

# **Appendix II: Sample Statements and Forms**

#### **SAMPLE 1: MPAC STATEMENT**



1234567890

SMITH JACOB SMITH ELIZABETH 200 MAIN STREET ANYWHERE ON A18 2C3

### **Property Assessment Change Notice**

#### Questions?

Please include your roll number with your enquiry.

Call 1 866 296-MPAC (6722) 1 877 889-MPAC (6722) TTY Monday to Friday - 8 a.m. to 5 p.m.

Web www.mpac.ca

Write P.O. Box 9808, Toronto, ON M1S 5T9

If you have any accessibility needs, please contact MPAC for assistance.

#### This Property Assessment Change Notice is not a property tax bill.

#### Why you are receiving this Property Assessment Change Notice

You are receiving this Notice because changes have been made to the assessed value, classification or tax liability of your property or a portion of it. MPAC is required to issue a Notice when changes are made to a property that were not part of a previous assessment, such as a renovation or addition.

#### SAMPLE 2: NOA

*	Agency	Revenue	Agence du revenu du Canada	NOTICE OF ASSI				T4
Date May 1	9, 2009	Name		Social insurance no.	Tax year 2008	Surrey BC	V3T 5E1	
	-,	L		Summary				0
Line	A 9-3-14	T. 170	Description	n			\$ Amount	
150	Total	income					84,045	
	Deduct	ions f	rom total income				12,894	
236	Net in	come .					71,151	
260	Taxabl	e incor	me				71,151	
350	Total tax cr	federa: edits	l non-refundable				2,006	
6150	Total non-re	Britis fundab	h Columbia le tax credits				604	
420	Net fe	deral	tax				10,994.51	
428	Net Br	itish (	Columbia tax				3,981.11	
			e				14,975.62	
			tax deducted				14,396.32	
486	Paymen	t on f	iling		)		579.30	
482	Total	credit	8		<b>5</b>		14,975.62	
	(Total	payab	le <mark>-</mark>				0.00	
	Balanc	e from	t	('			0.00	1
			househol	st a copy fror d members w years or older	vho ar	e		
			Commissi	am v. baker ioner of Revenue				
Date May 19	9, 2009	Name		Social insurance no.	Tax year 2008	Tax centre Surrey BC	V3T 5E1	:
The bear	k of the second	a contains im	2009 RRSP Deduct	tion Limit Statement	e less than ze	era.		
			008			617	284	
			ontributions deducted for 20			\$12.	894	
			mit at the end of 2008			\$4,	390	
	18% of 200			= (max. \$21,000)	\$14,41			
	Minus: 200	08 pension	adjustment		\$	\$14, \$18,		
Minus			ce pension adjustment				\$0	
			ment reversal			400	\$0 *(A)	
Plus:		iction limi	it for 2009			\$18	805	
Plus:	RSP ded		(B) of unused RRSP cor					

## SAMPLE 3: T1 GENERAL

Canada Ravenue Agence du revenu du Canada			T1 GENERAL 2007			
	Income Tax	and Benefit Retur	n e			
Identification						
First name and initial		Enter your social insurance	Information about you e number (SIN):			
Last name  Mailing address: Apt No - Street No Street name		Enter your size of Joth:  Year Month Day Year Month Day Your large arcorrespondence: English Français				
PO Box RR			lance :			
City	Provide the	first 4 pages	Separated 6 Single ation about your spouse or rtner (if you checked box 1 or 2 above)			
Prov /Terr. Postal code						
Information about your re Enter your province or territory of residence on December 31, 2007: Britist Enter the province or territory where you currently of it is not the same as that shown	n Columbia	Enter his or her net income 2007 to claim certain credi Enter the amount of Univer included in his or her net in	ts:			

## **SAMPLE 4: T2 Corporation Income Tax**

	n Income Tax Return Code 1601 Protected B When completed
This form serves as a federal, provincial, and territorial corporation income Quebec or Alberta. If the corporation is located in one of these provinces, corporation return.  All legislative references on this return are to the federal <i>Income Tax Act</i> a contain changes that had not yet become law at the time of publication.  Send one completed copy of this return, including tax centre or tax services office. You have to file the For more information see cra.gc.ca or Guide T401.	you have to file a separate provincial 055 Do not use this area
	e all 9 pages  s return apply?  Tax year-end Year Month Day
Address of head office Has this address changed since the last time we were notified?	Has there have an acquisition of control res pplication of sul since the tax year sta

### SAMPLE 5: T2 SCHEDULE 50

da Revenue Agence du revenu du Canada	SHAREHOLDER	INFORMATION (2006	and later tax	years)	S	CHEDULE 50 Code 0601
				Business Number	Year Year	mer-end Month Day
rations must complete this sched	lule for any shareholder who holds 10%	6 or more of the corporat	ion's common ar	nd/or preferred shares.		
		Provide	only one number	per shareholder		
fter name, indicate in brackets if the	shareholder is a corporation,	Business Number (If a corporation is not registered, enter "NR")	Social Insural number	noe Trust number	Percentage common shares	Percentage preferred shares
100		200	300	350	400	500
		_				
		_				
	rations must complete this sched  Name of sharet fler name, indicate in brackets if the i	rations must complete this schedule for any shareholder who holds 10%  Name of shareholder  ifter name, indicate in brackets if the shareholder is a corporation, partnership, indical, or trust)	rations must complete this schedule for any shareholder who holds 10% or more of the corporation.  Provide  Name of shareholder  Ifter name, indicate in brackets if the shareholder is a corporation, partnership, individual, or trust)  Business Number (if a corporation is not registered, enter "NR")	rations must complete this schedule for any shareholder who holds 10% or more of the corporation's common at  Provide only one number  Name of shareholder Inter name, Indicate in brackets if the shareholder is a corporation, partnership, Individual, or trust)  Business Number (If a corporation is not registered, enter "NR")	rations must complete this schedule for any shareholder who holds 10% or more of the corporation's common and/or preferred shares.  Provide only one number per shareholder  Name of shareholder  Name of shareholder is a corporation, partnership, individual, or trust)  Business Number (if a corporation is not registered, enter "NR")  Trust number number	rations must complete this schedule for any shareholder who holds 10% or more of the corporation's common and/or preferred shares.  Provide only one number per shareholder  Name of shareholder  Name of shareholder is a corporation, partnership, individual, or trust)  Business Number (If a corporation is not registered, enter "NR")  Percentage common shares

## SAMPLE 6: T2 SCHEDULE 125

Canada Revenue Agence du revenu du Canada	INCOME STATEMENT INFORMATION (2010 and later tax years)	SCHEDULE 125 Code 1001
Name of corporation	By Number	Tax year-end Year Month Day
Use this schedule to report the corporation's incom		
For more information, see Guide RC4088, Genera		T2 Corporation - Income Tax Guide.
<ul> <li>If there is not enough space, attach more schedule</li> </ul>	Duravida all 4 naces	
0001 Operating name	Provide all 4 pages	0003 ** Sequence
		01
Non-farming revenue	Non-farming expenses	Non-farming expenses

# **SAMPLE 7: T5 Statement of Investment Income**

24			nadennes	Federal credit - Cre		Année			
- 1	Actual amount of eligible dividends	25 Taxable amount of el	ligible dividends	26 Dividend tax cred dividen		13 Interest from (	Canadian sources	18 Capital ga	ins dividends
	Montant réel des dividendes déterminés	Montant imposable de déterminé	es dividendes	Crédit d'impôt pour divide	ndes déterminés	Intérêts de sour	rce canadienne	Dividendes sur	gains en capital
10	Actual amount of dividends other than eligible dividends	11 Taxable amount other than eligible		12 Dividend tax credit other than eligible		21 Report Code	22 Recipient iden	ntification number	23 Recipient ty
	Montant réel des dividendes autres que des dividendes déterminés	Montant imposable de autres que des dividend	es dividendes des déterminés	Crédit d'impôt pour autres que des divident	dividendes les déterminés	Code du feuillet	Numéro d'identificat	ation du bénéficiaire	Type de bénéficiai
	Other information (see the back)							7	•
	Autres renseignements								
	(voir au verso) Bo	ox / Case Amou	int / Montant	Box / Case	Δmoi	unt / Montant	Box / Cas	se Amoun	t / Montant
F	Recipient's name (last name first) an	nd address – Nom, prénd		tu bénéficiaire	Alloc	Payer's name an	d address – Nom e	t adresse du paye	ur
F	Recipient's name (last name first) an	nd address – Nom, prénc		du bénéficiaire	Allo	Payer's name an	d address – Nom e	t adresse du paye	ur
Curre	Recipient's name (last name first) and second and identification codes as de devise et d'identification	► 27 Foreign currence	om et adresse di		29 F	Recipient account	Foi Pour o	t adresse du paye r information btenir des re	, see the bac nseignemen
Curre	ency and identification codes	Foreign currenc	om et adresse di	nsit – Succursale	29 F Numéro	Recipient account de compte du bénéi	Foi Pour of	r information btenir des re	, see the bac nseignemen lisez le vers
Curre Code vacy Act, 5 (15)	ency and identification codes so de devise et d'identification	Foreign currenc Devises étrangèn IA PPU 150 and CRA PPU	28 Za Transes of Control of Contr	nsit – Succursale	29 F Numéro i nents personnels	Recipient account de compte du bénéi	Foo Pour of ficiaire ements personnels A	r information btenir des re	, see the bac nseignemen lisez le vers C PPU 005

# SAMPLE 8: T2125 SOBA

Canada Revenue Agence du revenu du Canada		Protected B when completed
Stateme	ent of Business or Professional A	Activities
This form is used to help calculate self-employed For each business or profession, fill out a separa Fill out this form and send it with your income tax For more information on how to fill out this form, self-employed.  Identification  Name  Business name	ate Form T2125.	number (SIN)
Business address  Fiscal period Year Month Day From:	Year	ce or territory Postal code last year of business? Yes No