

Year : _____

INDIVIDUAL	Mr.	Mrs.	Other	SPOUSE	Mr.	Mrs.	Other
Last name _____				Last name _____			
First name _____				First name _____			
Phone _____				Phone _____			
Email _____				Email _____			
Person with a disability			No Yes	Person with a disability			No Yes
I own more than \$100,000 in foreign property			No Yes	I own more than \$100,000 in foreign property			No Yes
I own cryptocurrency			No Yes	I own cryptocurrency			No Yes

MARITAL STATUS as of December 31

Single Living common-law Married Separated Divorced Widowed

Change of marital status: No Yes Date of change: _____

I lived alone **THROUGHOUT THE YEAR** (or with children under 18/full-time students)

CURRENT ADDRESS

No _____ Street _____ Apt _____

City _____ Prov _____ Postal code _____

Change of address: No Yes Moving date: _____

To be completed if you moved in 2024

- I bought my first home in 2024
Date of purchase: _____ I participated in HBP I used my FHSA
- I sold my principal residence in 2024
Address _____
Year of purchase: _____ Sale price: _____ \$
- I moved to be at least 40 km closer to my **new** job

RESIDENCY as of December 31

Resident of Quebec: Tenant (RL31) Owner Other: _____

Resident of Ontario: Tenant: Monthly rent _____ \$ Name of landlord _____

Owner: Property tax _____ \$

Other province: _____

DRUG INSURANCE

	From	Month	To	Month
RAMQ				
My own group plan				
With my spouse/parent plan				

SPOUSE DRUG INSURANCE

	From	Month	To	Month
RAMQ				
My own group plan				
With my spouse/parent plan				

DEPENDANT CHILDREN

First name	Last name	Birth date (DD/MM/YYYY)	Net income	Disabled	Post-secondary student	I pay a pension
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I was a single parent at any time in the year No Yes

If YES, I want to claim the amount for an eligible dependant for this child: _____

Please note, you must be the only person claiming the amount for an eligible dependant for this child this year. You must have full or shared custody and must not pay child support for this child.

Other information:

OTHER DEPENDANTS

First name	Last name	Relationship	Birth date (DD/MM/YYYY)	Net income	Disabled	Live with me
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Please define the nature of your financial and human support

Do you provide food, shelter, clothing? What kind of assistance do you offer in their daily living?

ADDITIONAL INFORMATION

- I sold real estate other than my principal residence during the year
Please specify: Cottage, condo Land Rental property
- I started renting my residence during the year or I moved into my rental property
- I renovated my home to improve accessibility and safety (get around better, perform everyday tasks more easily). *People with disabilities, over the age of 65, caregiver.*
- I renovated my dwelling to establish a multigenerational home

Signature _____ Date _____

I would like a pocket folder