
您是否是自雇?*						
\square Yes (If you selected 'yes', you are NOT eligible to receive our services. Please look for a paid tax service provider)						
□是(如果您选择"是",则您不符合条件接受我们的服务,请寻找其他的付费税务服务的提供商)						
☐ No (I have received All my T4(s) from my employer(s)						
□否(我已从雇主收到所有的 T4 表格)						

Have you claimed bankruptcy in the last 5 years? (of the year(s) you are filing for)? *							
您是否在过去的5年中申请过破产?(以您需要报税的年为准)?*							
\square Yes (If you selected 'yes', you are NOT eligible to receive our services. Please look for a paid tax service provider)							
□是(如果您的选择为"是",则您不符合条件接受我们的服务。请寻找付费税务服务的提供商。)							
□ No □ 否							
Are you filing for a deceased person? *							
您是否在为已故的人员报税?*							
\square Yes (If you selected 'yes', you are NOT eligible to receive our services. Please look for a paid tax service provider)							
□是(如果您的选择为"是",则您不符合条件接受我们的服务。请寻找付费税务服务的提供商。)							
□ No							
□否							
Do you have capital gains/losses or investments (mutual funds or stocks?) *							
您是否有资本收益/损失,或者投资(共同基金或者股票?)*							
\square Yes (If you selected 'yes', you are NOT eligible to receive our services. Please look for a paid tax service provider)							
□是(如果您的选择为"是",则您不符合条件接受我们的服务。请寻找付费税务服务的提供商。)							
□ No							

Do you have business or rental income and expenses? *
您有商业或者租赁收入和支出吗?*
\square Yes (If you selected 'yes', you are NOT eligible to receive our services. Please look for a paid tax service provider)
□是(如果您的选择为"是",则您不符合条件接受我们的服务。请寻找付费税务服务的提供商。)
\square No
□ 否
Are you claiming employment expenses? *
您是否申报雇佣支出?*
\square Yes (If you selected 'yes', you are NOT eligible to receive our services. Please look for a paid tax service provider)
□是(如果您的选择为"是",则您不符合条件接受我们的服务。请寻找付费税务服务的提供商。)
□ No
□ 否
Do you have foreign income or assets? (We can only do US Social Security income) *
您是否有海外收入或者资产?(我们只能处理美国社会保障收入)*
\square Yes (If you selected 'yes', you are NOT eligible to receive our services. Please look for a paid tax service provider)
□是(如果您的选择为"是",则您不符合条件接受我们的服务。请寻找付费税务服务的提供商。)
\square No
□否
Do you have returns with any investment interest of \$1000 or more? *

Do you have returns with any investment interest of \$1000 or more? *

您的投资利息回报是否达到或者超过 1000 加币?*

\square Yes (If you selected 'yes', you are NOT eligible to receive our services. Please look for a paid tax service provider)
□是(如果您的选择为"是",则您不符合条件接受我们的服务。请寻找付费税务服务的提供商。)
□ No
□否
For which year(s) are you filing your taxes? (We are only filing taxes for 2023-2024 during March to April) *
您申请报税的年份是?(我们仅在 3 月份至 4 月份申报 2023-2024 年的税款)*
□ 2024
□ 2023
□ 2022-2021 (Looking for other Tax Clinics in our area to provide you Tax Services before April 30, 2025? Click on the link below: https://www.canada.ca/en/revenue-agency/services/tax/individuals/community-volunteer-income-tax-program.html. For our clinics, please check the website again at the end of April to get an appointment.)
□ 2022-2021 年(您是否想联系我们所在地区的其他税务咨询,以便在 2025 年 4 月 30 日之前为您提供税务服务?请访问以下链接:https://www.canada.ca/en/revenue-agency/services/tax/individuals/community-volunteer-income-tax-program.html 关于我们的税务咨询,请在 4 月底再次访问此网址进行预约。)
Legal full name *
您的法定全名*
Email (If you do not have an email address, use noemail@gmail.com) *
电子邮箱(如果您没有电子邮箱地址,请使用 <u>noemail@gmail.com</u>)
Main phone (Please ensure that it is correct, or you will not be able to get your taxes done) *
您的常用电话号码(请确保号码正确,否则您将无法办理税务业务)
Secondary phone
您的备用电话号码

What is your time preference? (South House (4460 Beresford Street), North House (4908 Hastings St), Brentwood House (2055 Rosser Avenue)), please answer phone calls (block/unknown/private numbers) or check your emails frequently. *Please ONLY select ONE location. * 您偏好什么时间?(南区(4460 Beresford Street), 北区(4908 Hastings St), Brentwood 地区(2055 Rosser Avenue)),请注意接听电话(包括屏蔽的号码或者未知号码或者私人号码)或请及时杳看 电子邮件。*请注意,仅选择一个地点* ☐ Brentwood House - Tuesday 10am-1pm (In person Appointments)Brentwood House Brentwood 地区 - 周二上午 10 点至下午 1 点 (需亲自前往) □ North House - Thursday 1:30-4:30pm (In person Appointments) 北区-周四下午1点30至4点30(需亲自前往) ☐ South House - Saturday 10am-3:30pm (In person Appointments) 南区 - 周六上午 10 点至下午 3 点 30(需亲自前往) ☐ I need to book another day and time 需要预约其他的日期和时间 ☐ South Food Bank (Staff use ONLY, please do NOT select this option if you are booking by yourself) 南区食物银行(仅限员工预约,如果您是为自己预约,请不要选择这个选项) ☐ BC Housing (Staff use ONLY, please do NOT select this option if you are booking by yourself) BC Housing (仅限员工预约,如果您是为自己预约,请不要选择这个选项) ☐ Senior Food Services or Transportation (Staff use ONLY, please do NOT select this option if you are booking by yourself)

老人餐饮或交通服务(仅限员工预约,如果您是为自己预约,请不要选择这个选项)

If you selected the option "I need to book another day and time", please indicate multiple available days, times, and locations. (Please be advised that there will be a delay in booking your drop-off time.)

如果您选择"需要预约其他的日期和时间"选项,请注明多个您希望的日期、时间和地点。(请注意,您的预约时间会有一定的延迟。)

Who are you filing for? (If they are not your partner/spouse/dependent, they need to complete this form and file separately. If your child(ren) is over 18 years old, they need to complete this form and file separately) *
您是为谁而申请?(如果他们不是您的伴侣/配偶/受抚养人,则他们需要填写此表格并单独提交。如果您的子女年满 18 岁,则他们需要填写此表格并单独提交)*
□ Myself 我自己
□ Partner/spouse/dependent 伴侣/配偶/受抚养人
Do you have a dependent or a child*? (*18 years old or under, or have a physical or mental impairment) *
您是否有受抚养人或孩子*?(*18岁或以下,或有身体或精神障碍)*
□ 1 child 1 名儿童
□ 2 children 2 名儿童
□ 3 children 3 名儿童
□ 4 children 4 名儿童
□ 5 children 5 名儿童
□ Dependent 受抚养人
□ No 没有
Do you need an interpreter? *
您是否需要翻译人员?*
□ Yes
□是
□ No
□否

If 'yes', please indicate in which language
如果您选择"是",请说明您需要翻译的语言
□ Dari 达利语
□ Farsi 波斯语
□ French 法语
□ Arabic 阿拉伯语
□ Spanish 西班牙语
□ Korean 韩语
□ Mandarin 普通话
□ Cantonese 粤语
□ Other 其它
If 'Other', please specify which language
如果您选择的是"其他",请说明是哪种语言
Have you renewed your BNH Membership since September 1, 2024? *
自 2024 年 9 月 1 日起,您是否已续订 BNH 会员资格?*
□ Yes
□是
\square No (Please bring \$5/person or \$10/family cash to renew your membership in person or renew online at https://burnabynh.ca/about_membership/ in order to receive our tax service).
口否(请每人携带 5 加元或每个家庭携带 10 加元现金亲自续订会员资格或访问 https://burnabynh.ca/about_membership/ 在线续订以获得我们的税务服务)。

Thank you for completing the pre-screening form! You will receive a phone call or email confirming your eligibility and appointment time within 7 to 10 business days. Please remember to check your spam folders and pick up all blocked/private/no ID phone calls. *

感谢您填写预筛选表!您将在7到10个工作日内收到电话或电子邮件,我们将会与您确认您的资格和预约时间。请记得检查您的垃圾邮件文件夹并接听所有被阻止或者私人或者没有显示 ID 的电话。*

的电话。			
☐ I understand	d!		
□我已知晓!			