



Children under 18 years of age who lived with you this year

Child 5 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN (Optional) _____ My Child has a disability tax certificate Yes No

My child has no income Yes No My child is unmarried Yes No

Child 6 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN (Optional) _____ My Child has a disability tax certificate Yes No

My child has no income Yes No My child is unmarried Yes No

Child 7 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN (Optional) _____ My Child has a disability tax certificate Yes No

My child has no income Yes No My child is unmarried Yes No

Child 8 Son Daughter Other: _____

First Name _____ Last Name _____

Date of Birth (Day/Month/Year) _____/_____/_____

SIN (Optional) _____ My Child has a disability tax certificate Yes No

My child has no income Yes No My child is unmarried Yes No

If you have more than 4 children under 18 who lived with you this year, please attach their information in a separate sheet with their first and last name, relationship, date of birth, income status, marital status, and whether or not they have a disability tax certificate.