# Canada Revenue Agency

a Revenue Agence du revenu y du Canada

## T1 ADJUSTMENT REQUEST



• Use this form to request an adjustment (a reassessment) to an individual income tax return.

See Help (F1) for information on how to complete it.

 Send the completed form to the Individual Client Services and Benefits Division of your tax centre as indicated on your notice of assessment.

| A Identificati  |                 |  | For filing                    |                                       |   |             |          | DO N         | TOP        | USE          | THIS           | AREA             | <b>k</b>                                     |               |              |              |
|---|-----------------|--|-------------------------------|---------------------------------------|---|-------------|----------|--------------|------------|--------------|----------------|------------------|--|---------------|--------------|--------------|
| Social insurance  | number          | Adjustment request for the   | PSN                           |                                       |   |             |          |              |            |              | -              |                  |  |               |              |              |
| 232 160 9   | <del>}</del> 29 | 2009 tax year (complete a separate form for each year)                                   |                               |                                       |   |             |          |              |            |              |                |                  |  |               |              |              |
| Full name (your s   | •               |  |                               |                                       | ·-· · · · · · · · · · · · · · · · · · · |             |          |              |            |              |                |                  | -  |               |              |              |
| Address:  | **              |  |                               |                                       | <del></del>                             |             |          |              |            |              | ······         |                  | ····   |               |              |              |
|   | as on the retur | 'n   |                               |                                       |   |             |          | <del></del>  |            |              |                | <del></del>      | <del></del>                                  |               | <u></u>      |              |
| or:   |                 |  |                               |                                       |   |             |          |              |            |              |                |                  |  |               |              |              |
|   |                 |  | CORLOC#                       |                                       | <u> </u>                                |             |          |              |            |              |                |                  |  | Ack.          |              | t. Code      |
|   |                 |  | Assessor                      |                                       |   | Da          | ate      |              | R          | lev.         |                |                  |  | D             | ate          |              |
| R Authorizati   | ion – complet   | e this area if you are authorizing a perso   | on or firm to n               |                                       | hie re                                  |             |          |              |            | hoh          | ~!F            |                  |  | <u> </u>      |              |              |
| Name and addre  | ass of authoriz | ed person or firm preparing  | Letter of aut                 |                                       |   |             |          |              |            |              |                | ימו בים          |  | Can           | llir         | ~ ^          |
| this request:   |                 | so person or min proparing   | representation                |                                       |   |             |          |              |            |              |                |                  |  |               |              |              |
| •   | -               | FESSIONAL CORPORATION  | X                             | _                                     | as su                                   |             |          |              |            |              |                | 96 H I           | Al Gene                                      | .O 10.        | /CI &        | <i>)</i> •   |
| OTTAWA  |                 |  |                               | is                                    | attac                                   | hed         |          |              |            |              |                |                  |  |               |              |              |
| ON K1Z  | 5C7             |  |                               |                                       |   |             | ·        |              |            |              | ··             |                  |  |               |              |              |
| C Adjustmen   | t details       |  |                               |                                       |   |             |          |              |            |              |                |                  | <u></u>                                      |               |              |              |
| Using your copy<br>If you have receivamount stated or             | ived an assess  | turn and your <i>Notice of Assessment</i> or F<br>sment or reassessment notice with an a | Reassessment<br>mount that is | t, list l<br>differe                  | below<br>ent fro                        | the<br>om t | de<br>he | tails<br>amo | of<br>ount | youi<br>on t | r req<br>the i | lueste<br>returr | ed ch<br>1, us                               | nang<br>e thi | je.<br>e     |              |
| Line number from return or schedule                               |                 | Name of line from return or schedule   |                               |                                       | evious<br>nount                         |             |          | +            |            | Amo<br>cha   | unt            | -                |  |               | evise<br>mou |              |
| 130   | Other incom     | 1e   |                               |                                       |   |             |          | +            |            | 11           | 10,0           | 11 42            | 2  |               | 110,         | 011 42       |
| 367   | Amount for      | children born in 1992 or later   |                               |                                       | . <del></del>                           |             | 1        | +            |            | ·            | 6,2            | 67 O             | )  |               | 6,           | 267 00       |
| 420   | Net federal t   | iax  |                               |                                       |   |             | <u> </u> | +            |            | 1            | 19,8           | 29 02            | <u>}</u>                                     |               | 19,          | 829 02       |
| 428   | Provincial or   | r territorial tax  |                               |                                       |   |             |          | +            |            |              | 12,0           | 75 20            | )  |               | 12,          | 075 20       |
| 479   | Provincial o    | r territorial credits  |                               |                                       |   | 1 3         |          |              |            |              | 4              | 61 32            | <u>,                                    </u> |               |              |              |
|   |                 | Ather details as assignations to   |                               | ra sne                                | }&T IT                                  | rea         | uire     | ∌d)          |            |              |                |                  |  | <del></del>   |              | <del>"</del> |
| · · · · · · · · · · · · · · · · · · ·                             |                 | Other details or explanations (a   |                               | · · · · · · · · · · · · · · · · · · · |   |             |          |              |            |              |                |                  | _  |               |              |              |
| · · · · · · · · · · · · · · · · · · ·                             | HED FORM 10!    | Other details or explanations (a<br>99-R FIELDITY INVESTMENTS, 96,332.2                  |                               | · · · · · · · · · · · · · · · · · · · |   |             |          | Γ1.1         | L42        | EQU          | JALS           | 5 110            | ,011   | .42           |              |              |
| AS PER ATTACH   | HED FORM 10!    |  |                               | · · · · · · · · · · · · · · · · · · · |   |             |          | Γ1.1         | L42        | EQU          | JALS           | 5 110            | ,011   | .42           |              |              |
| AS PER ATTACH   | HED FORM 10!    |  |                               | · · · · · · · · · · · · · · · · · · · |   |             |          | Γ1.1         | L42        | EQU          | JALS           | 5 110            | ,011   | .42           |              |              |
| AS PER ATTACH   | LARS            |  |                               | · · · · · · · · · · · · · · · · · · · |   |             |          | Γ 1.1        | L42        | EQU          | JALS           | 5 110            | ,011   | .42           |              |              |
| AS PER ATTACH<br>CANADIAN DOL                                     | n               | 99-R FIELDITY INVESTMENTS, 96,332.2  | 24 US DOLLAR                  | RS CO                                 | NVER                                    | RTEC        | ) A1     |              |            |              |                |                  |  |               |              |              |
| AS PER ATTACH CANADIAN DOL  D Certification I certify that the in | n               |  | 24 US DOLLAR                  | o the l                               | NVER                                    | of m        | ) AT     |              |            |              |                |                  |  |               |              |              |
| AS PER ATTACH<br>CANADIAN DOL                                     | n               | 99-R FIELDITY INVESTMENTS, 96,332.2  | 24 US DOLLAR                  | o the l                               | NVER                                    | of m        | ) AT     | nowl         | led        |              | corre          |                  | nd co  | mpl           |              | s)           |

| PAYER'S name, street address, city, state, and ZIP code  |                    | 1 Gross distribution   | 2a Taxable amount  | OMB No. 1545-0                                 |
|--|--------------------|--|--|--|
|  |                    |  |  | 20   |
| FIDELITY SERVICE CO.<br>P.O. BOX 505421  | (A) Fidelity.      | \$ 96332.24<br>26 Taxable amount   |  | Form 109<br>Distributi                         |
| CINCINNATI, OH 45250-5421  | ,                  | net determined   | X Total X distribution X   | From Pension                                   |
|  |                    | 3 Cabital gain<br>(Insuper to box 2a)  | 4 Federal Income tax   | Annuit<br>Retiremen                            |
| RECIPIENT'S Name and Address   |                    |  | withineid  | Profit-Shar                                    |
|  |                    | * Settle 100 contributions   | 7 6 Net unrealized appreciati  | Plans, IR<br>Insura                            |
| 0129712 FR T 0623  | 84                 | Jesignaled Roth contrib  | in employer's securities   | "   Contracts,                                 |
| 137224 001 001   |                    | oransprance premiums   | •  | This information is be furnished to the Inter- |
| DADDY CDICDMAN   |                    | Loisanitoo IRAt 8  | Other  | Revenue Ser                                    |
| BARRY FRIEDMAN<br>480 TWEEDSMUIR AVE   |                    | SIMPLE   |  | COPY C   |
| OTTAWA ONTARIO   | 16,3322441.1420    | 4 X \$   |  | % For  |
| K1 <b>Z5N9</b><br>C <b>ANAD</b> A  |                    | Ser Veril Percentage of  | 9b Total employee contributi   | 1 h  |
|  | 1. 011 (1)         | Total degramon   |  | Recipient'                                     |
|  | 10,011.72          | %  | \$   | Records  |
|  | 110,011.42)<br>Cdr | 10 State tax withheld  | 11 State/Payer's state number  | 12 State distribution                          |
| ORIGINAL DEPOSITOR: DOROTHY FRIE   |                    |  |  |  |
| 800-544-6666   |                    | <b></b> \$   |  | \$   |
|  |                    | A RECEIVED AND WITH THE  | 14 Name of locality  | 15. Local rdistribution                        |
| 04-6519726 ***-**-0183   | 2BY-893935         | \$ .   |  | \$   |
| FORM 1099-R  |                    | Į.   | Department of the Treasury -   | Internal Revenue Sen                           |
| PAYER'S name, street address, city, state, and ZIP code  |                    | Lews distribution  | 2a Taxable amount  | OMB No. 1545-01                                |
|  |                    | An man in hange paragraphic depth many had being a   | The second secon | 200  |
| FIDELITY SERVICE CO.   | A Fidelity         | \$ 96332.24  | \$   | Form 1099-                                     |
| P.O. BOX 505421<br>CINCINNATI, OH 45250-5421   | ,                  | X  |  | Distributio                                    |
| CHACHART, CH 48280-8421  |                    |  | 4 Federal means tax  | From Pension Annuitie                          |
|  |                    | STATE OF SECTION (SECTION SECTION SECT | withheld.  | Retirement                                     |
|  |                    | \$   | \$   | Profit-Shari<br>Plans, iRA                     |
|  |                    | The second is the second of th | 6 Net unrealized appreciation in employees appreciates   | insuran  |
| RECIPIENT'S Name and Address   |                    | or instruce premiums   | us citaliana fabbasanas  | Contracts, et This information is be           |
|  |                    | \$   | \$   | furnished to the Inter<br>Revenue Servi        |
| BARRY FRIEDMAN   | •                  | SEP/ 8   | Other  |  |
| 480 TWEEDSMUIR AVE   |                    | SIMPLE   |  | COPY 2   |
| OTTAWA ONTARIO<br>K1Z5N9   |                    | 4 X \$   |  | File this copy with your State.                |
| CANADA   |                    | The Print References of  | 9b Total employée contribution   | City, or Local                                 |
|  |                    |  | ·  | income tax<br>return, when                     |
|  |                    | %  | \$   | required.                                      |
|  |                    | 10-State tex with eld  | 11 State/Payor a exave mumber  | 12 State distribution                          |
| ORIGINAL DEPOSITOR: DOROTHY FRIED  | MAN                |  |  |  |
| 800-544-6666   |                    | \$   |  | <u>\$</u>                                      |
|  |                    | The terminal sec   | 14 Name of locality  | 15 Local distribution                          |
| 04-6519726 ***-**-0183   | 2BY-893935         | <u> </u>   |  | \$   |
| FORM 1099-R  |                    | Ð  | epartment of the Treasury - I  | nternal Revenue Servi                          |
| PAYER'S name, street address, city, state, and ZIP code  |                    | A COLUMN TO THE PARTY OF THE PA | 2a Taxatile emperit  | OMB No. 1545-011                               |
|  | Elala IIIa         |  |  | 2009   |
| FIDELITY SERVICE CO.   | (A) Fidelity.      | \$ 96332.24  | <b>[\$</b>   | Form 1099-F                                    |
| P.O. BOX 505421<br>CINCINNATI, OH 45250-5421   |                    | X Inches   | I X  | Distribution From Pensions                     |
| On town that the Topology Cyte   |                    |  | 4 Feriare Income to  | Annuities                                      |
|  |                    | ( California ( Cal | withheld   | Retirement of Profit-Sharing                   |
|  |                    | \$   | \$   | Plans, IRAs                                    |
| DECIDIENTIO Nome and Area  |                    | 5 Entropy of Contributions/  | 6 Net unrealized encrescitted:   | Insuranc<br>Contracts, etc                     |
| RECIPIENT'S Name and Address   |                    | of the pance premiums  |  | This information is bein                       |
|  |                    | \$   | \$   | furnished to the Interna<br>Revenue Service    |
| BARRY FRIEDMAN   |                    | SIMPLE 8 O   | ther   |  |
| 480 TWEEDSMUIR AVE   |                    | SIMPLE   |  | Report this income                             |
| OTTAWA ONTARIO   |                    | 4 X \$   |  | on your Federal Tax Return, if this Form       |
| K1Z5N9<br>CANADA   |                    | 9a Your percentage of 9  | b Total employee contribution:   | shows Federal                                  |
|  |                    | total distribution   | ·  | income tax withheld in box 4, attach this      |
|  |                    | % \$   | <b>)</b>   | copy to your return.                           |
| ANTATHAL ANDARAS   |                    |  |  | 12 State distribution                          |
| ORIGINAL DEPOSITOR: DOROTHY FRIEDM   | <u>LAN</u>         | <u> </u>   |  |  |
| 300-544-6666   |                    | \$   | <b>\$</b>  |  |
| TATURE THE STATE OF THE STATE O | Alexaunt number    | 13 Local tax withheld 1  | 4 Name of locality 1   | 5 Local distribution                           |
| 04-6519726 ***-**-0183   | 2BY-893935         | 1\$  | Sandanant of the Transpire   |  |
|  |                    | 174  |  |  |

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Canada Revenue Agency

Agence du revenu du Canada

# Income Tax and Benefit Return

T1 GENERAL 2009

| Identification   |   | ·  |   |   | ON 7                            |
|--|---|--|---|---|---------------------------------|
| First name and initial   |   |  |   | Information about yo  | 1                               |
| BARRY L  |   |  | <del></del>   | Enter your social insurance number (SIN):   | 232 160 929                     |
| Last name<br>FRIEDMAN  |   |  |   | Enter your date of birth:   | Year Month Day<br>1946-10-06    |
| Mailing address: Apt No -  | Street No Street nan  | ne   |   | Your language of correspondence:  | English Français                |
| ,  |   |  |   | Votre langue de correspondance :  | X                               |
| 480 TWEEDSMUIR AV  | VENUE   |  | <del></del>   | Tick the box that applies to your marital status or   | December 31, 2009:              |
| PO Box   | RR  |  |   | 1 X Married 2 Living common-law   | 3 Widowed                       |
| City   |   | <del></del>  | <del></del>   | 4 Divorced 5 Separated  | 6 Single                        |
| OTTAWA   |   |  |   | Information about your spo  |                                 |
| Prov./Terr. Postal code  |   |  |   | — common-law partner (if you ticked b<br>Enter his or her SIN:  | ox 1 or 2 above)<br>230 413 700 |
| ON K1Z 5N9   |   |  |   | Enter his or her  | 230 413 700                     |
|  |   |  |   | first name:DEBORAH  |                                 |
|  | ation about your  | residence  |   | Enter his or her net income for   | 27.463.07                       |
| Enter your province or territoresidence on December 31   | •   | tario  |   | 2009 to claim certain credits:  | 37,467 07                       |
| Enter the province or territor   | ry where you current  |  |   | Enter the amount of Universal Child Care Benefit included on line 117 of his or her return:   |                                 |
| if it is not the same as that s<br>above for your mailing addre  |   | -  |   | Enter the amount of Universal Child Care Benefit  | 1                               |
| If you were self-employed in   |   |  |   | repayment included on line 213 of his or her return:  |                                 |
| enter the province or territor self-employment:  | y of  | tario  |   | Tick this box if he or she was self-employed in 2009:   | 1                               |
| If you <b>became</b> or <b>ceased</b> to give the date of:  Month  |   | ınada in 2009,   | Month Day   | Person deceased in 20 If this return is for a deceased person, enter the date of death:   | 09<br>Year Month Day            |
| entry  | Or  | departure  |   | Do not use this area  |                                 |
| A) Are you a Canadian citizen, Answer the following quest  B) As a Canadian citizen, and citizenship to Elections authorization is valid to Elections Act which include political parties, as well as a control of the | zen? ion only if you are a do you authorize the o ions Canada for the o intil you file your next as sharing the informat candidates at election | Canadian cit<br>Canada Revent<br>National Registe<br>return. Your in<br>ation with provi | izen. ue Agency to give er of Electors? formation will only ncial/territorial ele | guide for details or visit www.elections.ca)  your name, address, date of birth,  y be used for purposes permitted under the Canada ection agencies, Members of Parliament and registered |                                 |
| Goods and services See the guide for details.  | s tax/harmonize   | ed sales ta  | x (GST/HST)   | credit application  |                                 |
|  |   |  |   | · · · · · · · · · · · · · · · · · · ·   |                                 |



| Do not use<br>this area | 172 |     |          |   |   | 171      |          |       |          |
|-------------------------|-----|-----|----------|---|---|----------|----------|-------|----------|
|                         |     | l . | <b>_</b> | · | 1 | <u>L</u> | <u> </u> | <br>· | <u> </u> |

| Please answer the following question:  | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------------------|
| Did you own or hold foreign property at any time in 2009 with a total cost of more than CAN\$100,000?  (see the "Foreign income" section in the guide for details) | No X 2                                |
| If you had dealings with a non-resident trust or corporation in 2009, see the "Foreign income" section in the guide.   |                                       |

| As a Canadian resident, yo  | u have to rep                                  | ort your inco                         | me from all sources  | both inside    | and outside                           | Canada   |
|---|--|---------------------------------------|--|----------------|---------------------------------------|----------|
| Total income  | ·  | -                                     |  |                |                                       |          |
| Employment income (box 14 on al   | l T4 slips)                                    |                                       |  |                | 101                                   |          |
| Commissions included on line 101  | l (boy 42 on all Ta                            | 4 eline\                              | 102  |                |                                       |          |
| Other employment income   | 1 (DOX 42 OF all 14                            | + SIIPS)                              | 102  |                | 104                                   |          |
| Old Age Security pension (box 18  | on the T44/OAS                                 | ) slin)                               |  |                | 113                                   |          |
| CPP or QPP benefits (box 20 on 1  |  | <i>)</i> 311 <b>2</b> 3               |  |                | 114                                   |          |
| Disability benefits included on line                                    |  |                                       |  |                |                                       |          |
| (box 16 on the T4A(P) slip)   |  |                                       | 152  |                |                                       |          |
| Other pensions or superannuation  | <u>,                                      </u> |                                       |  |                | 115                                   |          |
| Elected split-pension amount (see                                       | the guide and at                               | tach Form T103                        | 2)   |                | 116                                   |          |
| Jniversal Child Care Benefit (see                                       | the guide)                                     |                                       |  |                | 117                                   |          |
| Employment Insurance and other  |  |                                       |  |                | 119                                   |          |
| Faxable amount of dividends (eligi                                      |  | •                                     | xable  |                | 120                                   |          |
| Canadian corporations (see the gun<br>Faxable amount of dividends other | "  |                                       |  |                | 120                                   |          |
| ncluded on line 120, from taxable                                       | _  | •                                     | 180  |                |                                       |          |
| nterest and other investment inco                                       | me ( <b>attach</b> Sche                        | dule 4)                               | · · · · ·  |                | 121                                   |          |
|   |  |                                       |  |                |                                       |          |
| Net partnership income: limited or                                      | •  |                                       | Schedule 4)  |                | 122                                   | <u>-</u> |
| Registered disability savings plan                                      | income (see the g                              | guide)                                | <u> </u>   |                | 125                                   |          |
| Rental income   | Gross  | 160                                   |  | Net            | 126                                   |          |
| Taxable capital gains (attach Sch                                       | edule 3)                                       |                                       |  |                | 127                                   |          |
| Support payments received   | Total  | 156                                   | ··· - ·· - ··· - ··· - ··· - ·· - ··· - ·· - ·· - ·· - ·· - ·· - ·· - ·· - ·· - ·· - ··· - · · · - · · · - · · · - · · · - · · · - · · · - · · · - · · · · · - · · · · · - · · · · · · - · · · · · · · · - · | Taxable amount | 128                                   |          |
| RRSP income (from all T4RSP sl  |  |                                       |  |                | 129                                   |          |
| Other income  | Speci  | fv:                                   |  |                | 130                                   |          |
| Self-employment income (see line  |  |                                       |  |                |                                       |          |
| Business income   | Gross  | 162                                   |  | Net            | 135                                   |          |
| Professional income   | Gross  |                                       |  | Net            |                                       |          |
| Commission income   | Gross  |                                       |  | Net            |                                       |          |
| Farming income  | Gross  | · · · · · · · · · · · · · · · · · · · |  | Net            |                                       |          |
| Fishing income  | Gross  |                                       |  |                | 143                                   |          |
| <del>-                                      </del>                      |  |                                       | ····   | 1              | · · · · · · · · · · · · · · · · · · · |          |
| Norkers' compensation benefits (  | box 10 on the T50                              | 007 slip)                             | 144  |                |                                       |          |
| Social assistance payments  |  |                                       | 145  |                |                                       |          |
| Net federal supplements (box 21 d                                       | n the T44/OAS                                  | elin\                                 | 146  |                |                                       |          |
| TO LOUIS (DON & L.)   | 71 410 17A(UAU)                                | UIP)                                  |  |                |                                       |          |

|   |                       | · · · · · · · · · · · · · · · · · · · |
|---|-----------------------|---------------------------------------|
| Workers' compensation benefits (box 10 on the T5007 slip) | 144                   |                                       |
| Social assistance payments                                | 145                   |                                       |
| Net federal supplements (box 21 on the T4A(OAS) slip)     | 146                   |                                       |
| Add lines 144, 145,                                       | and 146               |                                       |
| (see line 250 in the                                      | e guide).             | <b>_ 1</b> 47                         |
|   | Add lines 101, 104 to | 143, and 147.                         |
|   | This is your          | total income 150                      |

3

Attach your Schedule 1 (federal tax) and Form 428 (provincial or territorial tax) here. Also attach here any other schedules, information slips, forms, receipts, and documents that you need to include with your return.

#### Net income

| Enter your total income from line 150.   |   | 150  |
|--|---|--|
| Pension adjustment   |   |  |
| (box 52 on all T4 slips and box 34 on all T4A slips)                                     |   |  |
| Registered pension plan deduction (box 20 on all T4 slips and box 32 on all T4A slips)   | 207                                       |  |
| RRSP deduction (see Schedule 7 and attach receipts)                                      | 208                                       | <del>                                     </del> |
| Saskatchewan Pension Plan deduction  | (maximum \$600) 209                       |  |
| Deduction for elected split-pension amount (see the guide and attach Form T1032)         | 210                                       |  |
| Annual union, professional, or like dues (box 44 on all T4 slips and receipts)           | 212                                       |  |
|  |   | <del>                                     </del> |
| Universal Child Care Benefit repayment (box 12 on all RC62 slips)                        | 213                                       |  |
| Child care expenses (attach Form T778)   | 214                                       |  |
| Disability supports deduction  | 215                                       |  |
| Business investment loss Gross 228   | Allowable deduction 217                   |  |
| Moving expenses  | 219                                       |  |
| Support payments made Total 230  | Allowable deduction 220                   |  |
| Carrying charges and interest expenses (attach Schedule 4)                               | 221                                       |  |
| Deduction for CPP or QPP contributions on self-employment and other earnings             |   | <del>-   </del>                                  |
| (attach Schedule 8)  | 222                                       | •  |
| Exploration and development expenses (attach Form T1229)                                 | 224                                       |  |
| Other employment expenses  | 229                                       |  |
| Clergy residence deduction   | 231                                       |  |
| Other deductions Specify:  | 232                                       |  |
| Add lines 207 to 224   | , 229, 231, and 232. 233                  | <b>•</b>   |
| Line 150 minus line 233 (if negative, enter "0"  | . This is your net income before adjustme | ents. 234  |
| Social benefits repayment (if you reported income on line 113, 119, or 146, see line 235 | in the guide)                             |  |
| Use the federal worksheet to calculate your repayment.                                   |   | 235  |
| Line 234 minus line 235 (if negative, enter "0"). If you have a spouse or common-law pa  |   | 226  |
|  | This is your net inc                      | come, 230  |

#### Taxable income

| Canadian Forces personnel and p                              | olice deduction (box 43 on all T4 slips) | 244   |                                       |  |
|--|--|---|---------------------------------------|--|
| Employee home relocation loan de                             | eduction (box 37 on all T4 slips)        | 248   |                                       |  |
| Security options deductions                                  |  | 249   | · ·                                   |  |
| Other payments deduction (if you reported income on line 14) | 7, see line 250 in the guide)            | 250   |                                       |  |
| Limited partnership losses of othe                           | r years                                  | 251   |                                       |  |
| Non-capital losses of other years                            |  | 252   |                                       |  |
| Net capital losses of other years                            |  | 253   |                                       |  |
| Capital gains deduction                                      |  | 254   | · · · · · · · · · · · · · · · · · · · |  |
| Northern residents deductions (at                            | tach Form T2222)                         | 255   |                                       |  |
| Additional deductions  | Specify:                                 | 256   | <del>"</del>                          |  |
|  | Add                                      | lines 244 to 256. 257                                   |                                       |  |
|  |  | Line 236 minus line 257 (if negative This is your taxa! | ve, enter "0")<br>ble income. 260     |  |

Use your taxable income to calculate your federal tax on Schedule 1 and your provincial or territorial tax on Form 428.

| 232 160 929 |
|-------------|
|-------------|

| Refund o | or pa | iance | owing |
|----------|-------|-------|-------|
|          |       |       |       |

| Not fodom) tour enter the array of form line CC of Cabadala 4 (-441  | . Only and the desired state of the second  |   | 400                                     |
|--|---|---|---|
| Net federal tax: enter the amount from line 55 of Schedule 1 (attacl   |   |   | _ 420                                   |
| CPP contributions payable on self-employment and other earnings  | (attach Schedule 8)   |   | _421                                    |
| Social benefits repayment (enter the amount from line 235)   |   | ······································        | _422                                    |
| Provincial or territorial tax (attach Form 428, even if the result is  | "0")  |   | 428                                     |
|  | Th  | Add lines 420 to 428 is is your total payable | 3.<br>435                               |
| Total income tax deducted (see the guide)  | 437   | 7   | _                                       |
| Refundable Quebec abatement  | 440   |   |   |
| CPP overpayment (enter your excess contributions)  | 448   | ··  | . •                                     |
| Employment Insurance overpayment (enter your excess contribution   |   | <del> </del>                                  | . <b>.</b>                              |
| Refundable medical expense supplement (use federal worksheet)  | 452   |   | . •                                     |
| Working Income Tax Benefit (WITB) (attach Schedule 6)  | 453   |   |   |
| Refund of investment tax credit (attach Form T2038(IND))   | 454   | <del></del>                                   |   |
| Part XII.2 trust tax credit (box 38 on all T3 slips)   | 456   | <del></del>                                   | •                                       |
|  |   | <u> </u>                                      |   |
| Employee and partner GST/HST rebate (attach Form GST370)   | 457   |   | •                                       |
| Tax paid by instalments  | 476   |   | •                                       |
| Provincial or tarritorial avadita (attack Form 470 if it applies)  | 479   | 161 22  | _                                       |
| Provincial or territorial credits (attach Form 479 if it applies)  | Add lines 437 to 479.   | 461 32  | i                                       |
|  | These are your total credits. 482   | 461 32  | <b>►</b> 461 32                         |
|  | •   | ine 435 minus line 482                        | -461 32                                 |
| ▼ Genera Refund 484 461 32 •   | If the result is negative, you have a refund<br>ly, we do not charge or refund a difference of \$\frac{3}{2}\$<br><b>Balance owing</b> (s | Enter the amount be                           | low on whichever line applies.          |
|  |   |   |   |
| Attach to page 1 a cheque  | or money order payable to the Receiver Gene   | Amount enclosed ral. Your payment is due      | , |
| Direct deposit – Start or change (see line 484 i   | n the guide)  |   | - 110 later a last repril 00, 20 to.    |
| You do not have to complete this area every year. Do not complete this | other deemed overpayment of tax – To start<br>ete lines 460, 461, and 462.<br>provincial or territorial payments) into the same           | direct deposit or to                          |   |
| Branch Institution   |   |   |   |
| number number Account  | number CCTB UCCB  |   |   |
| 460 461 462  | 463 491   |   |   |
| (5 digits) (3 digits) (maximum   | 12 digits)  |   | ·····                                   |
| Ontario Opportunities Fund   | Amount from line 484 above  |   |   |
| You can help reduce Ontario's debt by completing this area to  | Your donation to the Ontario Opportuni  | ties Fund 4                                   | 65 • 2                                  |
| donate some or all of your 2009 refund to the Ontario<br>Opportunities Fund. Please see the provincial pages for details.  | Net refund (line 1 minus line 2)  |   | 66 - 3                                  |
| Prepare  | ed without audit from information supplied by the taxpayer  | ,   |   |
|  | 400   | Nome: DATEDCOM C                              |   |
| I certify that the information given on this return and in any docume attached is correct, complete, and fully discloses all my income.  | nts For   | Name: PATERSON & CORPORATION                  | COMPANY PROFESSIONAL                    |

| _                       | given on this return and in any documents<br>te, and fully discloses all my income. | 490<br>For<br>professional | Name: PATERSON & COMPANY PROFESSIONAL CORPORATION Address: 413 CHURCHILL AVENUE N |
|-------------------------|---|----------------------------|---|
| Telephone               | It is a serious offence to make a false return.  Date 2010-04-23                    | tax preparers only         | OTTAWA ON K1Z 5C7 Telephone: (613) 722-8832                                       |
| Do not use<br>this area | 488   |                            |   |

#### T1-2009

#### Federal Tax

Schedule 1

Complete Step 1 to claim your federal non-refundable tax credits, Step 2 to calculate your federal tax on taxable income, and Step 3 to calculate your net federal tax.

You must attach a copy of this schedule to your return.

# Step 1 - Federal non-refundable tax credits (for details, see the related lines in the guide)

| Basic personal amount   |                                 | claim \$10,320 300   | 10,320 00 | _ 1 |
|---|---------------------------------|--|-----------|-----|
| Age amount (if you were born in 1944 or earlier) (use federal worksheet)                                  | •                               | maximum \$6,408) 301   |           | 2   |
| Spouse or common-law partner amount (if negative, enter "0")  |                                 |  |           |     |
| \$10,320 minus (  | his or her net income from page | e 1 of your return) = 303  |           | 3   |
| Amount for an eligible dependant (attach Schedule 5) (if negative, enter "0")                             |                                 | ,  |           |     |
| \$10,320 mln  | u <b>s</b> (                    | r her net income) = 305  |           | 4   |
| Amount for children born in 1992 or later   | Number of children 366          |  |           | 5   |
| mount for infirm dependants age 18 or older (use federal worksheet and attach                             | Schedule 5)                     | 306  |           | 6   |
| PP or QPP contributions:  | <del>oonoadio o)</del>          |  |           |     |
| through employment from box 16 and box 17 on all T4 slips   | /ma                             | ximum \$2,118.60) 308  |           | •   |
| on self-employment and other earnings (attach Schedule 8)   | 11110                           | 310  |           | •   |
| mployment Insurance premiums from box 18 and box 55 on all T4 slips                                       |                                 | naximum \$731.79) 312  |           | •   |
| Canada employment amount  |                                 | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL |           | 1   |
| f you reported employment income on line 101 or line 104, see line 363 in guide)                          |                                 | maximum \$1,044) 363   |           | 1   |
| ublic transit amount  |                                 | 364  |           | 1   |
| hildren's fitness amount  |                                 | 365  |           | 1.  |
| ome renovation expenses (see line 368 in the guide and attach Schedule 12)                                |                                 | 368  |           | 1   |
| ome buyers' amount (see line 369 in the guide)  |                                 | 369  |           | 1   |
| doption expenses  |                                 | 313  |           | 1:  |
| ension income amount (use federal worksheet)  |                                 | maximum \$2,000) 314   |           | 1   |
| aregiver amount (use federal worksheet and attach Schedule 5)   |                                 | 315  |           | 1   |
| isability amount (for self) (claim \$7,196 or, if you were under age 18, use federal                      | worksheet)                      | 316  |           | 18  |
| isability amount transferred from a dependant (use federal worksheet)                                     |                                 | 318  |           | 19  |
| terest paid on your student loans   |                                 | 319  |           | 20  |
| uition, education, and textbook amounts (attach Schedule 11)  |                                 | 323  |           | 2   |
| uition, education, and textbook amounts transferred from a child  |                                 | 324  |           | 2   |
| mounts transferred from your spouse or common-law partner (attach Schedule                                | 2)                              | 326  |           | 2   |
| ledical expenses for self, spouse or common-law partner, and your ependent children born in 1992 or later | 330                             | 112 86   | <u></u>   | _   |
| Minus: \$2,011 or 3% of line 236, whichever is less   |                                 | 112 00   |           |     |
|   | f negative, enter "0")          | 112 86 (A)   |           |     |
| llowable amount of medical expenses for other dependants  | Triogauve, Grica U              | 112 00 (A)   |           |     |
| see the calculation at line 331 in the guide and attach Schedule 5)                                       | 331                             | 1,182 51 (B)   |           |     |
|   | dd lines (A) and (B).           | 1,295 37 ▶ 332   | 1,295 37  | 24  |
|   |                                 | Add lines 1 to 24. 335   | 11,615 37 | 25  |
|   |                                 |  |           |     |
|   | Multiply the amount             | on line 25 by 15%. 338   | 1,742 31  | 2   |
| onations and gifts (attach Schedule 9)  | <del></del>                     | 349  |           | 27  |
| Total fodora  | l non-refundable toy creditor o | dd lines 26 and 27 350   | 1 742 21  | 26  |
| IOtal (Buel a   | l non-refundable tax credits: a | du intes 20 anti 27. Petr  | 1,742 31  | 40  |

Go to Step 2 on the next page

# Schedule 1 - Page 2

# Step 2 - Federal tax on taxable income

| Enter your taxable income from line 260 of your return.   | ······································ |                | <u></u> -  | <del></del> -  | <u> </u>   | 29               |                                      |                |
|---|--|----------------|--|----------------|--|------------------|--------------------------------------|----------------|
| Use the amount on line 29 to determine which ONE of the following columns you have to complete. | If line 29 is<br>\$40,726 or less      | S              | If line 29 is mor<br>than \$40,726 be<br>not more than<br>\$81,452 | ut             | If line 29 is mor<br>than \$81,452 b<br>not more than<br>\$126,264   | ut               | If line 29 is more<br>than \$126,264 |                |
| Enter the amount from line 29.  |  |                |  | ·              |  | <del>-</del> -   |                                      | з              |
| Base amount   | 00,000                                 | 00             | 40,726   | 00             | 81,452   | 00               | 126,264                              | <del></del>    |
| Line 30 minus line 31 (cannot be negative)  |  | <del>-</del>   |  |                |  |                  |                                      | 3              |
| Rate  | 15                                     | %              | 22   | %              | 26   | %                | 29 9                                 | <del>~</del> 3 |
| Multiply line 32 by line 33.  |  |                |  |                |  | _                |                                      | 3              |
| Tax on base amount  | 00,000                                 | 00             | 6,109  | 00             | 15,069   | 00               | 26,720                               | 00 3           |
| Add lines 34 and 35.  |  |                |  |                |  |                  | <b>-</b>                             | 3              |
| Step 3 – Net federal tax  |  |                |  |                |  |                  |                                      |                |
| Enter the amount from line 36 above.  |  |                |  |                |  | 37               |                                      |                |
| Federal tax on split income (from line 5 of Form T1206)   |  |                |  | 424            |  | • 38             |                                      |                |
| ······································  |  |                | Add lines 37 and   | <u>38.</u> 404 |  | <b>&gt;</b>      |                                      | 3              |
|   |  |                |  |                |  |                  |                                      |                |
| nter your non-refundable tax credits from line 28.  |  |                | ·  | 350            | 1,742  | 31 40            |                                      |                |
| ederal dividend tax credit (see line 425 in the guide)  |  |                |  | 425            |  | • 41             |                                      |                |
| Overseas employment tax credit (attach Form T626)   | · · · · · · · · · · · · · · · · · · ·  |                |  | 426            |  | 42               |                                      |                |
| Vlinimum tax carryover (attach Form T691)   |  | . <u>.</u>     |  | 427            | ·  | • 43             |                                      |                |
|   |  |                | Add lines 40 to  | <u>43.</u>     | 1,742  | <u>31</u> ▶ _    | 1,742                                | <u>31</u> 4    |
|   | D.                                     | aia fada       | ral tave line 20 min   | ın line 44     | Of annual control  | 1011 /20         |                                      | _              |
|   | Da                                     | SIC IGUE       | ral tax: line 39 minu  | 15 IIIIE 44    | (ii riegative, enter   | <u>0</u> 429     |                                      | 4              |
|   |  |                |  |                |  |                  | i                                    |                |
| Federal foreign tax credit (attach Form T2209)  |  |                |  |                | <u>-</u>   | <sup>405</sup> _ | <u> </u>                             | 4              |
|   |  | Fede           | eral tax: line 45 minu   | ıs line 46     | (if negative, enter '  | 'n") 406         |                                      | 4              |
| · · · · · · · · · · · · · · · · · · ·   |  |                |  |                | The state of the s | <u>•</u> ,       |                                      | <del></del>    |
| Total federal political contributions (attach receipts)   |  | 409            |  |                |  |                  |                                      |                |
|   |  |                |  |                |  |                  |                                      |                |
| Federal political contribution tax credit (use federal work                                     | (sheet)                                |                |  | 410            |  | • 48             |                                      |                |
| nvestment tax credit (attach Form T2038(IND))   |  |                |  | 412            |  | • 49             |                                      |                |
| _abour-sponsored funds tax credit   | <b>.</b>                               | I              |  |                |  |                  |                                      |                |
| Net cost 413  | <u> </u>                               |                | Allowable cre  |                |  | • <sup>50</sup>  | I                                    |                |
| ······································  | ·                                      |                | Add lines 48 to  | <del></del> _  | **** *** *** ***   | <u> </u>         |                                      | 5              |
|   |  | (if you l      | Line 47 minu<br>have an amount on li                               |                | (if negative, enter '  |                  |                                      | 5              |
| Vorking Income Tax Benefit (WITB) advance payments  | received (box 10 a                     |                |  |                | 0+0, 000   OIII   12   | 415              | - "                                  | — <b>ĕ</b>     |
| Additional tax on RESP accumulated income payments (a   |  |                | OE (O OIIP)  |                |  | 418              |                                      | `<br>5         |
|   |  | <del>-</del> - |  |                |  |                  | i                                    |                |
|   | ·····                                  |                | ax: add lines 52 to 5  | 4              |  | ſ                |                                      |                |

#### T1-2009

## **Details of Dependant**

Schedule 5

See the guide to find out if you can claim an amount on lines 305, 306, 315, and/or 331 of Schedule 1. To calculate the amount you claim on line 306 or 315, complete the applicable chart on the federal worksheet, which you will find in the forms book.

To calculate the amount for line 331, read the instructions for line 331 in the guide. For each dependant claimed on lines 305, 306, 315, and/or 331, provide the details requested below. Attach a copy of this schedule to your return.

| Line 305 - Amount for an el              | igible dependant                                 | Month Day    |            |                          |          |
|--|--|--------------|------------|--------------------------|----------|
| If your marital status changed in 2009,  | give the date of the change.                     | •            |            |                          |          |
| (Do not forget to tick the box on page 1 | of your return to indicate your marital status.) | •            |            |                          |          |
| Last name                                | Date of birth                                    | Relationship | Net income | Nature of the impairment | Amount   |
| First name                               | Year Month Day                                   | to you       | in 2009    | (if it applies)          | of claim |
| Address                                  |  |              |            |                          |          |
|  |  |              |            |                          | 1        |

Lines 306, 315, and/or 331 - Attach a separate sheet of paper if you need more space.

| Last name FRIEDMAN First name NECHAMA | Year of birth | Relationship<br>to you | Net income<br>in 2009 | Nature of the impairment (if it applies) | Line<br>claimed | Amount of claim |
|---------------------------------------|---------------|------------------------|-----------------------|--|-----------------|-----------------|
| Address 480 TWEEDSMUIR AVENUE         |               |                        |                       |  | 331             | 1,182 51        |
| OTTAWA ON K1Z 5N9                     | 1991          | daughter               |                       |  |                 |                 |
|                                       | •             |                        |                       |  |                 |                 |

5000-\$5

# **Charitable Donations – Federal**

| ┌Summary of        | donations for the curre       | ent year                               |              |                | · <u>-</u>                            | <u> </u>      |                    |
|--------------------|-------------------------------|--|--------------|----------------|---------------------------------------|---------------|--------------------|
| i<br>i             |                               | <del>-</del>                           |              |                | U.S.                                  |               | Canada             |
| Total charitable   | donations                     |  |              |                |                                       |               |                    |
| Total donations    | on slips                      |  |              |                |                                       | <b>-</b>      | <del> </del>       |
| Donations for re   | ligious studies (T1)          | <del></del>                            |              |                |                                       | 4             | <del></del>        |
| Total gifts to a g | overnment                     |  |              |                |                                       | 4             | <del></del>        |
| Donations of art   | work                          |  |              | <del></del>    |                                       | 4             | -                  |
| Ontario Opportu    | inities Fund (for Ontario's r | esidents only)                         |              |                |                                       | 4             | -                  |
| <del></del>        | ·                             | · · · · · · · · · · · · · · · · · · ·  |              | Total          |                                       | =             | =                  |
| – Donations lir    | nited to 75% of net inc       |  |              |                |                                       |               |                    |
| Donations in       | inted to 75% of net inc       | ome ————                               |              |                | <del></del>                           |               |                    |
| Not income v 75    | 0/                            |  | U.S          | <b>3.</b><br>+ | Canada                                | ı             | Total              |
| Net income x 75    | 70                            | <u> </u>                               |              |                | <del></del>                           | A             | <b>L</b>           |
| Gifts of deprecia  | ble property                  | <b></b>                                |              |                |                                       |               |                    |
| Taxable capital of | gains                         |  | -            | +              | · · · · · · · · · · · · · · · · · · · | <del> </del>  |                    |
| Capital gains de   | duction                       | · · · · · · · · · · · · · · · · · · ·  | _            |                |                                       | <u> </u>      |                    |
|                    |                               | Subtotal                               | -            | =              |                                       | B             |                    |
| Line B x 25%       |                               |  | -            |                |                                       |               |                    |
| Line A plus line ( | C                             |  | -            |                | ·                                     |               |                    |
| U.S. claim         |                               |  |              | _              | ···                                   | <del></del>   |                    |
|                    |                               | Annual limit                           |              | =              |                                       |               |                    |
|                    |                               |  |              | <del></del>    |                                       |               |                    |
| Donations for the  | e current year                | <u> </u>                               | +            |                |                                       |               |                    |
| Donations - prio   | r years                       | · ·· · · · · · · · · · · · · · · · · · | +            |                | 21,127                                | 00            | 21,127 00          |
| Donations made     |                               |  | +            |                |                                       |               |                    |
| Transfer to spou   | se                            |  | +            |                |                                       |               |                    |
|                    |                               | Total donations                        | =            |                | 21,127                                | 00            | 21,127 00          |
| Donations and gi   | ifts claimed on line 340 of a | Schedule 9                             | _            |                |                                       |               | D                  |
|                    |                               | Subtotal                               | =            |                | 21,127                                | 00            | 21,127 00          |
| Donations expire   | d in year                     |  | <u> </u>     |                |                                       |               |                    |
|                    |                               | Balance to carryforward                | · =          |                | 21,127                                | 00            | 21,127 00          |
| - Carryforward     | summary of Canadian           | donations (limited to 759              | % of net inc | ome) —         |                                       |               |                    |
| Year               | Prior year's carried forward  | Current year                           | Applied      | ,              | Expired                               |               | Carried forward to |
| 2004               |                               |  |              | <u> </u>       |                                       | <del></del>   | next year          |
| 2005               |                               |  |              |                | <b></b>                               |               |                    |
| 2006               |                               |  | -            |                |                                       |               |                    |
| 2007               |                               |  |              |                |                                       |               |                    |
| 2008               | 21,127 00                     |  |              |                | ,                                     |               | 21 127 00          |
| 2009               |                               |  |              | <del></del>    |                                       |               | 21,127 00          |
| Total              | 21,127 00                     |  |              |                |                                       |               | 21,127 00          |
|                    |                               |  | ·            | <u>-</u>       |                                       | <del></del> . | 21,12/ 00          |

# **Medical Expenses Worksheet – Federal**

Period covered by claim from 2009-01-01 to 2009-12-31

| Date paid  | Name of patient | Payment made to | Description of expenses | Amount |              |
|------------|-----------------|-----------------|-------------------------|--------|--------------|
| 2009-12-31 | AIDEL FAIGA     | PHARMASAVE      | PRESCRIPTIONS           | 37     | 62           |
| 2009-12-31 | MEIR            | PHARMASAVE      | PRESCRIPTIONS           | ····   | 62           |
| 2009-12-31 | NECHAMA         | PHARMASAVE      | PRESCRIPTION            | 1,182  | <del> </del> |
| 2009-12-31 | YEHUDA          | PHARMASAVE      | PRESCRIPTIONS           |        | 62           |
|            |                 |                 | Subtotal                | 1,295  | _            |

| Travel expenses  |                                       | Simplified method          | Detailed method     |          | Total           |                                       |
|--|---------------------------------------|----------------------------|---------------------|----------|-----------------|---------------------------------------|
| Meal expenses  | Number of meals                       | or                         |                     |          |                 |                                       |
| Vehicle use expenses   | Number of kilometres                  |                            |                     | +        |                 |                                       |
| Expenses paid to a transport company   |                                       |                            |                     | +        |                 |                                       |
| Lodging expenses   |                                       |                            |                     | +        |                 |                                       |
|  | Expenses for                          | r medical services not p   | rovided in an area  | =        |                 |                                       |
| To find out the eligibility of the expenses of the service (one way only), consult the           |                                       | rovided in an area based o | n the distance      |          |                 |                                       |
| Line 330 – Medical expenses paid<br>Premiums paid to private health services<br>Name of the plan |                                       | •                          | n in 1992 or later  |          |                 |                                       |
| Employee's contribution based on the slip  | )\$                                   |                            |                     |          |                 | <u></u>                               |
| Premium under the Québec prescription of   | drugs insurance plan from 2008 (      | (if applicable)            |                     |          |                 |                                       |
|  |                                       |                            |                     |          |                 | 1                                     |
| Medical expenses for self, spouse and yo   |                                       | 92 or later                |                     | +        | 112             | 86                                    |
| Expenses for medical services not provide  |                                       |                            |                     | +        |                 | <u> </u>                              |
| Eligible expenses for care in a nursing ho   |                                       |                            |                     | +        | . <del></del> - | <del> </del>                          |
| Eligible expenses for care by an attendan  |                                       |                            |                     | +        |                 | <u> </u>                              |
| Reimbursements not included in income  | for medical expenses                  |                            |                     |          |                 | <u> </u>                              |
| Amount alaimed by an area (if annitable)   |                                       |                            | Subtotal            | =        | 112             | 86                                    |
| Amount claimed by spouse (if applicable)   | · · · · · · · · · · · · · · · · · · · |                            |                     |          |                 | 0.5                                   |
|  |                                       | Medical expenses (sch      | redute 1, line 330) | <u> </u> | 112             | 86                                    |
| Line 331 – Allowable amount of m   | edical expenses for other de          | ependants ———              |                     |          |                 |                                       |
| First name   | Net income                            | Medical expenses           | Reduction           | Allo     | wable amo       | unt                                   |
| NECHAMA  |                                       | 1,182 51                   |                     |          | 1,182           | 51                                    |
|  | · · · · · · · · · · · · · · · · · · · | Medical expenses for       | other dependants    | <b>=</b> | 1,182           | <del></del>                           |
| Amount claimed by spouse (if applicable)   | · · · · · · · · · · · · · · · · ·     |                            |                     | _        |                 | <b>-</b>                              |
|  | <u> </u>                              | or other dependants (sci   | nedule 1. line 331) | =        | 1,182           | 51                                    |
|  | · · · · · · · · · · · · · · · · · · · |                            |                     | -        | 1/102           | <u> </u>                              |
| Line 332 – Calculation of medical  | <del>-</del>                          | 00 1 4                     |                     |          |                 | · · · · · · · · · · · · · · · · · · · |
| Medical expenses for self, spouse and yo   |                                       | 92 or later                |                     |          | 112             | 86                                    |
| Least amount \$ 2,011 00 or  | 3% of line 236                        |                            |                     |          |                 |                                       |
|  |                                       | 674-A - A - I // <i>E</i>  |                     | _        | 4 4 7           | 106                                   |
| Allowable amount of medical expenses for   |                                       | Subtotal (II               | negative, enter 0)  | <u> </u> | 112<br>1,182    | +                                     |

| Medical expenses for self, spouse and your dependent<br>Eligible expenses for care by an attendant |                    | <u></u>                  |                          | 112 8           |
|--|--------------------|--------------------------|--------------------------|-----------------|
| - gibio criponico for caro by an attoriadine   |                    |                          | Subtatal -               | 117             |
| Amount claimed by spouse (if applicable)   | <del></del>        |                          | Subtotal =               | 112 8           |
|  |                    | Medical expenses (For    | m 428, line 5868) =      | 112 8           |
| Line 5872 – Allowable amount of medical ex   | xpenses for other  | dependants               |                          |                 |
| First name   | Net Income         | Medical expenses         | Reduction                | Allowable amour |
| NECHAMA  |                    | 1,182 51                 |                          | 1,182 5         |
|  |                    |                          | Subtotal =               |                 |
| Amount claimed by spouse (if applicable)   |                    |                          |                          |                 |
|  | Medical expenses f | or other dependants (For | m 428, line 5872) =      | 1,182 5         |
| Line 5876 - Calculation of medical expense   | es                 | ···                      |                          |                 |
| Medical expenses for self, spouse and your depende   |                    | 92 or later              |                          | 112 8           |
|  | ''                 | <u> </u>                 |                          | 1120            |
|  | 236                |                          |                          |                 |
|  | 236                | Subtotal (if r           | egative, enter 0) =      | 112 8           |
|  |                    | Subtotal (if r           | egative, enter 0) =<br>+ | 1,182 5         |



## **Ontario Tax**

**ON428** T1 General – 2009

Complete this form and attach a copy of it to your return. For details, see the forms book.

## Step 1 - Ontario non-refundable tax credits

|  | For internal use only 56        | 0.5                   |             |              |
|--|---------------------------------|-----------------------|-------------|--------------|
| Basic personal amount  | claim \$8,881 58                | ı                     | 00 4        |              |
| Age amount (if born in 1944 or earlier) (use provincial worksheet)                 | (maximum \$4,336) 58            |                       | <u>00</u> 1 |              |
| Spouse or common-law partner amount  | (maximum \$4,550)               |                       |             |              |
| Base amount  |                                 | :                     |             |              |
| Minus: his or her net income from  |                                 |                       |             |              |
| page 1 of your return  |                                 |                       |             |              |
| Result: (if negative, enter "0")   | (maximum \$7,541) > 58          | 312                   | 3           |              |
| Amount for an eligible dependant   | (use provincial worksheet) 58   | 16                    | 4           |              |
| Amount for infirm dependants age 18 or older                                       | (use provincial worksheet) 58   | 20                    | 5           |              |
| Canada Pension Plan or Quebec Pension Plan contributions:                          |                                 |                       | <del></del> |              |
| (amount from line 308  | of your federal Schedule 1) 58  | 24                    | • 6         |              |
|  | of your federal Schedule 1) 58  |                       | <br>• 7     |              |
|  | of your federal Schedule 1) 58  |                       | • 8         |              |
| Adoption expenses (see   | line 5833 in the forms book) 58 | 33                    | 9           |              |
| Pension income amount (maximum \$1,228) (see                                       | line 5836 in the forms book) 58 | 36                    | 10          |              |
| Caregiver amount   | (use provincial worksheet) 58   | 40                    | 11          |              |
| Disability amount (for self) (see  | line 5844 in the forms book) 58 | 44                    | <br>12      |              |
| Disability amount transferred from a dependant                                     | (use provincial worksheet) 58   | 48                    | 13          |              |
| Interest paid on your student loans (amount from line 319                          | of your federal Schedule 1) 58  | 52                    | 14          |              |
| Your tuition and education amounts   | attach Schedule ON(S11)] 58     | 556                   | 15          |              |
| Tuition and education amounts transferred from a child                             | 58                              | 60                    | 16          |              |
| Amounts transferred from your spouse or common-law partner                         | [attach Schedule ON(S2)] 58     | 64                    | 17          |              |
| Medical expenses (see line 5868 in the forms book)                                 | 5868 112 86 <b>18</b>           | <b>.</b>              |             |              |
| Enter \$2,010 or 3% of net income from line 236 of your return, whichever is less. | 19                              |                       |             |              |
| Line 18 minus line 19 (if negative, enter "0")                                     | 112 86 20                       |                       |             |              |
| Allowable amount of medical expenses for other dependants                          | 4 400 54                        |                       |             |              |
|  | 5872 1,182 51 <sub>21</sub>     |                       |             |              |
|  | 5876 1,295 37 <b>&gt;</b>       | 1,295                 |             |              |
| Add lines 1 to 17 and line 22.   | 58                              | 10,176                | <u>37</u> ► | 10,176 37 23 |
| Non-refundable tax credit rate   |                                 |                       |             | 6.05% 24     |
| Multiply line 23 by line 24.   |                                 |                       | 5884        | 615 67 25    |
| Donations and gifts:   | 1                               | •                     |             |              |
| Amount from line 345 of your federal Schedule 9                                    | x 6.05% =                       |                       | 26          |              |
| Amount from line 347 of your federal Schedule 9                                    | x 11.16% =                      |                       | 27          |              |
| Add lines 26 and 27.   | 58                              | 96                    | <b>&gt;</b> | 21           |
| Add lines 25 and 28.   |                                 |                       | × 6450      | 645.63       |
| Enter this amount on line 41.  | Ontario noi                     | n-refundable tax cred | its 0150    | 615 67 29    |

Go to Step 2 on the next page

# Step 2 – Ontario tax on taxable income

| Enter your taxable income from If this amount is more than \$20, | n line 260 of your return.<br>000, you must complete Step 7, Ontario Healtl                            | h Premium.                               |  | 30   |
|--|--|--|--|--|
| Use the amount on line 30 to de following columns you have to c  |  | If line 30 is<br><b>\$36,848</b> or less | If line 30 is more than \$36,848, but not more than \$73,698 | If line 30 is<br>more than <b>\$73,698</b> |
| Enter the amount from line 30 in                                 | the applicable column.   | 31                                       | 31   | 3.   |
|  |  | 0 00 32                                  | 36,848 00 32   | 73,698 00 3                                |
| Line 31 minus line 32 (cannot be                                 | e negative)  | 33                                       | 33   | 33   |
|  |  | 6.05 % 34                                | 9.15 % 34  | 11.16 % 34                                 |
| Multiply line 33 by line 34.                                     |  | 35                                       | 35   | 3  |
|  |  | 0 00 36                                  | 2,229 00 <b>36</b>   | 5,601 00 30                                |
|  | Ontario tax on   |  |  |  |
| Add lines 35 and 36.   | taxable income   | 37                                       | 37   | 37   |
|  | •  | Go to Step 3                             | Go to Step 3   | Go to Step 3                               |
| Step 3 – Ontario tax   |  |  |  |  |
| Enter your Ontario tax on taxable                                |  | <del>-</del>                             |  | 38   |
| Enter your Ontario tax on split in                               | come from Form T1206.  |  | 615  | 1 • :                                      |
| Add lines 38 and 39.   |  |  | · · · · · · · · · · · · · · · · · · ·                        | 40   |
| Enter your Ontario non-refundat                                  | ole tax credits from line 29.  |  | 615 67 41  |  |
| Ontario dividend tax credit:                                     |  |  |  |  |
| Credit calculated for line 6152                                  | on the <i>Provincial Worksheet</i>   | 6152                                     | • 42   |  |
| Ontario overseas employment ta                                   | x credit:  |  |  |  |
| Amount from line 426 on feder                                    | ral Schedule 1   | x 38.5% = 615                            | • 43   |  |
| Ontario minimum tax carryover:                                   |  |  |  |  |
| Amount from line 427 of the fe                                   | ederal Schedule 1  | x 40.33% = 6154                          | • 44   |  |
| Add lines 41 to 44.  |  |  | 615 67   | 615 67 45                                  |
| Line 40 minus line 45 (if negative                               | e, enter "0")  |  |  | 46   |
| Ontario additional tax for minimu                                | • •  |  |  |  |
| Amount from line 95 of Form                                      | Г691   | x 40.33% =                               |  | 47   |
| Add lines 46 and 47.   |  |  |  | 48   |
| Ontario surtax   |  |  | 1  |  |
| (Line 48   | minus \$4,257) × 20% (if negative, enter   | "0") =                                   | 49   |  |
| (Line 48   | minus \$5,370) × 36% (if negative, enter   | "0") =                                   | 50   | 1  |
| Add lines 49 and 50.   |  |  | ·····  | 51   |
| Add lines 48 and 51.   |  |  |  | 52   |
| Step 4 – Ontario Tax Ro  | If you are <b>not</b> claiming an Ontario Ta<br>enter the amount from line 52 on line 67 a<br>eduction |  | •  |  |
| Basic reduction  |  |  | 205 00 <b>53</b>   |  |
| If you had a spouse or common-                                   | law partner on December 31, 2009, only the come can claim the amounts on lines 54 and 55               | 5  |  |  |
| Reduction for dependent childre                                  |  |  |  |  |
| , , , , , , , , , , , , , , , , , , ,                            | Number of dependent children 6269  | × \$379 =                                | 54   |  |
| Reduction for disabled or infirm                                 | dependants (see line 55 in the forms book)   | <del> </del>                             |  |  |
|  | Number of disabled or infirm dependants 6097   | × \$379 =                                | 55   |  |
| Add lines 53, 54, and 55.  |  |  | 205 00 56  |  |
|  | •  |  |  |  |
| Enter the amount from line 56.                                   |  | 00 x 2 =                                 | 410 00 57  |  |
| Enter the amount from line 52.                                   |  |  | 58   |  |
|  |  |  |  | ,  |
| Line 57 minus line 58 (if negative                               |  | ax Reduction claimed                     | 410 00   | 410 00 59                                  |
| Line 52 minus line 59 (if negative                               | e, enter "O")  |  |  | 60   |

\$ 900

| Entor the amount from line CO on the ne   |   |                      |                        |  |                    |  | 1                            |
|---|---|----------------------|------------------------|--|--------------------|--|------------------------------|
| Step 5 – Ontario foreign tax  | · · · · · · · · · · · · · · · · · · ·   |                      |                        |  |                    |  | 61                           |
| Enter the Ontario foreign tax credit from   |   |                      |                        |  |                    |  | 62                           |
| Line 61 minus line 62   | 1 01111 1 2000.   |                      |                        |  |                    |  | 63                           |
| Step 6 – Ontario labour spor  | nsored investmer  | nt fund (LSI         | IF) tax credit         |  |                    | Go to Step                             |                              |
| Total cost of shares from boxes 02 and  | 04 of LSIF  |                      |                        |  |                    |  |                              |
| tax credit certificate(s)   | Α   | x1                   | 5% = (max. 9           | \$1,125) 6275                          | • 64               |  |                              |
| Total cost of ROIF eligible shares from   | boxes 03 and 05   | 1                    |                        |  |                    |  |                              |
| of LSIF tax credit certificate(s)   | В   | x                    | 5% = (max              | x. \$375) 6276                         | • 65               |  |                              |
| Add lines 64 and 65.  |   |                      | LSIF tax               | x credit                               |                    |  | 66                           |
| Line 63 minus line 66 (if negative, enter   | <b>"0"</b> )  |                      |                        |  | <del> </del>       |  | 67                           |
| Step 7 – Ontario Health Pren  | nium  |                      |                        |  |                    | Go to Step                             | 7                            |
| If your taxable income (from line 30) is r<br>Otherwise, enter the amount calculated  | •   | enter "0".           |                        | Health                                 | Ontario<br>Premium |  | 0 00 68                      |
| Add lines 67 and 68.  Enter the result on line 428 of your return   | m   |                      |                        |  | ntario tax         |  | 69                           |
|   |   |                      |                        |  |                    |  |                              |
|   |   | Ontario He           | alth Premium           | Chart                                  |                    |  | -1                           |
| i Enter vojir tavabla inaama from line 9  | 3N  |                      |                        |  |                    |  | 0 00 1                       |
| Enter your taxable income from line 3   | <u>5U.</u>  |                      |                        |  |                    |  | 0 00 1                       |
| Use the amount on line 1 to find the ro   | w that applies to you.  | •                    |                        |  |                    |  | <u> </u>                     |
|   | w that applies to you.  um amount in your row, one calculation in your row  | w.                   |                        |  |                    |  | <u> </u>                     |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premium  Otherwise, you have to complete the   | w that applies to you.  um amount in your row, one calculation in your row  | w.                   |                        |  |                    | Ontari<br>Health Pre                   | •                            |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premiu  Otherwise, you have to complete the Enter your taxable income in the fire  | w that applies to you.  um amount in your row, one calculation in your row  | w.                   |                        |  |                    | Ontari<br>Health Pre                   | •                            |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premium Otherwise, you have to complete the Enter your taxable income in the fire taxable income.  Taxable Income  | w that applies to you.  um amount in your row, ene calculation in your row rst box, complete the calc                             | w.                   |                        |  | X                  | •                                      | •                            |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premium  Otherwise, you have to complete the Enter your taxable income in the fire that the fire taxable income in the fire taxable income.  Taxable Income  | w that applies to you.  um amount in your row, one calculation in your row rst box, complete the calculation.                     | w.                   |                        | ne 68 above.                           | X                  | Health Pre  \$ 6 % =                   | •                            |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premiu Otherwise, you have to complete the Enter your taxable income in the fine.  Taxable Income  not more than \$20,000  more than \$20,000, but not more than \$20,00 | that applies to you.  um amount in your row, one calculation in your row rst box, complete the calc  \$25,000  \$36,000           | v. Iculation, and en | nter the result on lin | ne 68 above.  — \$ 20,000 =            | + a                | ### Health Pre                         | o<br>mium<br>0               |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premium Otherwise, you have to complete the Enter your taxable income in the fire that the fire that the second of the second  | that applies to you.  um amount in your row, one calculation in your row rst box, complete the calc  \$25,000  \$36,000           | w.                   |                        | ne 68 above.                           | + \$               | # Health Pre                           | o<br>mium<br>0               |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premiu Otherwise, you have to complete the Enter your taxable income in the fine.  Taxable Income  not more than \$20,000  more than \$20,000, but not more than \$20,00 | that applies to you.  um amount in your row, one calculation in your row rst box, complete the calc  \$25,000  \$36,000  \$38,500 | v. Iculation, and en | nter the result on lin | ne 68 above.  — \$ 20,000 =            | * *                | ### ### ### ### ### #### #### ######## | o<br>mium<br>0               |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premiuse Otherwise, you have to complete the Enter your taxable income in the fine that the fine that the fine that the fine that \$20,000 more than \$20,000, but not more than more than \$25,000, but not more than more than \$36,000, but not more than the fine fine than \$36,000, but not more than the fine fine than \$36,000, but not more than fine fine fine fine fine fine fine fin  | \$25,000 \$36,000 \$38,500 \$48,000   | v. Iculation, and en | nter the result on lin | ne 68 above.  — \$ 20,000 =            | + \$               | ### ### ### ### ### #### #### ######## | 0<br>mium<br>0               |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premit Otherwise, you have to complete the Enter your taxable income in the fine that the fine that the fine that \$20,000 more than \$20,000, but not more than more than \$25,000, but not more than more than \$36,000, but not more than more than \$36,000, but not more than more than \$38,500, but not more than   | \$25,000 \$36,000 \$38,500 \$48,000   | iculation, and en    | 36,000 =               | ne 68 above.  - \$ 20,000 =  - X 6 % = |                    | ### ### ############################## | 0<br>mium<br>0               |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premiu Otherwise, you have to complete the Enter your taxable income in the fine.  Taxable Income  not more than \$20,000  more than \$20,000, but not more than more than \$25,000, but not more than more than \$36,000, but not more than more than \$36,000, but not more than more than \$38,500, but not more than more than \$48,000, but not more than   | \$25,000 \$36,000 \$38,500 \$48,000 \$72,000  | iculation, and en    | 36,000 =               | ne 68 above.  - \$ 20,000 =  - X 6 % = |                    | ### ### ### ########################## | 0<br>mium<br>0<br>300<br>450 |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premii Otherwise, you have to complete the Enter your taxable income in the fine that  | \$25,000 \$36,000 \$48,000 \$72,000 \$72,600  | v.  culation, and en | 36,000 =               | x 6% =                                 | + \$               | ### ### ############################## | o<br>mium<br>0<br>300<br>450 |
| Use the amount on line 1 to find the ro  If there is an Ontario Health Premit Otherwise, you have to complete the Enter your taxable income in the fire.  Taxable Income  not more than \$20,000, but not more than more than \$25,000, but not more than more than \$36,000, but not more than more than \$36,000, but not more than more than \$48,000, but not more than more than \$48,600, but not more than   | \$25,000 \$36,000 \$48,000 \$48,600 \$72,000 \$200,000  | v.                   | 36,000 =               | x 6% =                                 | + \$               | ### ### ############################## | 0<br>mium<br>0<br>300        |

more than \$200,600



# Ontario Credits and Senior Homeowners' Property Tax Grant

**ON479** T1 General – 2009

Attach a copy of this form to your return to claim your Ontario credits and to apply for the Ontario Senior Homeowners' Property Tax Grant. For details about these credits and grant, see the forms book.

The instructions on lines 11, 26, and 28 are different depending on your age on December 31, 2009.

| Application for | or the 2010 ( | Ontario Sen | ior Homeowners' | Property | y Tax Grant |
|-----------------|---------------|-------------|-----------------|----------|-------------|
|-----------------|---------------|-------------|-----------------|----------|-------------|

Are you applying for the 2010 OSHPTG? If yes, tick this box:

If you paid property tax in Ontario in 2009 and you were **64 years of age or older** on December 31, 2009, you may qualify for the **Ontario Senior Homeowners' Property Tax Grant (OSHPTG)**. Note that you may also be eligible for the Property Tax Credit. For more details, see page 5 of the forms book.

| Enter the amount of property tax  | c paid by you or for you in Ontario in 2009.  |   | 6115          |  |     |  |
|---|---|---|---------------|--|-----|--|
| , , , , , , , , , , , , , , , , , , ,   | net income box below and the Declaration for the Property Tax Credit owners' Property Tax Grant on the next page. | <b>t</b>  |               |  |     |  |
| _ Adjusted family net inco  | ome for the Property Tax Credit, the Sales Tax  |   |               |  | _   |  |
| Credit, and the Ontario   | Senior Homeowners' Property Tax Grant   |   |               |  |     |  |
| If you have a spouse or commor<br>See the forms book for details.<br>See also the "Involuntary separa | n-law partner, special rules may apply.<br>ation" information below.  | Column 1<br>You   |               | Column 2 Your spouse or common-law partner |     |  |
| Enter the net income amount fro   |   |   | 1             | 37,467 07                                  | _ • |  |
| 1   | e Benefit repayment (line 213 of the return) and the nincome repayment (included on line 232)                     |   | 2             |  |     |  |
| Add lines 1 and 2.  | rincome repayment (included on mile 202)  | <del></del>   | 2             | 37,467 07                                  | _ 4 |  |
|   | e Benefit income (line 117 of the return) and the nincome (line 125 of the return)                                |   | 3<br>4        |  | `   |  |
| Line 3 minus line 4 (if negative,   | enter "0")  | <del> </del>  |               | 37,467 07                                  | -   |  |
| Add the amounts from line 5 in column 1 and column 2, if applicable.                                  |   | the Property Tax Cre<br>t, and the Ontario Ser<br>ners' Property Tax Gr | ilor          | 37,467 07                                  | _   |  |
| Property Tax Credit Rent paid in Ontario in 2009  | 6110 x 20% =  |   | 7             |  |     |  |
| Property tax paid in Ontario in 20  |   | <b>5,306</b>  | /<br>65 8     |  |     |  |
| Student residence   | claim \$25 6  |   | <u>0</u>      |  |     |  |
| Add lines 7, 8, and 9.  | Occupancy cost 6  | · · · · · · · · · · · · · · · · · · ·                                   | 65 1 <b>0</b> |  |     |  |
| If under 65 years of age:   | Enter the amount from line 10 or \$ 250, whichever is less.   |   |               |  |     |  |
| If 65 years of age or older:  | Enter the amount from line 10 or \$ 625, whichever is less.   |   | <b>&gt;</b>   | 250 00                                     | 1   |  |
| Amount from line 10   | 5,306 65 × 10% =  |   | <del></del>   | 530 66                                     | _   |  |
| Add lines 11 and 12.  | 3,300 0 X 1070 -  |   |               | 780 66                                     |     |  |
| If you received a 2009 Ontario<br>Otherwise, enter "0" on line 18 a                                   | Senior Homeowners' Property Tax Grant, complete lines 14 to 18. nd continue on line 19 below.                     |   |               |  | - • |  |
| Enter the amount from line 13.  |   |   | <u>66</u> 14  |  |     |  |
|   | Intario Senior Homeowners' Property Tax Grant.  | 117   | • 15          |  |     |  |
| Add lines 14 and 15.  |   |   | 66 16         |  |     |  |
| Enter the amount from line 10 or  |   | 5,306   | <u>65</u> 17  | 1  |     |  |
| Line 16 minus line 17 (if negative  | s, enter "U")   |   |               |  | _ 1 |  |
| Line 13 minus line 18 (if negative Complete the declaration on the                                    |   | Property Tax Cre  | edit          | 780 66                                     | 1   |  |

**ON479** – Page 2

| Enter your Ontario Property Tax Credit f   | rom line 19 on the                    | previous page.                              |                   |                     | ······································           |                     | 780 66 <b>20</b>   |
|--|---------------------------------------|---|-------------------|---------------------|--|---------------------|--------------------|
| Sales Tax Credit   |                                       |   |                   |                     |  |                     |                    |
| Basic Sales Tax Credit   |                                       |   | claim \$          | 100 6033            | 100 00   | 21                  |                    |
| Additional credit for spouse or common-  | law partner                           |   |                   | 100 6035            | 100 00   | 22                  |                    |
| Number of dependent children born in 1   | 991 or later                          |   | 6099 3 x \$50     | <u> </u>            | 150 00   | 23                  |                    |
| Add lines 21, 22, and 23.  |                                       |   | Sales tax cre     | edit                | 350 00   | <b></b>             | 350 00 <b>24</b>   |
| Add lines 20 and 24.   |                                       |   |                   |                     |  |                     | 1,130 66 <b>25</b> |
| Enter your adjusted family net incom   | ne for Ontario cre                    | dits on the applicab                        | le line below     |                     |  |                     |                    |
| If under 65 years of age:  | (Line 6                               | 37,467 07 -                                 | - \$ 4,000 )x     | 2 % (if negative,   | enter "0")                                       |                     |                    |
| If 65 years of age or older and not  |                                       |   | <del></del>       |                     |  |                     |                    |
| residing with a spouse or  | /I ! O                                |   | • 00.000 v        | A se ere in         |  |                     |                    |
| common-law partner:  If age 65 years of age or older and                             | (Line 6                               |   | - \$ 22,000 ) x   | 4 % (if negative, o | enter "0")                                       |                     |                    |
| residing with a spouse or common-law partner:  | (Line 6                               |   | - \$ 24,750 ) x   | A O/ /if pagative . | nutau (ON)                                       | _                   | 669 34 <b>26</b>   |
| Line 25 minus line 26 (if negative, enter  | 1                                     |   | - \$ 24,750 )x    | 4 % (if negative, o | enter U )  |                     |                    |
|  |                                       | 07 \$4 000bisbs                             | !!                |                     |  |                     | 461 32 27          |
| <u> </u>   |                                       | 27 or \$1,000, whiche 27 or \$1,125, whiche |                   |                     |  |                     |                    |
| Enter the amount from line 28 on line  | 479 of your return (                  | unless                                      |                   | Onta                | rio Property                                     |                     |                    |
| you are claiming other Ontario tax credits   | <u>-</u>                              |   |                   |                     | Tax Credits                                      |                     | 461 32 28          |
| Ontario Political Contribution   | n Tax Credit                          |   |                   |                     |  |                     |                    |
| Ontario political contributions made in 20   |                                       |   |                   | 6310                |  | 29                  |                    |
| Credit calculated for line 30  | _                                     |   |                   | Ont                 | ario political                                   |                     | ı                  |
| on the <i>Provincial Worksheet</i> (maximum  | \$1,240)                              | <del> </del>                                |                   | contributi          | on tax credit                                    |                     | 30                 |
| Ontario Focused Flow-Throu   | ıgh Share Tax                         | c Credit                                    |                   |                     |  |                     |                    |
| Enter the total expenses reported on For   | m T1221.                              |   | 6266              | × 5                 | % =  |                     | 31                 |
| Add lines 28, 30, and 31. If you are not enter the amount from line 32 on line       | <del>-</del>                          |   | employed individu | ıals,               |  |                     | 461 32 <b>32</b>   |
| Ontario tax credits for self-enterion for details, see the forms book.               | mployed indiv                         | /iduals                                     |                   |                     |  |                     |                    |
| Number of eligible apprentices your busi   |                                       | •   |                   | 1                   |  |                     |                    |
| under the Ontario Apprenticeship Trainir   | ng Tax Credit Prog                    | ram   |                   | 6324                |  |                     |                    |
| Number of eligible work placements your  | r business or partn                   | ership is claiming und                      | der               |                     |  |                     |                    |
| the Ontario Co-operative Education Tax   | •                                     |   |                   | 6325                |  |                     |                    |
|  |                                       |   |                   |                     |  |                     |                    |
| Are you claiming one or more of these ta   | ax credits as a mem                   | nber of a partnership?                      | · <u>-</u>        | 6326 1              | Yes 2 N  | lo                  |                    |
| If was contact the first pipe digite of your E                                       | Duninasa Alumbar                      |   |                   | 6327                |  |                     |                    |
| If yes, enter the first nine digits of your E<br>Ontario Apprenticeship Training Tax |                                       |   |                   | 0527                |  |                     |                    |
| See page 8 in the forms book.  |                                       |   |                   |                     |  | 6322                | • 33               |
| Ontario Co-operative Education Tax   | Credit                                |   |                   |                     |  | C200                | <del></del>        |
| See page 8 in the forms book.  |                                       |   | ·-·               |                     |  | 6320                | • 34               |
| Add lines 32, 33, and 34. Enter the resu   | lt on line 470 of sec                 | ır roturo                                   |                   | <b>~</b>            | dania avadite                                    |                     | 461 32 35          |
| 700 III 165 32, 33, 61 10 34. ETILET II 16 1 650                                     | it of little 479 or you               | ur return.                                  |                   | Or                  | ntario credits                                   |                     | 701 32 35          |
| Declaration for the Property Homeowners' Property Tax                                |                                       | nd the Ontario                              | Senior            | <u> </u>            |  |                     | <del></del>        |
| I declare the following information about  | t my principal resid                  | ences in Ontario duri                       | ng 2009:          |                     |  |                     |                    |
|  |                                       | Number of                                   |                   |                     |  |                     |                    |
| Address  |                                       | months                                      | Rent paid         | Property tax        | !  | ne of landlord or m |                    |
|  |                                       | resident<br>in 2009                         | in 2009           | paid in 2009        | to   | whom payment wa     | as made            |
| 480 TWEEDSMUIR AVE   |                                       |   |                   |                     |  |                     |                    |
| OTTAWA ONTARIO K1Z 5N9   |                                       | 12  |                   | 5 306               | 65 CITY O  | Ε ΩΤΤΔWΔ            |                    |
|  |                                       |   |                   | 3,300               | 05 0111 0  | · OF INT            |                    |
|  |                                       |   |                   |                     |  |                     |                    |
|  | · · · · · · · · · · · · · · · · · · · | <del></del>                                 |                   | <u></u>             | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |                     |                    |

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# **Provincial Worksheet**

| <ul> <li>Line 5872 – Allowable amount of medical expense</li> <li>Perform this calculation for each dependent.</li> </ul> | ses for other dependants            |          |
|---|-------------------------------------|----------|
| Last name: FRIEDMAN   | Date of birth: 1991-04-24           |          |
| First name: NECHAMA   | Net income:                         |          |
| Medical expenses for other dependant  |                                     | 1,182 51 |
| Enter: \$ 2,010 00 or 3.00 % of the dependa   | ant's net income, whichever is less |          |
| Line 1 minus line 2   | =                                   | 1,182 51 |
| Amount of eligible expenses (maximum \$10,835)  |                                     | 1,182 51 |
| Enter, on line 5872 of Form ON428, the total amount claim   | ned for all dependants.             | 1,182 51 |

# Comparative Review and Analysis Workchart – Federal – 2009

|   | 2009                                  | 2008                                  | % (+/-)      | Comments                                |
|---|---------------------------------------|---------------------------------------|--------------|---|
| Income                                      |                                       |                                       | ( . ,        |   |
| 101. Employment income                      |                                       |                                       |              |   |
| 104. Other employment income                |                                       |                                       |              | - <del></del>                           |
| 113. OAS pension                            | · · · · · · · · · · · · · · · · · · · |                                       |              | · · · · · · · · · · · · · · · · · · ·   |
| 114. CPP/QPP benefits                       | ···                                   | ·                                     |              | · · · · · · · · · · · · · · · · · · ·   |
| 115. Other pensions                         | ·                                     | <u> </u>                              |              |   |
| 116. Elected split-pension amount           |                                       |                                       | · ···        |   |
| 117. Universal Child Care Benefit           | <del></del>                           |                                       |              |   |
| 119. El benefits                            |                                       |                                       | <del>-</del> | · · · · · · · · · · · · · · · · · · ·   |
| 120. Taxable dividends                      | <u> </u>                              |                                       | ·            | - <del>-</del>                          |
| 121. Interest and other investment income   |                                       | · · · · · · · · · · · · · · · · · · · |              |   |
| 122. Limited partnership income             |                                       |                                       |              |   |
| 125. RDSP income                            |                                       | <del></del>                           |              | - · · · · · · · · · · · · · · · · · · · |
| 126. Rental income                          |                                       |                                       | <u></u>      |   |
| 127. Taxable capital gains                  |                                       |                                       |              |   |
| 128. Supports payments received             |                                       |                                       |              |   |
| 129. RRSP income                            |                                       |                                       |              |   |
| 130. Other income                           |                                       |                                       |              |   |
| 135-143. Self-employment income             |                                       |                                       |              |   |
| 144. Workers' compensation                  |                                       |                                       |              |   |
| 145. Social assistance                      |                                       |                                       |              |   |
| 146. Federal supplements                    |                                       |                                       |              |   |
| 150. Total income                           |                                       |                                       |              |   |
| Deductions                                  |                                       |                                       |              |   |
| 207. RPP deduction                          |                                       |                                       |              |   |
| 208. RRSP deduction                         |                                       |                                       |              |   |
| 209. Saskatchewan Pension Plan              | <del></del> _                         |                                       |              |   |
| 210. Elected split-pension amount           |                                       |                                       |              |   |
| 212. Union or professional dues             | <u></u>                               |                                       |              |   |
| 213. Universal Child Care Benefit repayment |                                       |                                       |              |   |
| 214. Child care expenses                    |                                       |                                       |              |   |
| 215. Attendant care expenses                |                                       |                                       |              |   |
| 217. Allowable business investment loss     |                                       |                                       |              |   |
| 219. Moving expenses                        |                                       |                                       |              |   |
| 220. Support payments made                  |                                       |                                       |              |   |
| 221. Carrying charges                       | <u></u>                               |                                       |              |   |
| 222. Deductions CPP/QPP                     |                                       |                                       |              |   |
| 223. Deduction for PPIP                     |                                       | <del></del>                           |              |   |
| 224. Exploration and development expenses   |                                       |                                       |              |   |
| 229. Other employment expenses              | ·                                     |                                       | <del></del>  |   |
| 231–232. Other deductions                   |                                       |                                       |              |   |
| 235. Social benefits repayment              | <del></del>                           | -                                     |              |   |
| 236. Net income                             |                                       |                                       |              | ····                                    |
| Deductions from net income                  |                                       |                                       |              |   |
| 244. Canadian forces and police deduction   |                                       |                                       |              |   |
| 248. Relocation loan deduction              |                                       |                                       |              |   |
| 249. Security options deductions            |                                       | <del></del>                           |              |   |
| 250. Other payments deduction               |                                       |                                       |              | - <del></del>                           |
| 251. Limited partnership losses             |                                       |                                       |              |   |
| 252. Non-capital losses of other years      |                                       | <del></del>                           |              |   |
| 253. Net capital losses of other years      |                                       |                                       |              |   |
| 254. Capital gains deduction                | <del></del>                           |                                       | .=           |   |
| 255. Northern residents deductions          |                                       |                                       |              | . <del> </del>                          |
| 256. Additional deductions                  |                                       | <del></del>                           |              | · · · · · · · · · · · · · · · · · · ·   |
| 260. Taxable income                         |                                       |                                       |              |   |

| Non-refundable tax credits              | 2009         | 2008                                   | % (+/-)     | Comments  |
|---|--------------|--|-------------|---|
|   | 40.000       | 0.600                                  |             | ·   |
| 300. Basic amount                       | 10,320       | 9,600                                  | 7.50        | - <del></del>                                     |
| 301. Age amount                         | <del></del>  |  |             |   |
| 303–305. Spouse or eligible dep. amount |              |  |             |   |
| 367. Children amount                    |              |  | <del></del> | ······································            |
| 306. Amount for dependants              |              |  | <del></del> | · <del>····································</del> |
| 308–310. CPP/QPP contributions          | <del></del>  | ····                                   |             |   |
| 312. El premiums                        |              | <del></del>                            | <del></del> | _ <del></del>                                     |
| 375–378. PPIP premiums                  |              |  |             | <del></del>                                       |
| 363. Canada employment amount           |              |  | <del></del> |   |
| 364. Public transit passes amount       | <del></del>  | <del></del> -                          | <del></del> |   |
| 365. Children fitness amount            |              | ·                                      |             |   |
| 368. Home renovation expenses           |              |  | <del></del> |   |
| 369. Home buyers' amount                | <del></del>  | <u></u> -                              |             |   |
| 313. Adoption expenses                  |              | ···                                    |             |   |
| 314. Pension income amount              |              | ······································ |             |   |
| 315–318. Caregiver or disability amount | <del></del>  |  |             |   |
| 319. Interest paid on student loans     | <del></del>  |  |             |   |
| 323. Education amount                   |              | <u> </u>                               |             |   |
| 324–326. Spousal or education transfer  |              | <u></u>                                |             |   |
| 332. Net medical expenses               | 1,295        | 1,039                                  | 24.70       |   |
| 335. Total amounts                      | 11,615       | 10,639                                 | 9.18        | . <del></del>                                     |
| 338. Credits                            | <u>1,742</u> | 1,596                                  | 9.18        |   |
| 349. Donations and gifts                |              |  |             |   |
| 350. Total non-refundable tax credits   | 1,742        | 1,596                                  | 9.18        |   |
| Federal taxes                           |              |  |             |   |
| 404. Tax on taxable income              |              |  |             |   |
| 425. Dividend tax credit                |              |  |             |   |
| 427. Minimum tax carry-over             |              | <u> </u>                               |             |   |
| 426. Overseas employment tax credit     | ···          |  |             |   |
| 350. Non-refundable credit              | 1,742        | 1,596                                  | 9.18        |   |
| 429. Basic federal tax                  |              |  |             |   |
| Non-resident surtax                     |              |  |             |   |
| 405. Foreign tax credit                 |              | <u>.</u>                               |             |   |
| Logging tax credit                      |              |  |             | - <del></del>                                     |
| 406. Federal tax                        |              | ·                                      |             |   |
| 410. Political contribution tax credit  |              |  |             |   |
| 412. Investment tax credit              |              |  |             |   |
| 414. Labour-sponsored funds tax credit  |              |  |             |   |
| 415. WITB advance payments              |              |  |             |   |
| Minimum tax                             |              |  |             |   |
| 418. Tax on RESP                        |              |  |             |   |
| 420. Net federal tax payable            |              |  |             |   |
| Provincial taxes                        |              |  |             |   |
| Tax on taxable income                   |              |  |             |   |
| Non-refundable tax credits              | 616          | 588                                    | 4.70        |   |
| Dividend tax credit                     |              | <del></del>                            |             |   |
| Overseas employment tax credit          |              | · · · · · · · · · · · · · · · · · · ·  |             |   |
| Minimum tax carry-over                  |              | <del></del>                            |             | · · · · · · · · · · · · · · · · · · ·             |
| Minimum tax or split income             |              |  |             |   |
| Surtax or royalty tax rebate            |              |  |             |   |
| Foreign tax credit                      |              |  |             |   |
| Tax credit or reduction                 | 410          | 402                                    | 1.99        |   |
| 428. Net provincial tax                 |              | 102                                    | 1,00        | - <del></del>                                     |
| 421. Self-employment CPP                |              |  | <u> </u>    |   |
| 422. Social benefits repayment          | <del></del>  |  |             | · · · · · · · · · · · · · · · · · · ·             |
| 435. Total tax payable                  |              | <del></del>                            |             |   |
| Too. Total tax payable                  |              |  |             | <del></del>                                       |

|                                       | 2009 | 2008 | % (+/-) | Comments                               |
|---------------------------------------|------|------|---------|--|
| Credits                               |      |      | • •     |  |
| 437. Total income tax deducted        |      |      |         |  |
| 438. Tax deducted transfer            |      |      |         |  |
| 440. Refundable abatement             |      |      |         |  |
| 448. CPP overpayment                  |      |      |         |  |
| 450. El overpayment                   |      |      |         |  |
| 452. Supplement for medical expenses  |      |      |         |  |
| 453. Working income tax benefit       |      |      |         |  |
| 454-456. ITC refund/Credit Part XII.2 |      |      |         |  |
| 457. GST/HST rebate (GST370)          |      |      |         |  |
| 476. Instalments                      |      |      |         | ······································ |
| 479. Provincial tax credits           | 461  | 548  | -15.88  |  |
| 482. Total credits                    | 461  | 548  | -15.88  |  |
| Balance due/refund (-)                | -461 | -548 | -15.88  |  |
| Header for special tax returns        |      |      |         |  |

Five-Year Comparative Review — Federal — 2009

| rive-rear comparative                         | Keview -      | - regerai   | <b>- 2009</b>                           |          |   |
|---|---------------|-------------|---|----------|---|
| Income  | 2009          | 2008        | 2007                                    | 2006     | 2005                                    |
| 101. Employment income                        |               |             |   | 71,000   | 84,000                                  |
| 115. Other pensions                           |               |             | 83,939                                  | - · ··   | ····· • • • • • • • • • • • • • • • • • |
| 120. Taxable dividends                        |               |             | 914                                     |          | 66,250                                  |
| 121. Interest and other investment income     |               |             | 17                                      |          |   |
| 129. RRSP income                              |               |             |   | <u> </u> | 37,956                                  |
| 150. Total income                             |               |             | 84,869                                  | 71,000   | 188,206                                 |
| Deductions                                    |               |             |   | _        |   |
| 221. Carrying charges                         |               |             | 475                                     |          |   |
| 236. Net income                               |               |             | 84,394                                  | 71,000   | 188,206                                 |
| Deductions from net income                    |               |             |   |          |   |
| 260. Taxable income                           |               |             | 84,394                                  | 71,000   | 188,206                                 |
| Non-refundable tax credits                    |               |             | •                                       |          |   |
| 300. Basic amount                             | 10,320        | 9,600       | 9,600                                   | 8,839    | 8,648                                   |
| 367. Amount for children under 18 year of age |               |             | 8,000                                   |          |   |
| 308-310. CPP/QPP contributions                |               |             |   | 1,911    | 1,861                                   |
| 363. Canada employment amount                 |               |             |   | 250      |   |
| 332. Net medical expenses                     | 1,295         | 1,039       | 2,619                                   | 2,780    | 1,417                                   |
| 335. Total amounts                            | 11,615        | 10,639      | 20,219                                  | 13,779   | 11,926                                  |
| 338. Credits                                  | 1,742         | 1,596       | 3,033                                   | 2,101    | 1,789                                   |
| 349. Donations and gifts                      |               |             | 11,162                                  | 8,944    | 15,987                                  |
| 350. Total non-refundable tax credits         | 1,742         | 1,596       | 14,195                                  | 11,045   | 17,776                                  |
| Federal taxes                                 |               |             | · • • • • • • • • • • • • • • • • • • • |          |   |
| 404. Tax on taxable income                    |               |             | 16,366                                  | 13,165   | 45,768                                  |
| 425. Dividend tax credit                      |               |             | 122                                     |          | 8,833                                   |
| 350. Non-refundable tax credits               | 1,742         | 1,596       | 14,195                                  | 11,045   | 17,776                                  |
| 429. Basic federal tax                        |               | <del></del> | 2,049                                   | 2,120    | 19,159                                  |
| 406. Federal tax                              |               |             | 2,049                                   | 2,120    | 19,159                                  |
| 420. Net federal tax payable                  |               |             | 2,049                                   | 2,120    | 19,159                                  |
| Provincial                                    |               |             |   |          |   |
| Tax on taxable income                         |               |             | 6,891                                   | 5,449    | 18,583                                  |
| Non-refundable tax credits                    | <u>616</u>    | 588_        | 4,971                                   | 4,232    | 6,846                                   |
| Dividend tax credit                           |               |             | 47                                      |          | 3,399                                   |
| Surtax/Royalty tax rebate                     | <del></del> . | <del></del> | 750                                     | 600      | 2,849                                   |
| Tax credit/reduction                          | 410           | 402         | 2,173                                   | 3,456    |   |
| 428. Net provincial tax                       |               |             | 750                                     | 600      | 11,187                                  |
| 435. Total payable                            |               |             | 2,799                                   | 2,720    | 30,346                                  |
| Credits                                       |               |             |   |          |   |
| 437. Total income tax deducted                | <del></del>   |             | ·                                       | 16,188   | 36,800                                  |
| 448. CPP overpayment                          | <del></del>   |             |   |          |   |
| 479. Provincial tax credits                   | <u>461</u>    | 548_        |   |          |   |
| 482. Total credits                            | 461           | <u>548</u>  | <u> </u>                                | 16,267   | 36,800                                  |
| Balance due/refund (-)                        | -461          | -548        | 2,799                                   | -13,547  | -6,455                                  |
| Miscellaneous information                     |               |             |   |          |   |
| Average tax rate                              |               |             |   |          |   |
| Average tax rate                              | %_            |             | 3.30 %                                  | 3.83 %   | 16.12 %                                 |
| Header for special tax returns:               |               |             |   |          |   |