

2019 Dependent Information

Dependent Info

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|--|--------------|---------------------------|-----------------------------|-------------------------|
| Name | Relationship | Total Net Income for Year | Social insurance number | Date of birth m/d/yr |
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| If you have a child under the age of 6, did you receive the Canada Child Benefit? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| If eligible, under whose name should we claim the tax credits? Mine <input type="checkbox"/> % Spouse <input type="checkbox"/> % | | | | |

Name: _____

Signature: _____ Date: _____