| CVITP registrations. | | | | | | |
|---|------------|----|--|--|--|--|
| Types of returns to transmit: | T1 returns | No | | | | |
| | | | | | | |
| : your residential address | | | | | | |
| | | | | | | |
| Applicant: | | | | | | |
| RepID: | | | | | | |
| Title or Office: | | | | | | |
| Security measures | | | | | | |
| Complete the EFILE registration certification page. | | | | | | |
| Submit registration | | | | | | |

PRINT or save your EFILE information (important!