



Information Sheet

Important: This information is confidential.

You are not eligible for the Income Tax Assistance – Volunteer Program (ITAVP) if:

- You or your spouse owns foreign property.
- You or your spouse sold a residence.
- You realized a capital gain or sustained a capital loss.
- You declared bankruptcy.
- You have employment expenses.

This sheet must be returned to you with your documents, including the copies of your income tax returns, form TIS60, *Community Volunteer Income Tax Program Taxpayer Authorization*, form TP-1000.PB-V, *Authorization to Complete and File a Personal Income Tax Return Online*, and your information slips and RL slips.

Information sheet received on:

D	D	M	M	Y	Y	Y	Y	Y	Y

1 General information

First name Last name

Sex M F Social insurance number (SIN) Date of birth Province of residence on December 31, 2025

Marital status on December 31, 2025: Single Separated Divorced Widowed Married Common-law spouse

If your marital status changed in 2025, how did it change? Enter the date the change occurred (for example, you got divorced on June 15).

Current address

Apt., street number, street name City, town or municipality Province Postal code

Area code Phone (home) Area code Phone (work) Extension

Language of communication with the Canada Revenue Agency (CRA) French English

Is this your first federal income tax return? Yes No

Are you a Canadian citizen? Yes No

Do you authorize the CRA to provide your name, address, date of birth and citizenship information to Elections Canada? Yes No

Do you want to receive your notice of assessment or reassessment and other CRA correspondence online only? Yes No

If so, you accept that the CRA will no longer mail them to you. Yes No

If so, enter the email address where you want to be notified when you have a new message in the CRA's My Account portal. (You must be registered for the portal to access it.)

Email address

Is this your first Québec income tax return? Yes No

If so, and you would like Revenu Québec to communicate with you in English, check the box that best describes your situation:

I am eligible for instruction in English or I am an Indigenous person.

I am an immigrant and I moved to Québec in the last six months.

Throughout 2025, did you live **alone** or with one or more dependent children? Yes No

Did you receive or use one or more cryptoassets? Yes No

Are you claiming the solidarity tax credit? Yes No

If so, complete Part 3.

If you want Revenu Québec to notify you of certain activity regarding your file, check how you would like to be notified: Text Email Text and email

Do you want to receive correspondence from Revenu Québec online only in My Account? Yes No

2 Québec prescription drug insurance

Were you covered by a **private** prescription drug insurance plan **for all of 2025**?

Yes, my plan (go to Part 3)

Yes, my spouse's or my parent's plan (go to Part 3)

No

Did any of the following situations apply to you in 2025? If so, check all that apply. Also check the month(s) for which the situation(s) applied (for at least one day).

Situation		Month(s)	
<input type="checkbox"/> Covered by your own private plan	<input type="checkbox"/> Last-resort financial assistance	<input type="checkbox"/> All year	
<input type="checkbox"/> Registered Indian	<input type="checkbox"/> 18 to 25, full-time student and not married	<input type="checkbox"/> January	<input type="checkbox"/> July
<input type="checkbox"/> Immigrant or emigrant	<input type="checkbox"/> Resident in another province	<input type="checkbox"/> February	<input type="checkbox"/> August
<input type="checkbox"/> Covered by your spouse's or parent's private plan	<input type="checkbox"/> Under 18 and not married	<input type="checkbox"/> March	<input type="checkbox"/> September
<input type="checkbox"/> Holder of a valid claim booklet	<input type="checkbox"/> In a CHSLD	<input type="checkbox"/> April	<input type="checkbox"/> October
<input type="checkbox"/> Over 65 and your prescription drugs were free because of the amount of the Guaranteed Income Supplement (GIS)	<input type="checkbox"/> Other	<input type="checkbox"/> May	<input type="checkbox"/> November
		<input type="checkbox"/> June	<input type="checkbox"/> December

If no situations apply, you may have to pay a Québec prescription drug insurance premium for the year.

3 Solidarity tax credit

If you had a spouse who was living with you on December 31, 2025, only one of you can claim the solidarity tax credit for your couple and therefore complete this part. If your spouse did not live with you, each of you must claim the solidarity tax credit separately.

You are not eligible for the solidarity tax credit if you (or your spouse, if applicable) were a refugee protection claimant or if, on December 31, 2025, you had been living in Canada for less than 18 months and you were a temporary resident or the holder of a temporary resident permit, within the meaning of the *Immigration and Refugee Protection Act*.

Throughout 2025, did you live alone in a dwelling (e.g. a house or apartment) or only with people under 18?

Yes

No (spouse, co-tenant or children over 18)

Was your address on December 31, 2025, the same as your current address?

Yes

No

If not, enter your home address on December 31, 2025:

Apt., street number, street name or PO box

City, town or municipality

Province

Postal code

On December 31, 2025, were you or your spouse: Tenants or subtenants (RL-31 slip) Owners Neither tenants nor owners

If you or your spouse was a tenant or subtenant (named in the lease), you should have received an RL-31 slip from your landlord. You must provide it.

Whose name is on the RL-31 slip? My name My spouse's name One is in my name and one is in my spouse's

If you or your spouse owned your residence, specify the owner and the roll number or cadastral designation ("numéro matricule" or "désignation cadastrale") shown on the municipal tax bill.

Owner

Roll number or cadastral designation

If you had a spouse, were they living with you on December 31, 2025?

Yes

No

N/A (no spouse)

4 Tax data download services

The CRA and Revenu Québec each offer an optional and secure service for organizations and volunteers to download tax data in order to automatically fill in some parts of the income tax returns.

If the organization offers these services, do you want it to use them to fill in your income tax returns?

Yes

No

If "Yes," you must authorize the organization to use:

 the CRA's **Auto-fill my return** service by signing the *Authorization request – signature page*;

 Revenu Québec's **Tax Data Download** service by giving the organization your download code or signing form COM-1076.TD.A-V, *Authorization to Download Tax Data*.

5 Tax credit for home-support services for seniors (people 70 or over)

In 2025, did you receive advance payments of the tax credit for home-support services for seniors (shown on an RL-19 slip)? Yes No

Was your family situation the same throughout 2025 (for example, for the entire year, you either had a spouse or you did not)? Yes No

Place of residence in 2025: Your own house or a health establishment Private seniors' residence
 Apartment building (other than a private seniors' residence) Condominium

Did you live in the same dwelling throughout 2025? Yes No

Check the appropriate box for yourself and, if you are claiming the credit on behalf of your couple, for your spouse on December 31. If you check the "Dependent" box, enter the date you or your spouse became dependent.

You: Non-dependent Dependant

Your spouse: Non-dependent Dependant

If you lived in an apartment building (other than a private seniors' residence), provide the following information:

Rent for January 2025 (your share) Rent for December 2025 (your share) Month rent changed, if applicable

If applicable, enter the number of co-tenants (not including your spouse).

If you lived in your own home, an apartment building (other than a private seniors' residence) or a condominium, did you pay for home-support services not included in your rent or condominium fees? Yes No

If so, specify the type of services (you must provide receipts):

6 Information about certain income and credits

Complete only the applicable fields.

Person who **paid** the medical expenses in 2025 that were not covered or refunded: You Your spouse Dependant

Total **deductible** amount paid:

Person who did not earn any income in 2025: You Your spouse

Person confined to a prison or similar institution in 2025: You Your spouse

If you or your spouse was confined, enter the period of confinement:

Person with an impairment: You Your spouse

Person with 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 wants to transfer the unused portion of their tuition fees: You Your spouse To whom?

Person who **received** support payments in 2025: You Your spouse

Total **taxable** amount received:

Person who **made** support payments in 2025: You Your spouse

Total **deductible** amount paid:

If you checked any of the boxes above, provide the following information about your or your spouse's former spouse:

First name Last name Social insurance number (SIN)

Address

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 Canada Workers Benefit in 2025? Yes No

6 Information about certain income and credits (continued)

Person with one or more dependants who do not live with them: You Your spouse

If this situation applies to you or your spouse, provide the following information:

First and last names of the dependant	Relationship	Social insurance number (SIN)	Date of birth (DD-MM-YYYY)	Net income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7 Information about the people who lived with you in 2025 (other than your spouse)

	Person 1	Person 2	Person 3
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you (e.g. daughter, father, co-tenant)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 the child?*	<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 (SIN)*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net income*	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date on which you began living together (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date on which you stopped living together (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 "Yes," 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

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

8 Information about new residents

If you arrived in Canada in 2025, enter:

a) Your date of arrival:

b) Reason for your arrival: New resident of Canada Foreign student Refugee protection claimant Seasonal agricultural worker
 Temporary stay in Canada Other (specify):

c) Income you earned from January 1 to your date of arrival (in Canadian dollars) and the type of income:

d) Country where the income was earned:

If your spouse lives outside Canada and does not have to file an income tax return, enter the following information:

a) Your spouse's first name:

b) Your spouse's last name:

c) Your spouse's worldwide income in Canadian dollars:

d) Country where your spouse earned this income:

9 Information about your spouse

First name _____ Last name _____

Sex M F Social insurance number (SIN) _____ Date of birth _____ Area code _____ Phone _____
D D M M Y Y Y Y

Is this your spouse's first federal income tax return? Yes No

Language of communication with the CRA: French English

Does your spouse authorize the CRA to provide their name, address, date of birth and citizenship information to Elections Canada? Yes No

Does your spouse want to receive their notice of assessment or reassessment and other CRA correspondence online only? Yes No
If so, they accept that the CRA will no longer mail them.

If so, enter the email address where your spouse wants to be notified when they have a new message in the CRA's My Account portal.
(Your spouse must be registered for the portal to access it.)

Email address _____

Is this your spouse's first Québec income tax return? Yes No

If so, and your spouse would like Revenu Québec to communicate with them in English, check the box that best describes their situation.

- Your spouse is eligible for instruction in English or is an Indigenous person.
- Your spouse is an immigrant and they moved to Québec in the last six months.

Did your spouse receive or use one or more cryptoassets? Yes No

If your spouse wants Revenu Québec to notify them of certain activity regarding their file, check how they would like to be notified: Text Email Text and email

Does your spouse want to receive correspondence from Revenu Québec in My Account only? Yes No

If your spouse immigrated to Canada in 2025, enter the following information:

a) If your spouse's arrival date is different than yours, enter your net income for the time you were living in Canada with your spouse. _____

b) Your spouse's arrival date: _____
D D M M Y Y Y Y

c) Reason for your spouse's arrival: New resident of Canada Foreign student Refugee protection claimant Seasonal agricultural worker
 Temporary stay in Canada Other (specify): _____

d) Your spouse's income (in Canadian dollars) from January 1 _____
to their arrival date and the type of income: _____

e) Country where your spouse earned this income: _____

Notes

