

Income Information Slips

NAME: _____ YEAR: _____

TYPE: **T5007**

Box 10: _____ Box 11: _____

TYPE: **RC 62**

Box 10: _____ Box 12: _____

TYPE: **T** _____

ISSUED: _____

WRITE FULL NAME OF EMPLOYER OR INSTITUTION IF APPLICABLE

Box 7: _____ # of Months: _____

Box 13: _____

Box 14: _____ Box 15: _____

Box 16: _____ Box 17: _____

Box 18: _____ Box 21: _____

Box 22: _____

Box 24: _____ Box 26: _____

Box 30: _____ Box 40: _____

Box 44: _____ Box 48: _____

Box 52: _____ Box 55: _____

Box 81: _____ Box 85: _____

Box 105: _____ **Box** _____ : \$ _____

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