



WELCOME LETTER

Dear Client:

I (the company-Chaves Income Tax- Independent Tax Preparer- Tracey L. Chaves) appreciate the opportunity to work with you and advise you on income tax matters. I will work on your behalf to maintain the confidence you have in me by selecting my company.

It's that time of year again! Enclosed you will find all the necessary Personal Income Tax Questionnaire Forms.

The Forms is provided as a checklist to assist you in gathering your tax information. Please note that various items may not pertain to you. I have tried to provide a comprehensive list to meet all my clients' needs.

It is very important that all information be provided by so that your return can be filed on time.

Once you have gathered all your information please contact me to arrange an appointment, so that I may review it with you and complete your income tax return.

If you have any questions, please do not hesitate to contact me at (888)268-7488. MY Tel# is (905-874-8408 and you may also reach me by email at TraceyChaves@bell.net

Yours truly,

Tracey Chaves, Certified Tax Professional



ENGAGEMENT LETTER

TRACEY L. CHAVES
7 Radford Dr.
Brampton, On, L6V 2Y8
1-888-268-7488

AND

CLIENT(S) :

Spouse, Common-law

NAMES (S)		
ADDRESS (S)		
TELEPHONE (S)		
EMAIL (S)		
SINS (S)		
BUSINESS NAME & NUMBER		

Dear Client(s)

I ("the Company - Chaves Income Tax - Independent Tax Preparer - Tracey L. Chaves") appreciate the opportunity to work with you and advise you on income tax matters. Canada Revenue Agency (CRA) imposes penalties upon taxpayers, and upon us as tax return preparers, for failure to observe due care in reporting on your income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients to confirm the following arrangements.

I will prepare your personal income tax return(s) as requested based on the information you provide to me. I will not audit or otherwise verify the data you submit, although I may ask you for clarification of some of the information.

It is my responsibility to prepare your tax return correctly according to the law and with respect to the information that you provide. By signing this letter of engagement, you represent that you will provide me with accurate and complete information necessary to prepare your tax return. The law imposes various penalties when taxpayers understate their tax liability.

Your Notice of Assessment form is needed to determine your RRSP deduction limit. If you have not provided the Notice of Assessment or Reassessment and you have submitted RRSP contribution slips then you are responsible ensure that you have sufficient RRSP contribution room.

You must retain all documentation and other relevant data that form the basis of your income and deductions for six years. This information may be necessary to prove the accuracy and completeness of the return to CRA. You have the final responsibility for the income tax return and should therefore review it carefully before you sign it and /or authorize it for submission to CRA.

Chaves Income Tax (Tracey L. Chaves) respects the privacy of personal information that identifies you as an individual, or that is associated with such identifying information, by engaging in my services, you agree to provide personal information necessary for me to meet your service requests. I agree to use that information solely for the purposes of filling that service request. I follow rigorous privacy practices that govern our use and handling of the information you provide to me.

CRA may select your return for review or audit. They may request proof of claims and supporting documentation. Any adjustments proposed by CRA are subject to certain rights of appeal. In the event of such tax examinations and upon your request, I will assist you in representing your claim to CRA through your legal counsel.

In all other cases I will only release information pertaining to your tax return if it is required by law and only to the appropriate persons prescribed by law.

Chaves Income Tax fees for services are based on the complexity of your income tax return(s), plus out of pocket expenses with an hourly charge of \$35.00 or by written quote. Taxpayers must **pay cash or email transfer only**, unless mutual arrangements have been made or considered. **All invoices are due and payable upon presentation.** An interest charge may be added to all accounts not paid within the agreeable time. Please review the price list, which is available upon request or located on our website at www.ChavesIncomeTax.com.

Optional Tax Consulting Membership Program \$25.00 annually that will provide you with any services or advice that you might require throughout the year such as dealing with CRA on your behalf, preparing adjustments and providing tax advice. This is an optional program our regular fee is \$35.00 per hour (minimum 1 hour)

The arrangements outlined in this letter will continue in effect from year to year unless changed by us. However, either party may terminate this agreement within **30 days of signing or we may terminate the agreement if fees remain due after 60 days from the date of the invoice.**

Consent: The Client(s) authorize Tracey L. Chaves (Chaves Income Tax) to use my/our personal information obtained for tax preparation in order to prepare my/our income tax return. I /we understand the manner in which my/our personal information will be collected and used.

The services and terms as set out above are as agreed.

Company Signature

Date

Client Name

Client Signature

Date



SCREENING SHEET

Please attach the following:

- *Your tax information and slips*
- *A copy of last year's return, if available*
- *Last year's Notice of Assessment*

1-888-268-7488

Please indicate tax years to be completed:

2004	2005	2006	2007	2008
2009	2010	2011	2012	2013

YOUR INFORMATION	SPOUSE'S INFORMATION
S.I.N	S.I.N
NAME	NAME
CURRENT ADDRESS	CUREENT ADDRESS (If different than yours)
CITY, PROV & POSTAL CODE	CITY, PROV & POSTAL CODE
DATE OF BIRTH Year/Month/Day	DATE OF BIRTH Year/Month/Day
PHONE NO.	PHONE NO.

MARITAL STATUS (if common-law or Married need NET INCOME OF PARTNER _____)			
As of DECEMBER 31	Divorced	Separated	Single
	Married	- Common-Law	Widowed

In above year, did you support relative other than your spouse or Child (ren)?

DEPENDENTS Name	DATE OF BIRTH Year/Month/Day	MALE (M) or FEMALE (F)	INCOME	DEPENDENTS LIVE WITH YOU FOR THE ENTIRE YEAR	
				YES	NO

OTHER INFORMATION	
Did you live in Ontario on December 31 st of the above year?	YES NO
Did you enter or leave Canada in above year? More than 183 days If "Yes" note: Date of entry Date of departure	YES NO

Please complete both sides of this form

SIGNATURE _____

DATE _____

May we provide your name; address and date of birth of Elections Canada to update the voting list?	YES	NO
Are you applying for GST/HST credit?	YES	NO
In above year, did you own foreign property with a total cost of more than \$100,000 Canadian?	YES	NO

EXPENSES: Did you pay any of the following expenses in the above noted year?		Note: To claim these expenses you MUST have receipt (or be able to obtain one.)	
RRSP	YES NO	First 60 Days	\$
RRSP Deduction Limit	\$	Rest of the year	\$
Property Tax	YES NO	Municipality:	\$
Rent	YES NO	Number of Months:	\$
Landlords Name & Address			
Public Transit Passes	YES	Amount	\$
Medical Expenses	YES	Amount	\$
Tuition, education or textbook expenses	YES	Amount	\$
Charitable donations	YES	Amount	\$
Child child expenses	YES	Amount	\$
Interest on a student loan	YES	Amount	\$
Do you have any expenses not expressly mentioned?	YES	Amount	\$
Type	Amount		
Provide details			

OTHER INFORMATION	
Do you have a permanent disability that causes you to be severely impaired? T2201 Disability Tax Credit Certificate on file with Tax Office?	YES NO
Did you child transfer his tuition fees to you? If yes, attach a copy of the student's form T2201A	YES NO
If you were between 16-18 yrs old in above year, did your parents receive Child Tax Benefit for you?	YES NO
Did you receive any income not reported on a T Slip?	YES NO
Were you and your spouse living separate and apart on Dec 31 of above year?	YES NO
Reason your lived apart: Breakdown of relationship Medical, educational, other	
Spouse's address while you lived apart:	

SIGNATURE _____

DATE _____

AUTHORIZING RELEASE OF DOCUMENTATION TO ANOTHER INDIVIDUAL

I _____ / _____ hereby grant permission to Chaves Income Tax to release any or all of
(Print name) (SIN no.)

my Income Tax and other relevant government forms to the following individual:



Tracey Chaves
Chaves Income Tax (Tax Preparer)

Client Signature

DISCLAIMER/DISCLOSURE

Name of Individual Client and/or Business:

Tax Form(s) Year Ending:

To protect you, the Client, this professional tax preparation firm follows accepted ethical procedures as specified by the Canada Revenue Agency code and/or applicable guidelines governing the conduct of professional tax preparers. After reading each statement below carefully, please acknowledge your acceptance by signing the bottom of this form. Thank you for your cooperation and understanding of the responsibilities we must accept as professional tax preparers.

The specified income tax returns have been prepared for me and/or my business at my direction by **Tracey L. Chaves, Owner/Income Tax Preparer, through Chaves Income Tax.**

I have reviewed the completed returns and understand their contents and have received a copy of the returns. I realize it is my responsibility to include in my files all documentation necessary to substantiate all income, deductions, and credits reflected on the returns for at least years.

All information on these returns is true and accurate according to the information furnished by me to Tax Firm. Nothing has been added or deleted by the preparer that would understate my tax liability.

All taxable income has been reported, including any bartering, any partnership interests, any sales of business or personal assets, and all interest and dividend income from all sources.

I have informed my tax preparer of any adjustments or correspondence between any taxing authority and me and/or my business during the past ___ years.

I have been informed that I must have adequate written records for all deductions and specifically for:

- Any travel or entertainment,
- Any business use of a vehicle,
- Any business use of "listed property,"
- Any non-cash contributions to charity.

I understand my professional tax preparer has based the entries on these returns according to present laws, regulations, and other applicable authority. I understand that tax law and its interpretation is subject to continual change and therefore the rules and principles followed in the preparation of these returns may not be applicable for any other tax year.

My tax preparer has indicated any aggressive applications to me and I understand such a position may be questioned or overturned in the audit process. I agree to hold my preparer harmless from any examination and possible reversal on this (these) issues.

BY TRACEY L. CHAVES, OWNER/TAX PREPARER OF CK INCOME TAX

Accepted By Client Signature: _____

Print Name _____

Date: _____



PRIVACY CONSENT FORM — TI PERSONAL INCOME TAX

Under the *Personal Information Protection Act (PIPA)* we require your consent for the collection of personal information and the subsequent use or disclosure of this information.

Chaves Income Tax treats all client information entrusted to us with utmost confidentiality. Due to the sensitive nature of this information and Privacy Legislation, it is Chaves Income Tax policy not to release personal information without your authorization or written consent.

Use
Your personal Information is needed in order to complete your personal and/or corporate income tax returns. In cases where there are dependents, we must also obtain the personal information of your dependents for inclusion in your personal income tax returns and for calculation of the child tax benefit entitlement.

Disclosure
By signing this form you are authorizing us to release personal information to the sources listed below. You may limit your consent by crossing off any sources from this list. You may also withdraw your consent at any time, subject to certain legal restrictions.

- ✓ Spouse/Partner or other authorized person acting on your behalf (name) _____
- ✓ CRA, IA/CB. Federal and/or Provincial authorities
- ✓ Elections Canada
- ✓ Guaranteed Income Supplement Application
- ✓ I also consent to receive information from Chaves Income Tax regarding their services accounting practices, pronouncements, or articles that Chaves Income Tax feels may benefit the taxpayer.

Please note that we will not release your personal information to other sources unless we are obliged to do so by law. If you request us to release personal information to sources not authorized on this form, we will require new written consent from you. In some instances, we have authorized the Canada Revenue Agency (CRA) to provide your name, address and date of birth to Elections Canada for the National Register of Electors.

The above terms will remain in effect from year to year unless amended in writing by either party. If you have any questions about our Privacy Policy or your personal information, please call us at 1-888-2687488. A copy of the Chaves Income Tax Privacy Policy is available on request.

Please sign and return this consent form to us as soon as possible.

Date

Name (Please Print)

Signature

PRIVACY POLICY & CONSENT FORM

Chaves Income Tax

As of January 2004, the use of personal information in Canadian commercial activities is protected by federal legislation under the *Personal Information Protection and Electronic Documents Act* (PIPEDA).

The PIPEDA establishes a set of ten principles that organizations must follow when collecting, using and disclosing personal information in the course of commercial activity. Chaves Income Tax is completely committed to these ten principles.

Ten Privacy Principles

1. Accountability: *An organization is responsible for personal information under its control and shall designate an individual or individuals who are accountable for the organization's compliance with the following principles.*

Chaves Income Tax maintains and protects its own database of personal information. All staff members at Chaves Income Tax are trained in the appropriate use and protection of that Information, and are required to sign a confidentiality agreement. Tracey L. Chaves is the designated Privacy Information Officer for Chaves Income Tax.

2. Identifying Purposes: *The purposes for which personal information is collected shall be identified by the organization at or before the time the information is collected.*

Chaves Income Tax will use your personal information only for the purposes outlined below:

- Completion of your personal and self-employment income tax returns, and filing them on your behalf if requested and authorized by you to do so;
- Communicating with Canada Revenue Agency (CRA), the Internal Revenue Service (IRS), or other state or local tax departments on your behalf, but only if you have given us additional authorization to do so by signing the appropriate consent form (in Canada: Form 1013 for Individuals, Form RC59 for business);
- Updating our database records as your personal information changes;
- Communicating with you regarding your ongoing tax situation;
- Taking care of ongoing concerns on your behalf with your knowledge and permission; and
- Invoicing you for our tax services.

3. Consent: *The knowledge and consent of the individual are required for the collection, use or disclosure of personal information, except where inappropriate.*

Chaves Income Tax/Tracey L Chaves requires you to sign this Privacy Policy and Consent Form, authorizing us to be in possession of the personal information you provide to us, and to use it as indicated in Principle #2 (above).

4. Limiting Collection: *The collection of personal information shall be limited to that which is necessary for the purposes identified by the organization. Information shall be collected by fair and lawful means.*

Chaves Income Tax will only collect the personal information required for the preparation and completion of your income tax returns and the related purposes indicated in Principle #2 (above).

Such information can include, but is not limited to, your name, address, telephone number, gender, social insurance number (SIN), social security number (SSN), and income.

5. Limiting Use, Disclosure, and Retention: *Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information shall be retained only as long as necessary for the fulfillment of those purposes.*

Chaves Income Tax will not use your personal information for any other purpose than those indicated in Principle #2 (above).

6. Accuracy: *Personal information shall be as accurate, complete, and up-to-date as is necessary for the purposes for which it is to be used.*

Chaves Income Tax will update your personal information in our database as such information is provided to us.

7. Safeguards: *Personal information shall be protected by security safeguards appropriate to the sensitivity of the information.*

At Chaves Income Tax your personal information is protected from loss or theft and safeguarded from unauthorized access, disclosure, copying, use or modification. Your personal information is protected in all formats in which it is held. Our security safeguards include the following:

- Physical measures (locked filing cabinets, restricted access to offices, alarm systems);
- Technological tools (passwords and encryption, firewalls, anti-virus and anti-spyware software); and
- Organizational controls (limiting access to a "need-to-know" basis, staff training and confidentiality agreements).

8. Openness: *An organization shall make readily available to individuals specific information about its policies and practices relating to the management of personal information.*

This Privacy Policy and Consent Form is available to all clients and is provided on our website in pdf format at: www.ChavesIncomeTax.webs.com/privacy/pdf

9. Individual Access: *Upon request, an individual shall be informed of the existence, use and disclosure of his or her personal information and shall be given access to that information. An individual shall be able to challenge the accuracy and completeness of the information and have it amended as appropriate.*

Chaves Income Tax is committed to informing our clients of this Privacy Policy, and our clients are entitled to verify the accuracy of their information at any time.

10. Challenging Compliance: *An individual shall be able to address a challenge concerning compliance with the above principles to the designated individual or individuals accountable for the organization's compliance.*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

The above notice must be provided to all new clients before acceptance of engagements and to continuing clients annually. Annual notification may be included with other materials such as engagement letters, newsletters, tax organizers, etc.

I have read this **Privacy Policy and Consent Form** in it's entirety and understand how my personal information will be collected, used and protected by Chaves Income Tax.

I agree that Chaves Income Tax can collect and use my personal information as stated in this Privacy Policy and Consent Form.

Client Name

Client Signature

Chaves Income Tax
Tracey L. Chaves
7 Radford Dr.
Brampton, ON L6V 1Y4

Tax Preparer: Tracey L Chaves



Tax Preparer Signature

1-888-268-7488



Authorizing or Cancelling a Representative

Complete this form to give the Canada Revenue Agency (CRA) your consent to deal with another person (such as your spouse or common-law partner, other family member, friend, or accountant) who would act as your representative for income tax matters or to cancel any existing representatives on your file. For **individual** accounts, complete this form only if you have a valid social insurance number (SIN), temporary tax number (TTN) or individual tax number (ITN). Only forms received with a valid SIN, TTN or ITN will be processed. Send your completed form to your CRA tax centre. You can find the address of your tax centre on the attached information sheet. You can also give or cancel a consent by providing the requested information online through "Authorize my representative" on our Web site at www.cra.gc.ca/myaccount. To **immediately cancel** a consent, call us at **1-800-959-8281**.

Note

We will accept a change of address only from **you** or **your legal representative**. If you have registered with the **My Account** online service, you can change your address by going to www.cra.gc.ca/myaccount. If you have recently moved, call us at **1-800-959-8281** before submitting this form to ensure we have your current mailing address.

To **authorize** a representative, complete Part 1, Part 2 **or** Part 3, Part 4, and Part 6.

To **cancel** a representative, complete Part 1, Part 5, and Part 6.

Part 1 – Taxpayer information

Complete this part to identify yourself and to give your account number. You must complete a **separate Form T1013** for each representative.

First name	Last name	Work telephone number - -	Home telephone number - -
Individual		Trust	T5
SIN, TTN or ITN		Trust account number T	T5 filer identification number H A

Complete the one that applies:

Part 2 – Giving consent for a representative (including online access)

You must complete a **separate Form T1013** for each representative. Online access is not available for **trust** accounts. Refer to Part 3.

To grant online access to your representative, enter his or her identification number.

For an individual

RepID					
S	9	H	C	6	P
G					

OR

For a group

GroupID				
G				

OR

For a business

Business number (BN)						

Your representative must have registered the BN with the CRA "Represent a client" service.

Enter the full name of the individual, group or business.

Name of individual associated to the RepID

First name: TRACEY	Last name: CHAVES
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Name of the group associated to the GroupID

Name of the business associated to the BN

Enter the **level of authorization** (level 1 or 2):

If you **do not specify a level** of authorization, we will **assign a level 1**. Our online services do not have a year-specific option. Therefore, your representative will have access to **all tax years**.

Part 3 – Giving consent for a representative (other than online access, including trust accounts)

You must complete a **separate Form T1013** for each representative.

- If you are giving consent to an **individual**, enter the individual's full name in the appropriate box below.
- If you are giving consent to a **business**, enter the name of the business in the appropriate box below.

Name of individual		Name of business			
First name:					
Last name:		Telephone: - -	Ext:	Fax: - -	

Part 3 continued on the next page ➔

Part 3 (Continued)

Tick either:

- **Box A** below to give consent for **all** tax years **and** specify the level of authorization; **or**
- **Box B** below to give consent for a **specific** tax year or years **and** specify the level of authorization for **each** tax year.

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

- A.** All (past, present, and future) tax years **Level of authorization** (level 1 or 2):
- B.** 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										

Month Day

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If this consent is for a **trust account** and the year-end is not December 31, enter the month and day of the year-end.

Part 4 – Consent expiry date

Enter an expiry date for the consent given in **Part 2** or **Part 3** if you want the consent to end at a particular time. Your consent will stay in effect until **you** or **your representative** cancels it, it reaches the expiry date you choose, or we are notified of your death.

Year Month Day

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Part 5 – Cancelling one or more existing consents

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

- A.** Cancel **all** consents. **B.** Cancel the consents given for the individual, group or business identified below:

Name of individual	Name of business
First name:	Last name:

RepID

--	--	--	--	--

or

GroupID

G				
---	--	--	--	--

or

Business number

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Part 6 – Signature

You or **your legal representative** (for example, a person with your power of attorney, your guardian, or an executor or administrator of the taxpayer's estate) must sign and date this form. If you are signing and dating this form as the legal representative, tick the box below. If two or more legal representatives are acting jointly on the taxpayer's behalf, the signature of each legal representative is required. Also, send us a copy of the legal document that identifies you as the legal representative, if you have not already done so.

By signing and dating this form, you authorize us to deal with the individual, group, or business identified in **Part 2** or **Part 3** and/or to cancel the consents shown in **Part 5**.

We will process this form only if you provided your **account number** and it is **signed and dated** by you or your legal representative. This form must be received by the CRA **within six months** of its signature date. If not, it will not be processed.

I am not the taxpayer named in part 1 of this form. However, I have power of attorney for this taxpayer, I am the legal guardian of this taxpayer, I am the executor/administrator of this taxpayer's estate, or I am the trustee or custodian of this trust account.

 Print name of taxpayer or each legal representative

 Signature of taxpayer or each legal representative

Year Month Day

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 Date of signature



INFORMATION RETURN FOR ELECTRONIC FILING OF AN INDIVIDUAL'S INCOME TAX AND BENEFIT RETURN

Before you complete this form, read the information and instructions on the back.
 You have to complete this form to allow your electronic filer to electronically file your 2012 income tax and benefit return.
 You have to complete parts **A**, **B**, and **F**. You choose whether you want to complete parts C, D, and E.
 Your electronic filer has to complete parts **G** and **H**.
 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 2012 return (mandatory)

First name and initial		Last name		Social insurance number	
Mailing address: Apt. No. – Street No. Street name					
P.O. Box	R.R.	City	Prov./Terr.	Postal code	

Part B – Declaration (mandatory)

Enter the following amounts from your 2012 return, if applicable:

Total income (line 150)	_____	Refund (line 484)	_____
Taxable income (line 260)	_____	or Balance owing (line 485)	_____
Total federal non-refundable tax credits (line 350 of Schedule 1) ...	_____		

Part C – Direct deposit (optional)

To start direct deposit, or to change the banking information you already gave us, complete this part. **Do not complete this part if you already use direct deposit and your banking information has not changed.** Read the back of this form for more details.

Tick () the payments you want deposited directly to your bank account held in Canada:

<input type="checkbox"/> Income tax refund, GST/HST credit payments, and Working Income Tax Benefit (WITB) advance payments	Branch	Institution number	Account number
<input type="checkbox"/> Canada Child Tax Benefit (CCTB) and payments from certain related provincial or territorial programs to the same bank account			
or			
<input type="checkbox"/> CCTB and payments from certain related provincial or territorial programs to a different bank account	Branch	Institution number	Account number
<input type="checkbox"/> Tick this box to have your Universal Child Care Benefit (UCCB) payments deposited into the same bank account as your income tax refund, GST/HST credit payments, and WITB advance payments			
<input type="checkbox"/> Tick this box to have your UCCB payments deposited into the same bank account as your CCTB payments	Branch	Institution number	Account number
<input type="checkbox"/> Tick this box to have your UCCB payments deposited into a different bank account			

Part D – Alternative address authorization (optional)

Complete 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 G. Tick () the appropriate box. Tick () the appropriate box if you want to mail your notice of assessment to the back of this form.

2012 notice of assessment and tax refund or 2012 notice of assessment

Part E – Authorizing an electronic filer to represent you (optional)

I authorize the Canada Revenue Agency to deal with the electronic filer named in Part G as my representative for income tax matters of my 2012 return. This authorization will expire on _____ (YYYY/MM/DD). Read the back of this form for more details.
 If you do not show an expiry date, this authorization **will remain in effect** until you, the undersigned, cancel it.

Signature _____ Date _____

Part F – Declaration and authorization (mandatory)

I declare that the information entered in Part A and the amounts shown in Part B above 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 I authorize the electronic filer identified in Part G to electronically file my 2012 return and to communicate with the Canada Revenue Agency to correct any errors or omissions.

Signature _____ (individual identified in Part A or legal representative) Name and title of legal representative _____ Date _____

Your electronic filer has to complete parts G and H (mandatory).

<h3>Part G – Electronic filer identification</h3> <p>By signing Part F above, the individual in Part A authorizes the following person or firm to electronically file his or her 2012 return. Part F must be signed before the return is electronically transmitted.</p> <p>Name of person or firm: Tracey Chaves/Chaves Income Tax</p> <p>Electronic filer number: G8390</p>	<h3>Part H – Document control number or confirmation number</h3> <p>Enter the document control or confirmation number for the individual's electronic record:</p>
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