



Information Sheet

Important: This information is confidential.

1 General information

First name	Last name	Sex <input type="checkbox"/> M <input type="checkbox"/> 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, 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," on what date? _____ Enter your old address: _____	Marital status on December 31, 2020: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Common-law spouse	
Did you notify the Canada Revenue Agency (CRA) and Revenu Québec of the change in your address? <input type="checkbox"/> Yes <input type="checkbox"/> No	If your marital status changed in 2020, how did it change? Enter the date the change occurred (for example, you got divorced on June 15):	
Area code Telephone	Language of communication: <input type="checkbox"/> French <input type="checkbox"/> English	
Is this your first federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you or your spouse sell a residence (or cottage) in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," you are not eligible for the Income Tax Assistance – Volunteer Program. Contact the CRA and Revenu Québec for information about reporting the sale.		
Status in Canada: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Refugee <input type="checkbox"/> registered Indian <input type="checkbox"/> Other (specify):		
Do you authorize the CRA to provide your name, address, date of birth and citizenship information to Elections Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this your first Québec income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check the box that applies to you for all of 2020: <input type="checkbox"/> I lived alone or only with minors. <input type="checkbox"/> I lived with one or more of my children, grandchildren or great-grandchildren 18 or older enrolled in full-time studies for which they received an RL-8 slip with an amount in box A.		
Who is eligible for the solidarity tax credit for 2020? <input type="checkbox"/> You <input type="checkbox"/> 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? <input type="checkbox"/> You <input type="checkbox"/> Your spouse Is the person claiming the credit registered for direct deposit with Revenu Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person covered by a private prescription drug insurance plan in 2020: <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> One of your parents <input type="checkbox"/> N/A (public plan or exemption)	Who is covered by the private plan? <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Your children Months covered: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.	

2 Information about your dwelling in 2020

If you had a spouse, was he or she living with you on December 31, 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (no spouse) If "No," why not? <input type="checkbox"/> Private residential and long-term care centre (CHSLD) <input type="checkbox"/> Prison or similar institution <input type="checkbox"/> Other country (specify which country and your spouse's net income in Canadian dollars): _____ <input type="checkbox"/> Other (specify): _____	
If you or your spouse was an owner at the end of 2020 , check the appropriate box(es). You <input type="checkbox"/> House <input type="checkbox"/> Condominium <input type="checkbox"/> Other (specify): _____ Please provide the roll number ("numéro matricule") or cadastral designation ("désignation cadastrale") shown on your municipal tax bill: _____ Your spouse <input type="checkbox"/> House <input type="checkbox"/> Condominium <input type="checkbox"/> Other (specify): _____	
If you or your spouse was a tenant (person whose name is on the lease) at the end of 2020 , check the appropriate box(es). If you received an RL-31 slip from the owner of your dwelling, please provide it. You <input type="checkbox"/> Apartment building <input type="checkbox"/> Low-rental or subsidized housing <input type="checkbox"/> Private seniors' residence (provide the schedule to the lease) <input type="checkbox"/> CHSLD ▶ When did you live there? <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. <input type="checkbox"/> Room (specify): _____ <input type="checkbox"/> Other (specify): _____ Your spouse <input type="checkbox"/> Apartment building <input type="checkbox"/> Low-rental or subsidized housing <input type="checkbox"/> Private seniors' residence (provide the schedule to the lease) <input type="checkbox"/> CHSLD ▶ When did he or she live there? <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. <input type="checkbox"/> Room (specify): _____ <input type="checkbox"/> Other (specify): _____	
If you or your spouse were neither owners nor tenants, explain your living situation. You: _____ Your spouse: _____	

3 Information about your spouse

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



4 Information about new residents

If you arrived in Canada in 2020, enter:	a) the date of your arrival (YYYY-MM-DD):
	b) your status as a new resident: <input type="checkbox"/> immigrant <input type="checkbox"/> foreign student <input type="checkbox"/> 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 2020, enter:	a) the date of his or her arrival (YYYY-MM-DD):
	b) his or her status as a new resident: <input type="checkbox"/> immigrant <input type="checkbox"/> foreign student <input type="checkbox"/> 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:

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

Person who did not earn any income in 2020: <input type="checkbox"/> You <input type="checkbox"/> Your spouse																				
Person confined to a prison or similar institution in 2020: <input type="checkbox"/> You <input type="checkbox"/> Your spouse If you or your spouse was confined, enter the period of confinement																				
Person with an impairment: <input type="checkbox"/> You <input type="checkbox"/> 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): <input type="checkbox"/> You <input type="checkbox"/> Your spouse Person unable to live alone (based on form TP-752.0.14-V): <input type="checkbox"/> You <input type="checkbox"/> Your spouse																				
Person who received U.S. Social Security benefits throughout a period beginning before January 1, 1996, and ending in 2020: <input type="checkbox"/> You <input type="checkbox"/> Your spouse																				
Person who wishes to transfer the unused portion of his or her tuition fees? <input type="checkbox"/> You <input type="checkbox"/> Your spouse To whom?																				
Person who received support payments in 2020: <input type="checkbox"/> You <input type="checkbox"/> Your spouse Total taxable amount received: _____ Person who paid support payments in 2020: <input type="checkbox"/> You <input type="checkbox"/> Your spouse Total deductible amount paid: _____ If you checked any of the boxes above, provide the following information about your former spouse: First name _____ Last name _____ Address _____ Social insurance number _____																				
Person claiming the tax credit for recent graduates working in remote resource regions: <input type="checkbox"/> You <input type="checkbox"/> 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 Canada workers benefit in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Person with dependants who do not live with him or her: <input type="checkbox"/> You <input type="checkbox"/> Your spouse If you are in this situation, provide the following information:																				
<table border="1"> <thead> <tr> <th>First and last names of the dependant</th> <th>Relationship</th> <th>Social insurance number</th> <th>Date of birth (YYYY-MM-DD)</th> <th>Net income</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	First and last names of the dependant	Relationship	Social insurance number	Date of birth (YYYY-MM-DD)	Net income															
First and last names of the dependant	Relationship	Social insurance number	Date of birth (YYYY-MM-DD)	Net income																

6 Information about the people who lived with you in 2020 (other than your spouse)

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

	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the person is your or your spouse's child, did you or your spouse have shared custody of him or her?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," who is claiming the tax credits in respect of the child?*	<input type="checkbox"/> You <input type="checkbox"/> Former spouse	<input type="checkbox"/> You <input type="checkbox"/> Former spouse	<input type="checkbox"/> You <input type="checkbox"/> Former spouse
Social insurance number*			
Net income*			
Is the person enrolled in post-secondary studies?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," a volunteer may contact you for more information.			
Date on which you began living together			
Date on which you stopped living together			
Is the person an owner or a tenant of the dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person have an impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the person unable to live alone (based on form TP-752.0.14-V)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7 Tax credit for home-support services for seniors (for seniors 70 or older)

If you were a tenant in 2020, provide the requested information:	Rent for January 2020	Rent for December 2020	Month the amount of rent changed (if applicable)
Did you pay for home-support services not included in rent or condominium fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, for which types of services (include all your receipts)?		
Are you considered a dependent senior? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, date you became dependent: _____		
Is your spouse on December 31 considered a dependent senior? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, date your spouse became dependent: _____		

8 Information for the volunteer

Information sheet received on:	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.
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