

Statement of Foreign Income (Spouse)

Refundable Tax Credit for Child Assistance

The information provided in this form will be used to set the amount of your child assistance payment.	

Please pr	int Your:	social insuran	nce number	>		
1. In	formation about your identity					
Sex	Family name	Given name				
□F						
М	Date of birth year month day year month day					
Teleph		area code		, Ex	xtension	
2. In	formation about your spouse					
Sex				Social insurance r	number	
□F						
М	Date of birth His or her mother's family name at birth					
If your	spouse is currently living in Canada, provide the followir	ng information	າ:			
Date o	f arrival in Québec E	Date of arrival	in Canada	year	month day	
3. Yo	our spouse's earnings outside Canada					
	cate the amounts in Canadian dollars . er 0 \$, for each year in question, if he or she does not ha	ave any earnir	ngs to declare).		
For ea	ch year in question:					
 If your spouse lived outside Canada, indicate his or her earned outside Canada that was not declared and be declared to Revenu Québec. 			Year		e earned outside ((in Canadian dollars)	
If your spouse lived elsewhere in Canada at some time during the year and was not living in Québec on 31 December of that			1 1 1			\$
year, provide a copy of his or her Notice of Assessment from the Canada Revenue Agency for that year.						\$
Do not indicate the earnings outside Canada that were declared on his or her Notice of Assessment from the Canada Revenue Agency.						\$

Complete the section on the other side.

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4. Declaration and signatures							
Making a false declaration is an offence and may result in reperc	cussions against you.						
Your spouse must sign the form, except if he or she is still living outside Canada.							
I declare that all the information given in this application is true and complete.							
Your signature	year month day Date pear month day year month day						
Your spouse's signature	Date						
If your spouse is living in Canada and you are unable to obtain his or her signature, indicate the reason:							
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							

How to reach us



Signature

By Internet

www.rrq.gouv.qc.ca



By telephone

Québec region: 418 643-3381 Montréal region: 514 864-3873 Toll-free: 1 800 667-9625



TTY

Service for the hearing impaired Toll-free: 1 800 603-3540



By mail

Your social insurance number

Régie des rentes du Québec Case postale 7777 Québec (Québec) G1K 7T4



In person

At one of our client service centres. We suggest that you call us before coming to the office. In most cases, you can obtain the information you need by telephone.

Date

year

month

day

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