



Click on any field to start editing.

VERIFICATION OF INCOME STATEMENT

Client Information

Name: _____ Claim number: _____
Address: _____ Phone number(s): _____

Income Information

Are you receiving Canada Disability Pension (CDP) in relation to your work injury? Yes No

If yes, please indicate the CDP amount per month. \$ _____ Per month

Have you worked in the last 12 months? If yes, please provide the following: Yes No

- | Employer name/start date: _____ mm/dd/yyyy
- | Annual gross income: _____
- | Hourly rate x hours per week: _____
- | Monthly gross income: _____

Personal Tax Credits (Check as many as apply):

Basic Personal Amount:

___ Claim this if you are single or if your spouse earns more than \$17,672 annually.

Spouse:

___ **Full spouse:** Claim this if your spouse's annual income is less than \$1,607.

___ **Partial spouse:** Claim this if your spouse's annual income is between \$1,607 and \$17,672.

*If yes, please provide your spouse's annual income: \$ _____

Child equivalent to spouse:

___ Claim this if you are single and support a dependent child.

Child:

___ Claim this if you are supporting a child/children under the age of 18.

___ If yes, indicate how many children are claimed.

Please provide name(s) and birth date. 1. _____ mm/dd/yyyy
2. _____ mm/dd/yyyy

NOTE: You cannot claim an amount for a child/children who has/have been claimed by anyone else as a dependant.

The information provided by you in this document will be used to calculate your ongoing benefit entitlement under the *Workers' Compensation Act, 2013*. By signing this document, you are acknowledging that all information provided is to be true and correct by virtue of the *Canada Evidence Act*.

Date mm/dd/yyyy _____

Name (please print) _____

Signature _____

