T1 Form Example for Factual Residents

Canada Revenue Agency | Agence du revenu du Canada

Protected B when completed

T1 **Income Tax and Benefit Return** **2020**

Select the form from the Province you moved from

Before you start:
If you are filling out this return for a **deceased person**, make sure you enter **their information** in all the boxes in Step 1.

Step 1 – Identification and other information

ON **8**

Identification

Print your name and address below.

First name and initial

Last name

Mailing address: Apt No. – Street No. Street name
CANSUP (Your Location), Stn Forces

PO Box
PO Box 5233

RR

City
Belleville

Prov./Terr. O N

Postal code K 8 N 5 W 6

Email address

By providing an email address, you are **registering** to receive email notifications from the CRA and **agree** to the **Terms of use** under Step 1 in the guide.

Enter an email address:

Information about your residence

Enter your province or territory of residence on **December 31, 2020**: Province you moved from

Enter the province or territory where you **currently** reside if it is not the same as your mailing address above: USA (CAF Spouse)

If you were self-employed in 2020, enter the province or territory where your business had a permanent establishment:

If you **became** or **ceased** to be a **resident of Canada** for income tax purposes **in 2020**, enter the date of:

entry Month Day or **departure** Month Day

Don't fill this out

Information about you

Enter your social insurance number (SIN):

Enter your date of birth: Year Month Day

Your language of correspondence: English ☐ Français ☐
Votre langue de correspondance :

Is this return for a deceased person?

Ensure the **SIN** information above is for the deceased person.

If this **return** is for a **deceased person**, enter the date of death: Year Month Day

Marital status

Tick the box that applies to your marital status on December 31, 2020:

1 ☐ Married 2 ☐ Living common-law 3 ☐ Widowed
4 ☐ Divorced 5 ☐ Separated 6 ☐ Single

Information about your spouse or common-law partner (if you ticked box 1 or 2 above)

Enter their SIN:

Enter their first name:

Enter their net income for 2020 to claim certain credits:

Enter the amount of universal child care benefit (UCCB) from line 11700 of their return:

Enter the amount of UCCB repayment from line 21300 of their return:

Tick this box if they were self-employed in 2020: 1 ☐

Do not use this area

Do not use this area	**17200**					**17100**				

(Ce formulaire est disponible en français.)