

# LIST OF DEPENDANTS

Name: \_\_\_\_\_

Spouse/Common-law Partner Name: \_\_\_\_\_

*This chart is to assist both you and us in maintaining the accuracy and completeness of the information necessary to identify available deductions and credits that you can claim for dependents. Complete once for both you and your spouse or common-law partner. **Please fill-in the applicable sections only – leave other fields blank.***

Children Under 19 Years Old										
Name	Sex	Relationship	Birthdate MM/DD/YYYY	SIN	Income	Custody	Claim Child Benefits?	Disability (if any) Description	Disability Tax Credit?	Attendant Care Claim

Dependants Over 18 Years Old											
Name	Sex	Relationship	Birthdate MM/DD/YYYY	SIN	Income	Live With You?	If no, Address	Disability Description	Disability Tax Credit?	Shared Caregiver Claim%	Paid Expenses

If you need more space, please complete an additional form. Some fields are limited to eligible deductions. If you have any questions, please contact us.