****

INCOME-TAX FORM

YEAR INCOME :\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| NAME AND FIRST NAME | TELEPHONE |
| ADDRESS | CITY |
| POSTAL CODE BIRTHDAY DATE( (dd/ mm / yy) | SOCIAL INSURANCE NUMBER(SIN) |

SECTION A

|  |
| --- |
| STATUS AT DECEMBER 31, YEAR INCOME (check square, please) SINGLE  MARRIED NOTE BENE :  COMMON LAW SPOUSE 1) Living with your partner minimum 12 months before December 31 WIDOWED  SEPARATED 2) Separated : Minimum 90 days before December 31 DIVORCED  |

SECTION B YES NO

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Has your marital status changed during the tax year?
 |  |  | How many?Q. 9 et 10 |
| 1. Is this your first federal income-tax?
 |  |  |  |
| 1. Is this your first Quebec income-tax?
 |  |  |  |
| 1. Do you have 100 000 CAN in international assets value during the year income?

  |  |  |  |
| 1. Are you Canadian citizen?
 |  |  |  |
| 1. Do you want to give your personal information to Canada election?
 |  |  |  |
| 1. Have you been in prison?
 |  |  |  |
| 1. Do you have right to the exemption for person living alone?
 |  |  |  |
| 1. Do you have children?
 |  |  |  |
| 1. Do you have dependents?
 |  |  |  |

SECTION C

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF YOUR COMMUN LOW OR SPOUSE | BIRTHDAY DATE  | S. I. N. | NET INCOME |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILDREN’S NAME OR DEPENDENTS | Relation (parents) | Birthday date | S.I.N. | Net income |
| a. |  |  |  |  |
| b. |  |  |  |  |
| c. |  |  |  |  |
| d. |  |  |  |  |
| MEDICAL INSURANCE (PRIVATE OR PUBLIC-RAMQ) | Employer amount $ | Employees amount $ |
|  |  |  |
| 1. If this is the first income-tax, which date did you arrive to Canada?
 | D / M / Y |
| 1. If your marital status changed during the tax year, which date was it?
 | D / M / Y |
| 1. Where was your provincial residency at December 31 tax year?
 |  |
| 1. Email address

 **@** |

SECTION D

If the last alimony and child support’s agreement has been concluded after May first of 1997, give us a copy of this court document or signed by two parents and specifying it.

|  |  |  |
| --- | --- | --- |
|  | RECEIPT | GIVED  |
|  | CHILDREN $ | PARENTS $ | CHILDREN $ | PARENTS $ |
| ALIMONY AND CHILD SUPPORT |  |  |  |  |

THANKS YOU FOR YOUR COLLABORATION, IMPOCOMPT

------------------------------- -------------------------- SIGNATURE DATE