



FINANCIAL PROFILE - GROUP OF FIVE

- To be completed by each member who intends to use his/her personal income to support the refugee applicant(s).

FOR CIC USE ONLY	
CIC File Identification No.	
Principal Applicant ID No.	

A - GROUP NAME

1 Group of Five name

B - NAME OF PRINCIPAL REFUGEE APPLICANT

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
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C - PERSONAL DETAILS

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
4 For how many people in Canada are you currently the primary source of financial support? (include yourself)					

D - EMPLOYMENT

1 Are you employed? Yes (if yes, provide the following details.) No

2 Name of employer	3 Supervisor's name	4 Telephone no. Area code No.	Fax no. Area code No.
5 Address (no. and street)			
City		Province	Postal code
6 Job title	7 <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time	8 Dates of employment From D M Y To D M Y	9 Gross salary over the last 12 months

E - PREVIOUS EMPLOYER (if less than one year with current employer.)

1 Name of employer	2 Supervisor's name	3 Telephone No. Area code No.	Fax no. Area code No.
5 Address (no. and street)			
City		Province	Postal code

F - OTHER SOURCES OF INCOME

List income earned or obtained over the last 12 months from sources other than employment. You must attach supporting documents that attest to the source and amount of this income. An accountant must certify all income earned through self-employment and wholly-owned or partially-owned business ventures. Add an extra page if needed.

Income Source	Amount
1	\$
2	\$
3	\$
4	\$

G - FUNDS COMMITTED TO SPONSORSHIP

* Individual members should not commit beyond what is realistic given their current income and expenses. It is preferable that the financial burden be distributed as evenly as possible

TOTAL INCOME	FUNDS COMMITTED TO SPONSORSHIP
Box A <input style="width: 100px; height: 30px;" type="text"/>	Box B <input style="width: 100px; height: 30px;" type="text"/>
(to be used in section D of Settlement Plan and Financial Assessment)	

H - DECLARATION

I declare that the information given on this form and any attached documents is true, complete and fully discloses my financial situation.

SIGNATURE <input style="width: 150px; height: 30px;" type="text"/>	DATE	Day	Month	Year
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The information you provided on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used to maintain a record of application and sponsorship undertakings by local Groups of Five or more individuals according to the requirements of the Act. It will be retained in the Personal Information Bank CIC PPU 008 identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**

Income Tax Return for Single and Joint Filers With No Dependents (99)

Label
(See page 12.)
Use the eGov label. Otherwise, please print or type.

Presidential Election Campaign
(page 12)

L A B E L H E R E	Your first name and initial	Last name
	If a joint return, spouse's first name and initial	Last name
	Home address (number and street). If you have a P.O. box, see page 12.	Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.	

Your social security number
: : :
: : :
Spouse's social security number
: : :
: : :

▲ Important! ▲
You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or spouse if a joint return, want \$3 to go to this fund? Yes No Yes No

Income

Attach Form(s) here. Enclose, but do not attach, any payment.

Note. You must check Yes or No.

1	Total wages, salaries, and tips. This should be shown in box 1 of your form(s).	1	
2	Taxable interest.	2	
3	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends (see page 14).	3	
4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	
5	Can your parents (or someone else) claim you on their return? Yes. Enter amount from <input type="checkbox"/> worksheet on back. No. If single , enter 7,450.00. If married , enter 13,400.00. See back for explanation.	5	
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your taxable income .	6	

Credits, payments, and tax

7	Rate reduction credit. See the worksheet on page 14.	7	
8	Enter your Federal income tax withheld from box 2 of your W-2 form(s).	8	
9a	Earned income credit (EIC). See page 15.	9a	
	b Nontaxable earned income. 9b		
10	Add lines 7, 8, and 9a. These are your total credits and payments .	10	
11	Tax. If you checked "Yes" on line 5, see page 20. Otherwise, use the amount on line 6 above to find your tax in the tax table on pages 24–28 of the booklet. Then, enter the tax from the table on this line.	11	

Refund

Have it directly deposited! See page 20 and fill in 12b, 12c, and 12d.

12a	If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund .	12a	
	b Routing number <input style="width: 100px;" type="text"/>		c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d Account number <input style="width: 100px;" type="text"/>		

Amount you owe

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe . See page 21 for details on how to pay.	13	
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Third party designee

Do you want to allow another person to discuss this return? **Yes.** Complete the following. **No**

Designee's name	Phone no. ()	Personal identification number (PIN)
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Sign here

Joint return? See page 11. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	