

Zero Income Spouse



Customer Information

Name: _____ SIN: _____ Tax Year: _____

Spouse or common law partner's Information

Name: _____ SIN: _____ Birth Date: _____

To the best of my knowledge, the following claims are true about my spouse or common-law partner, in relation to the 20____ tax year:

- | | Initial |
|-------------------------------------------------------------------------|---------|
| • s/he did not earn any employment income during the year | _____ |
| • s/he did not receive any social assistance during the year | _____ |
| • s/he did not receive any workers compensation during the year | _____ |
| • s/he did not receive any employment insurance (EI) during the year | _____ |
| • s/he did not receive any pension or retirement income during the year | _____ |

I understand that signing and submitting this form does
NOT mean my spouse has filed a tax return.

I understand that if we have children, my spouse must file a
separate tax return or we will stop receiving CCB cheques.

By signing below, I agree that I have read this form, and agree with all claims made above.

Customer's Signature

Date