

# 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