



Supplemental Income/Information Form - FEDERAL

Strictly Private and Confidential

**CLAIMANT PLEASE AFFIX
HERE ONE OF THE PREPRINTED
LABELS PROVIDED**

* If you do not have the labels, call 1-877-434-0944 for instructions.

CORRECTIONS ONLY:

Write any name, address corrections below, if any corrections are necessary:

This Form and Form GEN 10B (Provincial) must be provided ONLY where the Claimant cannot provide a complete Federal and Quebec, if resident in Quebec, Income Tax Return and a Notice of Assessment for each Pre-Claim and Post-Claim Income year relating to a loss of income or support claim.

- If the **HCV Infected Person is living**, he or she must complete this Form; OR
- If the HCV Infected Person is living but is a **minor or mentally incompetent adult**, his or her Approved HCV Personal Representative must complete this Form; OR
- If the HCV Infected Person is **deceased**, the Approved HCV Personal Representative claiming **pre-death loss of income** on behalf of the Estate must complete the Pre-Claim Income section and the Post-Claim Income section for each year up to and including the year of death; AND/OR
- If there is a **post-death loss of support** claim, the **Dependants** of the deceased must complete the Pre-Claim Income section of this Form only.

PRE-CLAIM INCOME DETERMINATION

Provide the HCV Infected Person's detailed Pre-Claim Income information for any of the same 3 consecutive years used when completing the Master Form GEN 10 if you do not have a complete Income Tax Return and Notices of Assessment to submit.

Year 1: _____ (same as Master Form)	Normal Employment	Related Employment	Self-Employment
Pre-Claim gross earned income amount	Already provided on GEN 10 Master Form	Already provided on GEN 10 Master Form	Already provided on GEN 10 Master Form
Amounts not subject to CPP or QPP contributions, if any	\$	\$	
Amounts exempt from taxation, if any	\$	\$	
Year 2: _____ (same as Master Form)	Normal Employment	Related Employment	Self-Employment
Pre-Claim gross earned income amount	Already provided on GEN 10 Master Form	Already provided on GEN 10 Master Form	Already provided on GEN 10 Master Form
Amounts not subject to CPP or QPP contributions, if any	\$	\$	
Amounts exempt from taxation, if any	\$	\$	
Year 3: _____ (same as Master Form)	Normal Employment	Related Employment	Self-Employment
Pre-Claim gross earned income	Already provided on GEN 10 Master Form	Already provided on GEN 10 Master Form	Already provided on GEN 10 Master Form
Amounts not subject to CPP or QPP contributions, if any	\$	\$	
Amounts exempt from taxation, if any	\$	\$	

NOTE: Attach documentary evidence such as T-4, Statement of Employment Income, Statement of Business Income, Statement of Professional Income, Notices of Assessment, Financial Statements or other documents confirming the Pre-Claim Income for each of the above three years.



POST-CLAIM INCOME INFORMATION

Provide the HCV Infected Person's detailed income information for any Post-Claim Income year where you do not have a complete Income Tax Return and Notices of Assessment to submit. If you are missing Income Tax Returns for more than one Post-Claim Income year, make a **copy of this page while it is still blank and complete one page for each and every Post-Claim Income year.**

Post-Claim Income Year: _____ **(calendar year)**

Gross Earned income	Normal Employment	Related Employment	Self-Employment
	<i>Already Provided on GEN 10 Master Form</i>	<i>Already Provided on GEN 10 Master Form</i>	<i>Already Provided on GEN 10 Master Form</i>
Amounts not subject to CPP or QPP contributions , if any	Normal Employment	Related	Self-Employment
	\$	\$	\$
Amounts exempt from taxation, if any	Normal Employment	Related	Self-Employment
	\$	\$	\$
Do Post-Claim taxable disability benefits include CPP or QPP?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was the HCV Infected Person's Post-Claim income earned either outside Quebec or before 1998?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter the number of full or partial months for which CPP or QPP disability benefits were received			
Does the HCV Infected Person have a spouse ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter spouse's income for tax purposes		\$	
If the HCV Infected Person does not have a spouse, does the HCV Infected Person have a dependant or an equivalent-to-spouse?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter dependant/equivalent-to-spouse's income for tax purposes		\$	
Was the HCV Infected Person entitled to the Disability Tax Credit / Disability Amount ? If yes, please describe the disability: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the HCV Infected Person pay alimony or maintenance payments deductible for tax purposes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter alimony or maintenance payments deductible for tax purposes		\$	

NOTE: You must attach documentary evidence such as T-4, Statement of Employment Income, Statement of Business Income, Statement of Professional Income, Notice of Assessment, Financial Statements or other documents confirming the above Post-Claim Income for each year.

DECLARATION

I certify that the information provided is true and correct. I am not making any false or exaggerated claims to obtain benefits.

Date Signed

Signature of Claimant