0209811 LA



Person Living Outside Québec

Refundable Tax Credit for Child Assistance

Please print	Your sc	ocial insurance number 🕨 📂			
1. Information about your identity					
Sex Family name		Given name			
M Date of birth year month day	Your mother's family name at birth				
Your address outside Québec (number, str	eet, apartment)				
City	Province/State	Country	Postal code		
area code Telephone	Other	ea code	Extension		
Your address before you left Québec (nu	mber, street, apartment)				
City	Province		Postal code		
Indicate the date of your departure from	•	-			
year month day year month day Date of departure: Date of return:					
2. Information about your spouse Sex Family name	Given nam	0	Social insurance number		
	Given nam				
B Date of birth His c	or her mother's family nar	me at birth			
Is your spouse living in Québec during y	Is your spouse living in Québec during your absence? 🗌 Yes 🗌 No				
If no, indicate the date of his or her departure from Québec and the expected date of his or her return to Québec:					

year month day year month day

Date of departure:

3. Information about children under 18 who are living with you

Provide the following information about the children under age 18 who are living with you outside Québec.

Given name	Family name	Date of birth Date of departure from Québec		departure Québec	
		year	month day	year	month day
		1 1 1			

Complete the sections found on the next page.

4.	nformation about your situation outside Québec		
4.1	Check the situation that applies to you:		
	a) Vou are a member of the Canadian Forces and your were living in Québec immediately before Canada to carry out military service in a foreign country.	your depart	ure from
	b) Vou are an ambassador, member of parliament, civil servant, high commissioner, minister, senator or a general agent, civil servant or official of a Canadian province or territory and, immediately employment or appointment by Canada or a province or territory, you were living in Québec, a representation allowance for the current year.	before your	election,
	Title:		
	Employer:		
	Date on which you entered into office:		
	c) You work in a country other than Canada in the context of a prescribed international devel of the Gouvernement du Québec or the Government of Canada and you lived in Québec the 6 months preceding the date on which your employment began.		
	Program name:		
	Date on which you entered into office:		
	d) Vou normally live outside Canada and you spent time in Québec during one or several period or more during the current calendar year.	ds totalling 1	83 days
	Number of days:	ar month	day
	Indicate the periods during which you were in Québec:		
	e) None of these situations apply to you but you are the spouse of a person to whom one of th applies and you lived in Québec at some time during a previous tax year.	ie above par	agraphs
	Indicate the year:		
	Check and complete the situation that applies to your spouse: a), b), c) or d).		
	f) Sone of these choices corresponds to your situation.		
	Reason for your departure:		
4.2	If you checked e) or f) , go to section 5. If not, go directly to section 6.		
-			
5.	tesidential ties with Québec		
5.1	Are you leaving Québec for more than 2 years?	Yes	∐ No
5.2	Check the ties that you will have with Québec during your absence:		
	No ties		
	Personal property (automobiles, furniture, etc.)		
	Describe them:		
	House, lodging or other		
	Address:		
	If your home is occupied by someone else, can you terminate the lease in less than 3 months?	Yes	No
	Other ties		

Complete the section found on the next page.

Describe them: .

5.	Residential ties with Québec (continued)		
5.3	Will you keep bank accounts in Québec?	Yes	No
5.4	During your absence, will you be covered by the Régie de l'assurance maladie du Québec?	Yes	No
5.5	Do you have permanent resident status in another country?	Yes	No
	If Yes, indicate the country:		
5.6	Do you plan to visit Québec during your absence?	Yes	No
	If Yes, why?		
	How often?		
5.7	Are you working or will you be working outside Québec in a specific job for a limited amount of time?	Yes	No
	If Yes, name the employer:		
	Work:		
	Period:		
5.8	Is your spouse working or will your spouse be working outside Québec in a specific job for a limited		
	amount of time?		
	If Yes, name the employer:		not apply
	Work:		
	Period:		
5.9	Are you working, or will you work under a fixed-term contract under which your return to Québec		
	is foreseen? year month day	Yes	└ No
	If Yes, indicate the date of return:		
	Employer:		
	Description of duties:		
5.10	Is your spouse working, or will your spouse work under a fixed-term contract under which a return	Yes	No
	to Québec is foreseen? If Yes, indicate the date of return:		not apply
			not apply
	Description of duties:		
An		a contion 6	
AI	swer the following questions if you answered "Yes" to questions 5.7, 5.8, 5.9 or 5.10. If not, go directly to		
5.11	Are you reserving the right to come back and work in Québec for your employer?	Yes	No
			not apply
5.12	Is your spouse reserving the right to come back to Québec and work for his or her employer?		No not apply
F 40			
5.13	Is your employer reserving the right to call you back to Québec?		No not apply
5.14	Is your spouse's employer reserving the right to recall him or her to Québec?	Yes	
			not apply

Complete the sections found on the next page.

5.	Residential ties with Québec (continued)		
5.15	Do you have a guarantee of being reinstated in your position or working in another position for your employer when you return to Québec?	☐ Yes ☐ Does r	No Not apply
5.16	Does your spouse have a a guarantee of being reinstated in his or her position or working in another position for his or her employer when he or she returns to Québec?	Yes	No Not apply
5.17	Are you a worker who has been temporarily sent by your employer to a country with which Québec has a social security agreement?	Yes	No Not apply
5.18	Is your spouse a worker who has been temporarily sent by his or her employer to a country with which Québec has a social security agreement?	Yes	No Not apply

6. Declaration and signatures					
Making a false declaration is an offence and may result in repercussions against you.					
I declare that all the information given in this application is true	and complete.				
Your signature Date					
If this form has been completed by another person, that person	must provide the following information:				
Family name	Given name				
Signed in the capacity of					
area code area code [] Telephone [] [] Extension [] [] Extension [] [] [] [] [] [] [] [] [] [] [] [] []					
Signature	year month day Date				
How to reach us					

By Internet	By mail
www.rrq.gouv.qc.ca	Régie des rentes du Québec Case postale 7777
By telephone	Québec (Québec) G1K 7T4
Québec region: 418 643-3381 Montréal region: 514 864-3873	In person
Toll-free: 1 800 667-9625	At one of our client service centres. We suggest that you call us before coming to the office. In most
ТТҮ	cases, you can obtain the information you need by telephone.
Service for the hearing impaired Toll-free: 1 800 603-3540	