

Canada Revenue
AgencyAgence du revenu
du Canada

6729

Protected B
when completed

Disability Tax Credit Certificate

Use this form to apply for the disability tax credit (DTC). The Canada Revenue Agency (CRA) will use this information to make a decision on eligibility for the DTC. See the "General information" on page 6 for more information.

Step 1: Fill out and sign the sections of Part A that apply to you.

Step 2: Ask a medical practitioner to fill out and certify Part B.

Step 3: Send the form to the CRA.

Part A – To be filled out by the taxpayer

Section 1 – Information about the person with the disability

First name and initial SKYLER	Last name ZANTH	Social insurance number 5 3 8 4 6 6 8 7 1			
Mailing address (Apt No. – Street No. Street name, PO Box, RR) 15490 ASHBURN RD					
PO Box		RR			
City BERWICK	Prov./Terr. ON	Postal Code K 0 C 1 G 0	Date of birth 1 9 8 8	Month 0 6	Day 1 5

Section 2 – Information about the person claiming the disability amount (if different from above)

First name and initial	Last name	Social insurance number

The person with the disability is: ☐ my spouse or common-law partner ☐ my dependant (specify): _____

Answer the following questions for **all** of the years that you are claiming the disability amount for the person with the disability.

1. Does the person with the disability live with you?

☐ Yes ☐ No

If **yes**, for which year(s)? _____

2. If you answered **no** to Question 1, does the person with the disability regularly and consistently depend on you for one or more of the basic necessities of life such as food, shelter, or clothing?

☐ Yes ☐ No

If **yes**, for which year(s)? _____

Give details about the **regular** and **consistent** support you provide for food, shelter or clothing to the person with the disability (if you need more space, attach a separate sheet of paper). We may ask you to provide receipts or other documents to support your request.

Section 3 – Adjust your income tax and benefit return

Once eligibility is approved, the CRA can adjust your returns for all applicable years to include the disability amount for **yourself** or your **dependant under the age of 18**. For more information, see Guide RC4064, *Disability-Related Information*.

☒ Yes, I want the CRA to adjust my returns, if possible.

☐ No, I do not want an adjustment.

Section 4 – Authorization

As the **person with the disability** or their **legal representative**, I authorize the following actions:

- Medical practitioner(s) can give information to the CRA from their medical records or discuss the information on this form.
- The CRA can adjust my returns, as applicable, if the "Yes" box has been ticked in Section 3.

Sign here:	Telephone number (613) 898-0992	Year 2 0 2 2	Month 0 5	Day 1 7
------------	------------------------------------	-----------------	--------------	------------

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 218 at canada.ca/cra-info-source.