Information Sheet

Important: This information is confidential.

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1. **General information**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| First name | | | Last name | | | Gender M | F |
| Social insurance number | | | Date of birth (YYYY/MM/DD) | | | | |
| Current address (street number, street name, apt., or P.O. box) |  |  | City, town or municipality | Province |  | Postal code |  |
| Have you moved since January 1, 2017? Yes No | | | Marital status on December 31, 2017:  Single Separated Divorced  Widowed Married De facto spouse  If your marital status changed in 2017, how did it change?  Enter the date the change occurred (for example, you got divorced on June 15): | | | | |
| If “**Yes**,” on what date? | | |
| Enter your old address: | | |
|  | | |
| Did you notify the Canada Revenue Agency (CRA)  and Revenu Québec of the change in your address? Yes No | | |
| Area code Telephone | | | Language of communication: French English | | | | |
| Is this your first federal income tax return? | Yes | No |  |  |  |  |  |
| Did you or your spouse sell a residence (or cottage) in 2017? Yes No  If “**Yes**,” you are not eligible for the Volunteer Program. Contact the CRA and Revenu Québec for information about reporting the sale. | | | | | | | |
| Status in Canada : Canadian citizen Permanent resident Refugee Other (specify): | | | | | | | |
| Do you authorize the CRA to provide your name, address and citizenship information to Elections Canada? Yes No | | | | | | | |
| Is this your first Québec income tax return? | Yes | No |  |  |  |  |  |
| Check the box that applies to you **for all** of 2017:  I lived alone or **only** with minors. I lived **only** with minors or with children 18 or over enrolled in post-secondary studies. | | | | | | | |
| Who is eligible for the solidarity tax credit for 2017?  You Your spouse  For eligibility requirements, see the guide to the Québec income tax return. | | | If you and your spouse are both eligible, who is claiming the solidarity tax credit?  You Your spouse  Is the person claiming the credit registered for direct deposit with Revenu Québec?  Yes No | | | | |
| Person covered by a private prescription drug insurance plan in 2017: You  Your spouse  One of your parents  N/A (public plan or exemption) | | | Who is covered by the private plan?  You Your spouse Months covered:  Jan. Feb. Mar.  July Aug. Sept. | Your children Apr. May  Oct. Nov. | June Dec. |  |  |

1. **Information about your dwelling in 2017**

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| If you had a spouse, was he or she living with you on December 31, 2017? Yes No N/A (no spouse) If “**No**,” why not? Private residential and long-term care centre (CHSLD) Prison or similar institution  Other country (specify which country and your spouse’s net income in Canadian dollars):  Other (specify): |
| If you or your spouse was an **owner at the end of 2017**, check the appropriate box(es).  **You Your spouse**  House Condominium Other (specify): House Condominium Other (specify):  Please provide the roll number (“numéro matricule”) or cadastral designation (“désignation cadastrale”) shown on your municipal tax bill: |
| If you or your spouse was a **tenant** (person whose name is on the lease) **at the end of 2017**, check the appropriate box(es). If you received an RL-31 slip from the owner of your dwelling, please provide it.  **You Your spouse**  Apartment building Low-rental or subsidized housing Apartment building Low-rental or subsidized housing Private seniors’ residence (provide the schedule to the lease Private seniors’ residence (provide the schedule to the lease) CHSLD When did you live there? CHSLD When did he or she live there?  Jan. Feb. Mar. Apr. May June Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. July Aug. Sept. Oct. Nov. Dec.  Room (specify): Room (specify): Other (specify): Other (specify): |
| If you or your spouse were neither owners or tenants, explain your living situation.  **You: Your spouse:** |

1. **Information about your spouse**

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| --- | --- | --- | --- | --- | --- |
| First name | Last name | | | Gender M | F |
| Social insurance number | Date of birth (YYYY/MM/DD) | | | | |
| Is this his or her first Canada income tax return? Yes No | | | | | |
| Area code Telephone | Language of communication: French English | | | | |
| Status in Canada: Canadian citizen Permanent resident Refugee Other (specify): | | | | | |
| Does your spouse authorize the CRA to provide his or her name, address and citizenship information to Elections Canada? | | Yes | No |  |  |
| Is this your spouse’s first Québec income tax return? Yes No | | | | | |





1. **Information about new residents**

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| --- | --- | --- | --- | --- |
| If you arrived in Canada in 2017, enter: | a) the date of your arrival (YYYY/MM/DD): | | | |
| b) your status as a new resident: | immigrant | foreign student | other (specify): |
| c) the income you earned from January 1 to the date of your arrival (in Canadian dollars) and the type of income: | | | |
| d) the country where the income was earned: | | | |
| If your spouse arrived in Canada in 2017, enter: | a) the date of his or her arrival (YYYY/MM/DD): | | | |
| b) his or her status as a new resident: | immigrant | foreign student | other (specify): |
| c) the income he or she earned from January 1 to the date of his or her arrival (in Canadian dollars) and the type of income: | | | |
| d) the country where the income was earned: | | | |

1. **Information about certain income and credits** (Complete only the fields that apply to your situation.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Person who did not earn any income in 2017: You Your spouse | | | | |
| Person with an impairment: You Your spouse  Person who has a severe impairment in mental or physical functions certified by a qualified practitioner (you must have previously provided forms T2201 and TP-752.0.14-V): You Your spouse  Person unable to live alone (based on form TP-752.0.14-V): You Your spouse | | | | |
| Person who received U.S. social security benefits throughout a period beginning before January 1, 1996, and ending in 2017: You Your spouse | | | | |
| Person who wishes to transfer the unused portion of his or her tuition fees? You Your spouse To whom? | | | | |
| Person who **received** amounts of **taxable** support payments in 2017: You Your spouse Total amount received: Person who **paid** amounts of **deductible** support payments: You Your spouse Total amount paid: If you checked any of the boxes above, provide the following information on any ex-spouse:  First name Last name Address Social insurance number | | | | |
| Person claiming the tax credit for recent graduates working in remote resource regions: You Your spouse | | | | |
| Did you receive advance payments (as shown on the RL-19 slip or statement of payments) of the tax credit for childcare expenses, the tax credit for home-support services for seniors, the tax credits respecting the work premium or the working income tax benefit in 2017? Yes No | | | | |
| Person confined to a prison or similar institution in 2017:  You Your spouse If you or your spouse was confined, how long were you confined: | | | | |
| Person with dependants who do not live with him or her: You Your spouse If you are in this situation, provide the following information: | | | | |
| First and last names of the dependant | Relationship | Social insurance number | Date of birth (YYYY/MM/DD) | Net income |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **Information about the people who lived with you in 2017** (other than your spouse)

\*Provide this information if you are claiming a tax credit for this person.

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Person 1** | | **Person 2** | | **Person 3** | |
| First name |  | |  | |  | |
| Last name |  | |  | |  | |
| Date of birth (YYYY/MM/DD) |  | |  | |  | |
| Relationship to you (ex.: daughter, father, roommate) |  | |  | |  | |
| Is the person your dependant? | Yes | No | Yes | No | Yes | No |
| If the person is your child or your spouse’s child, did you or your spouse have shared custody of him or her?\*  If “**Yes**,” who is claiming the tax credits in respect of the child?\* | Yes  You | No  Ex-spouse | Yes  You | No  Ex-spouse | Yes  You | No  Ex-spouse |
| Social insurance number\* |  | |  | |  | |
| Net income\* |  | |  | |  | |
| Is the person enrolled in post-secondary studies?\*  If “**Yes**,” a volunteer may contact you for more information. | Yes | No | Yes | No | Yes | No |
| Date on which you began living together |  | |  | |  | |
| Date on which you stopped living together |  | |  | |  | |
| Is the person either an owner or a tenant of the dwelling? | Yes | No | Yes | No | Yes | No |
| Does the person have an impairment? | Yes | No | Yes | No | Yes | No |
| If the person has an impairment, answer the following questions:  Is the impairment a severe and prolonged impairment in mental or physical functions certified by a qualified practitioner (you must have previously provided forms T2201 and TP-752.0.14-V)?  Is the person unable to live alone (based on form TP-752.0.14-V)? | Yes  Yes | No  No | Yes  Yes | No  No | Yes  Yes | No  No |

1. **Tax credit for home-support services for seniors** (for seniors 70 or older)

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| --- | --- | --- | --- |
| If you were a tenant in 2017, provide the requested information: | Rent for January 2017 | Rent for December 2017 | Month the amount of rent changed (if applicable) |
| Did you pay for home-support services **not included** in rent or condominium fees?  Yes No If “**Yes**,” for which types of services (include all your receipts)? | | | |

1. **Information for the volunteer**

**IMPORTANT**: Give this form back to the taxpayer with his or her other documents, such as copies of his or her income tax returns, information and RL slips, and forms TIS60 and TP-1000.PB-V.

Information sheet received on: