



Click on any field to start editing.

VERIFICATION OF SPOUSAL INCOME STATEMENT

Client information

Name: _____ Claim number: _____
Address: _____ Phone number(s): _____

Income information

Your portion of survivor's benefits from the Canada Pension Plan (do not include your children's portion): \$ _____ per month

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

- Employer name: _____ Start date: _____
- Annual gross income: _____
- 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. _____ mm/dd/yyyy
2. _____ 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.

