



Click on any field to start editing.

VERIFICATION OF INCOME STATEMENT

Client information

Name:

Claim number:

Address:

Phone number(s):

Income information

Are you receiving Canada Disability Pension (CDP) in relation to your work injury? ☐ Yes ☐ No

If yes, please indicate the CDP amount per month. \$ _____ per month

Have you worked in the last 12 months? If yes, please provide the following: ☐ Yes ☐ No

• Employer name/start date: _____

• Annual gross income: _____

mm/dd/yyyy

• Hourly rate x hours per week: _____

• Monthly gross income: _____

Personal tax credits (check as many as apply):

Basic personal amount:

☐ Claim this if you are single or if your spouse earns more than \$17,848 annually.

Spouse:

☐ **Full spouse:** Claim this if your spouse's annual income is less than \$1,623.

☐ **Partial spouse:** Claim this if your spouse's annual income is between \$1,623 and \$17,848.

*If yes, please provide your spouse's annual income: \$ _____

Child equivalent to spouse:

☐ Claim this if you are single and support a dependent child.

Child:

☐ Claim this if you are supporting a child/children under the age of 18.

☐ If yes, indicate how many children are claimed.

Please provide name(s) and birth date. 1. _____

2. _____

mm/dd/yyyy

mm/dd/yyyy

NOTE: You cannot claim an amount for a child/children who has/have been claimed by anyone else as a dependant.

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

Date

mm/dd/yyyy

Name (please print)

Signature

