

Date: ____ / ____ / ____ (DD/MM/YYYY)

Tax reports to produce (years): _____

Requestor

Mr. Mrs.

First name: _____
Last name: _____

Partner

Mr. Mrs.

First name: _____
Last name: _____

Civil status

Single Common law partner Married Separated Divorced Widowed

If your civil status has changed this year: Preceding status: _____ Date of change: ____ / ____ / ____ (DD/MM/YYYY)

Date of birth: ____ / ____ / ____ (DD/MM/YYYY)
Social insurance number: _____
Phone: _____
Email: _____
Address: _____ Apt.: _____
City: _____ Province: _____
Postal code: _____

Date of birth: ____ / ____ / ____ (DD/MM/YYYY)
Social insurance number: _____
Phone: _____
Email: _____
Residing at the same address
Impôts Victoria will treat my partner's declaration: Yes No
If "No": Line 236 federal: _____
Line 275 provincial: _____

Drug insurance (Indicate months that apply if not cover whole year)

Governmental (RAMQ): From _____ to _____
My own group insurance: From _____ to _____
Group insurance (parent/partner): From _____ to _____

Drug insurance (Indicate months that apply if not cover whole year)

Governmental (RAMQ): From _____ to _____
My own group insurance: From _____ to _____
Group insurance (parent/partner): From _____ to _____

Yes No I lived alone during the whole year (Excluding dependent persons) Yes No I bought a first home this year
Yes No I arrived in Canada or emigrated out of it this year Yes No I sold a principal residence during the year
Yes No I own more than 100 000\$ of foreign assets (including investments hold here)

Dependents (Childs, parents, grands-parents, etc. residing at same address)

First name	Last name	Relationship	Date of birth (DD/MM/YYYY)	Net income (if have)	Post-secondary student	Person with a disability
_____	_____	_____	____ / ____ / ____	_____	_____	_____
_____	_____	_____	____ / ____ / ____	_____	_____	_____
_____	_____	_____	____ / ____ / ____	_____	_____	_____

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