e4c Make Tax Time Pay
COUPLES

Completion of this form is voluntary.
Information provided on this form is confidential, anonymous and will be used for evaluation purposes only.

MTTP Location: _____

PARTNER 1:			
Age Range: ☐ 13 - 17	☐ 18 - 24	☐ 25 - 64	☐ 65 +

Were you born in Canada?	**If no, what year did you arrive in Canada?**
☐ Yes ☐ No ☐ Prefer not to answer	_____

Main Source of Income:

☐ Employment ☐ AISH ☐ Pension/CPP
☐ Income Support ☐ Employment Insurance (EI) ☐ No Income
☐ Other _____

PARTNER 2:			
Age Range: ☐ 13 - 17	☐ 18 - 24	☐ 25 - 64	☐ 65 +

Were you born in Canada?	**If no, what year did you arrive in Canada?**
☐ Yes ☐ No ☐ Prefer not to answer	_____

Main Source of Income:

☐ Employment ☐ AISH ☐ Pension/CPP
☐ Income Support ☐ Employment Insurance (EI) ☐ No Income
☐ Other _____

SHARED INFORMATION

Marital Status –as of December 31, 2018 ☐ Married ☐ Common Law

If you have children, how many (<u>under 18 years old</u> as of December 31, 2018) live with you? _____

Before you leave today, please let us know

My experience today was…..

I would like to learn how to do my own taxes

☐ Yes ☐ No

How did you find out about our tax site? ☐ 211 ☐ Been Here Before ☐ Other _____

Where do you live?

☐ Edmonton ☐ St. Albert ☐ Strathcona County
☐ Fort Saskatchewan ☐ Parkland County ☐ Other _____

Income Tax

PARTNER 1:	2018 Gross (line 150): $			
	REFUND	OWING	GST	CCB

O T H E R Y E A R S				
Tax Year	REFUND	OWING	GST	CCB
2017				
2016				
2015				
2014				
2013				
2012				

PARTNER 2:	2018 Gross (line 150): $			
	REFUND	OWING	GST	CCB

O T H E R Y E A R S				
Tax Year	REFUND	OWING	GST	CCB
2017				
2016				
2015				
2014				
2013				
2012				

*CCB Canada Child Benefit

Benefits

Leisure Access Pass & Ride Transit	
Applying for	*Receiving*

AB Child Care Subsidy	
Applying for	*Receiving*

AB Child Health Benefit	
Applying for	*Receiving*

Old Age Security	
Applying for	*Receiving*

RESP (Education) *Grant & Bond Information*	
Receiving	*Shared Information*