

Family

CHILD OR OTHER DEPENDANT	DEPENDANT 1	DEPENDANT 2
First name:	_____	_____
Name:	_____	_____
Date of birth:	_____	_____
S.I.N.:	_____	_____
Relationship if not your child:	_____	_____
⁽¹⁾ Address (if different from yours):	_____	_____
⁽¹⁾ Date of change:	_____	_____

INCOME EARNED DURING THE YEAR:

a) employment income	\$ _____	\$ _____
b) scholarship and bursaries	\$ _____	\$ _____
c) investment income	\$ _____	\$ _____
d) other (provide details)	\$ _____	\$ _____

In each case, please provide the information slips or a copy of the income tax returns. (if they are not prepared by us)

Did the child receive the Solidarity Tax Credit:

from January to June 2025? If yes, indicate the amount*: \$ _____

from July to December 2025? If yes, indicate the amount*: \$ _____

**Please note that you can simply provide us with the Revenu Québec statements indicating the amounts received for 2025.*

Is the dependant attending post-secondary school?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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(If yes, please provide the T2202 and Relevé 8 information slips. These must generally be downloaded by the student from the school's website.)

Is the dependant handicapped?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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(If this is the first year the credit is being requested, please provide form T2201 duly signed by a qualified and authorized medical practitioner. If the child is 18 or over, also provide form TP-752.0.14)

⁽¹⁾ *If we are preparing the returns for one or more of your adult children who no longer live with you, please provide their new address as well as the date of their move.*