Canadian Tax Principles 2014 2015 Edition Volume I and Volume II 1st Edition Byrd Solutions Manual
Client: Musician, Buddy-Chapter 4 Problem SIN: 527 000 061
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Taynayar nar	sonal information		Spousal infor	rmati	on			
			-			400		
SIN	_527 000 061		SIN	_527 (-		
Name	_Musician, Buddy-Chapter 4 Problem		Name	_		, Natasha		
Care of			Birthdate	_1988	-06-	06		
Street address	_111 WWW Street Apt #	<u> </u>	Filing					
P.O. Box, R.R.			Province of reside	ence or	n 201	3/12/31	Britis	sh Columbia
City	_Vancouver		Apply for GST/HS				X <u>Y</u> e	
Province	_BC		EFILE this return?				XΥe	es <u>N</u> o
Postal code	_V4H 3W4		Is return discounte	ed?			<u>Y</u> e	
Home phone	_(604) 111-1111		Use preparer add	ress fo	or:		Notio	ce of Assessment
Birthdate	_1946-08-28		and Refund					
Marital status	Married							
Total income								
	me (box 14 on all T4 slips)				101	16,500 00		
	1 /		Total inc	ome 1	150	16,500 00	•	16,500 00
Net income					_	, ,		<u> </u>
						Net income	236	16,500 00
Taxable income								<u> </u>
						Taxable income	260	16,500 00
Non-refundable	tax credits							-,
Basic personal ar			claim \$11	.038 3	300	11,038 00		
	ou were born in 1948 or earlier)		(maximum \$6,		_	6,854 00	•	
	on-law partner amount (if negative, enter "0")		(303	6,238 00	•	
	en born in 1996 or later				_	-,		
Number of child	dren for whom you are not claiming		1					
the family care	giver amount 366 5_ x \$ 2,234	<u>4 </u>	11,170 00			1		
Amount for chil	dren born in 1996 or later	=	11,170 00		367_	11,170 00		
	rance premiums from box 18 on all T4 slips		(maximum \$891		_	301 95	•	
Canada employm	ent amount (see the guide)		(maximum \$1,	<u>,117)</u>	363_	1,117 00		
Caregiver amoun					315_	11,020 00		
	transferred from a dependant				318_	7,697 00		
Medical expenses	1 /	330		_				
Minus: \$2,152 or	3% of line 236, whichever is less		495 00					
Subtotal			2,305 00					
Allowable amou	nt of medical expenses for other dependants	331				•		
Add lines 30 and	31.		3,430 00	<u>0</u> ▶ :	332_	3,430 00	i	
Add lines 1 to 26					335_	58,865 95	ı.	_
Multiply the amo	ount on line 26 by 15%					=	338	8,829 89
		T -4-1					250	0.000.00
		Total	rederal non-retun	idable	tax (credits: 27 and 28.	350	8,829 89
Refund or Balan	ce owing					Total massable	405	0 00 •
Total income toy	deducted (from all information slips)				437	Total payable 500 00		<u> </u>
	cal expense supplement				+3 <i>1</i> 452	857 50		
-	ax benefit (attach Schedule 6)				+52_ 453	1,952 00		
	,				+33_ 476	4,000 00		
Tax paid by instal	ritorial tax credits				476_ 479	150 00		
i Tovinciai di teri	ILOI IAI LAA GI GUILS		Total cre		_	7,459 50	i e	7,459 50
					_	minus total credits	· _	(7,459 50)
			10	nai pay	aule	Refund	184	7,459 50)
2014 Estimat	ad					Keiulia	+0+	<i>1</i> ,+08 00 €
GST/HST credit	Gu	Appual	1,241 00	Λ		Quartaris	,	310 00
	.19	Annual				Quarterly	_	
Provincial tax cre		Annual	404 00	<u>u</u>		Quarterly	_	101 00
RRSP contributio	n limit							2,970 00

Month/Day

or

departure

entry

Agence du revenu du Canada

T1 GENERAL 2013

Income Tax and Benefit Return

Complete all the sections that apply to you. For more information, see the guide.

Identification					Information	-				
First name and initial				Enter your social	insurance numb	oer (SIN)	527 000	J 061		
Buddy-Chapter 4 Probl	em						Year/	/Month/Day		
Last name				Enter your date o	of birth:			S-08-28		
Musician				-						
Care of				Your language of Votre langue de d	•		English X	Français		
Mailing address: Apt No – 111 WWW Street	Street No Street name	9		Is the	nis return for a	deceased		Month/Day		
PO Box	RR			person, enter the date of death:						
City	Prov./Terr.	Postal Code			narital status o					
Vancouver	BC	V4H 3W4		(see the "Marital s		•		•		
				1 X Married	2 Living cor		3 Wi	dowed		
				4 Divorced	5 Separated	b	6 Sir	ngle		
Information about your residence					formation abou					
				common-law partner (if you ticked box 1 or 2 above)						
Enter your province or terri residence on December 3	-	olumbia		Enter his or her s	ocial insurance	number:	527 0	00 129		
If your province or territory	of residence changed			Enter his or her first name: Natasha						
in 2013, enter the date of y	•	Ī		Enter his or her n	et income for 20	013				
•				to claim certain ci	redits:		-	4,800.00		
Is your home address the smailing address?	same as your	Yes	<u>N</u> o	Enter the amount	t of LICCR includ	ممنا مم امما	117			
•		<u> </u>	□ <u>iv</u> o	of his or her retur		aea on line		4,800.00		
Enter the province or territor				of fils of fiel fetur	11.			4,000.00		
you currently reside if it is				Enter the amount	t of UCCB repay	ment includ	ded			
same as your mailing addr	ess above:			on line 213 of his	or her return					
If you were self-employed				Tick this box if he	or she was self	f-employed	in 2013 [.]	1 □		
enter the province or territor	ory of					Ciripioyea	111 20 10.			
self-employment:				Do not use this	s area					
If you became or ceased to purposes in 2013, enter the		nada for income	tax							

Month/Day



Do not	172		171		
use this area	1/2		171		

Residency information for tax administration agreements		
For more information, refer to the information sheet T1-BC10(E), Residency information for tax administration agreer included in this tax package.	nents	
Did you reside in the Nisga'a Lands on December 31, 2013? If yes , are you a citizen of the Nigsa'a Nation ?	Yes 1	No X 2
	Yes 1	No 2
Elections Canada (see the Elections Canada page in the tax guide for details or visit www.elections	s.ca)	
A) Are you a Canadian citizen?	Yes X 1	No 2
Answer the following question only if you are a Canadian citizen.		
B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth,	_	
and citizenship to Elections Canada to update the National Register of Electors?	Yes X 1	No 2
Your authorization is valid until you file your next return. Your information will only be used for		
purposes permitted under the Canada Elections Act, which include sharing the information with provincial/territorial election agencies, members of Parliament, and registered political parties, as		
well as candidates at election time.		
Goods and services tax/harmonized sales tax (GST/HST) credit application		
See the guide for details.		
Are you applying for the GST/HST credit (including any related provincial credit)?	Yes X 1	No 2
Please answer the following question		
Did you own or hold foreign property at any time in 2013 with a total cost of more than		
CAN\$100,000? See "Foreign income" in the guide for more information.	. ☐ 1 No	X 2
If yes , complete and attach Form T1135 to your return.		
If you had dealings with a non-resident trust or corporation in 2013, see the "Foreign income" section in the guide.		

Your guide contains valuable information to help you complete your return.

When you come to a line on the return that applies to you, look up the line number in the guide for more information.

As a Canadian resident, you have to report your income from all sources both inside and outside Canada.

Total income

Employment income (box 14 on all T4 slips) Commissions included on line 101 (box 42 on all Wage loss replacement contributions (see line 101 in the guide) Other employment income Old Age Security pension (box 18 on the T4A(O) CPP or QPP benefits (box 20 on the T4A(P) slip) Disability benefits included on line 114 (box 16 on the T4A(P) slip) Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations (attach Schedule 4) Net partnership income: limited or non-active paragistered disability savings plan income Rental income Gross 1 Taxable capital gains (attach Schedule 3)	AS) slip)	102		104 113 114	16,500 0
Wage loss replacement contributions (see line 101 in the guide) Other employment income Old Age Security pension (box 18 on the T4A(O) CPP or QPP benefits (box 20 on the T4A(P) slip) Disability benefits included on line 114 (box 16 on the T4A(P) slip) Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-act	AS) slip)	103		113	
Other employment income Old Age Security pension (box 18 on the T4A(Or CPP or QPP benefits (box 20 on the T4A(P) slip) Disability benefits included on line 114 (box 16 on the T4A(P) slip) Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corplinaterest and other investment income (attach Schedule 4) Registered disability savings plan income Rental income Gross 1)			113	
Other employment income Old Age Security pension (box 18 on the T4A(O) CPP or QPP benefits (box 20 on the T4A(P) slip) Disability benefits included on line 114 (box 16 on the T4A(P) slip) Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corplaterest and other investment income (attach Schedule 4) Registered disability savings plan income Rental income Gross 1)			113	
Old Age Security pension (box 18 on the T4A(O) CPP or QPP benefits (box 20 on the T4A(P) slip) Disability benefits included on line 114 (box 16 on the T4A(P) slip) Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income: Gross 1)	152		113	
CPP or QPP benefits (box 20 on the T4A(P) slip Disability benefits included on line 114 (box 16 on the T4A(P) slip) Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income: Gross 1)	152			
Disability benefits included on line 114 (box 16 on the T4A(P) slip) Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corplaterest and other investment income (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income Registered disability savings plan income	,	152		[114]	
(box 16 on the T4A(P) slip) Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corplaterest and other investment income (attach Schedule 4) Net partnership income: limited or non-active part Registered disability savings plan income	32)	152			
Other pensions and superannuation Elected split-pension amount (attach Form T103 Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corplinatest and other investment income (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income Registered disability savings plan income	32)	102			
Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1) Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations (attach Schedule 4) Net partnership income: limited or non-active paragistered disability savings plan income Rental income Gross 1	32)			115	İ
Universal Child Care Benefit (UCCB) UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations (attach schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income Registered disability savings plan income	32)			116	
UCCB amount designated to a dependant Employment Insurance and other benefits (box 1 Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income Registered disability savings plan income Rental income Gross 1				117	
Employment Insurance and other benefits (box 1) Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations and other investment income (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income Registered disability savings plan income		185		117	
Taxable amount of dividends (eligible and other corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations and other investment income (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income Registered disability savings plan income Gross 1	4.4 (1 7.45 !!)		<u> </u>	440	1
corporations (attach Schedule 4) Taxable amount of dividends other than eligible included on line 120, from taxable Canadian corporations and other investment income (attach Schedule 4) Net partnership income: limited or non-active partnership income: limited or non-active partnership income Registered disability savings plan income Rental income Gross 1				119	
Taxable amount of dividends other than eligible included on line 120, from taxable Canadian con Interest and other investment income (attach Scientific Partnership income: limited or non-active partnership income: limited or non-active partnership income: limited or non-active partnership income: Gross 1	than eligible) from	i taxable Canadian		120	
included on line 120, from taxable Canadian corporation in the stand other investment income (attach Some Net partnership income: limited or non-active partnership income: Registered disability savings plan income Rental income Gross 1	dividends			120	
Net partnership income: limited or non-active par Registered disability savings plan income Rental income Gross 1	•	180			
Net partnership income: limited or non-active partnership income: limited or non-active partnership income Registered disability savings plan income Gross 1		100		121	ĺ
Registered disability savings plan income Rental income Gross 1	nieddie 1)			121	
Registered disability savings plan income Rental income Gross 1	rtners only			122	
Rental income Gross 1	, , , , , , , , , , , , , , , , , , ,			125	
Taxable capital gains (attach Schedule 3)	160		Net	126	
				127	
Support payments received Total 1	156	Tavable	amount	128	
RRSP income (from all T4RSP slips)	130	Taxable	amount	129	
Other income	Specify:			130	
Self-employment income	эреспу			130	
Business income Gross 1	162	İ	Net	135	Ī
Professional income Gross 1			Net	_	
Commission income Gross 1				139	
				141	
				_	
Fishing income Gross 1	170	<u> </u>	ivet	143	
Workers' compensation benefits (box 10 on the	T5007 slip)	144			
Social assistance payments		145			
Not fodoral aupplements (hex 21 on the T1A/OA	(C) clip)	146			
Net federal supplements (box 21 on the T4A(OA Add lines 144, 145, and 146	vo) siih)	140	+-		1
(see line 250 in the guide).			▶	147	
(ccc iiiio 200 iii iiio gaido).				``	
Add lines 101, 104 to 143, and 147		This is your total in	come.	150	16,500 0

Attach your Schedule 1, Federal 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_	16,500 00
Pension adjustment			
(box 52 on all T4 slips and box 034 on all T4A slips)			
Registered pension plan deduction (box 20 on all T4 slips and box 032 on all T4A slips)	207	_	
RRSP/pooled registered pension plan (PRPP) deduction	[aaa]		
(see Schedule 7 and attach receipts)	208	_	
PRPP employer contributions			
(amount from your PRPP contribution receipts) 205			
Deduction for elected split-pension amount (attach Form T1032)	210	_	
Annual union, professional, or like dues (box 44 on all T4 slips, and receipts)	212	_	
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 (attach Schedule 8 or Form RC381, whichever applies)	222	•	
Exploration and development expenses (attach Form T1229)	224	-	
Other employment expenses	229	-	
Clergy residence deduction	231	-	
Other deductions Specify:	232	-	
Add lines 207, 208, 210 to 224, 229, 231, and 232.	233	- -	
	ne before adjustments	-' 23∕I	16,500 00
		. 234	10,300 00
Social benefits repayment (if you reported income on line 113, 119, or 146, see Line 235 in the $\mathfrak q$ Use the federal worksheet to calculate your repayment.	guide)	235	
Line 234 minus line 235 (if negative, enter "0").		_	
If you have a spouse or common-law partner, see Line 236 in the guide.	his is your net income.	236	16,500 00
Taxable income			
Canadian Forces personnel and police deduction (box 43 on all T4 slips)	244	_	
Employee home relocation loan deduction (box 37 on all T4 slips)	248	_	
Security options deductions	249	_	
Other payments deduction			
(if you reported income on line 147, see Line 250 in the guide)	250	-	
Limited partnership losses of other years	251	_	
Non-capital losses of other years	252	_	
Net capital losses of other years	253	_	
Capital gains deduction	254	_	
Northern residents deductions (attach Form T2222)	255	_	
Additional deductions Specify:	256	_	
Add lines 244 to 256.	257	•	
Line 236 minus line 257 (if negative, enter "0")	s your taxable income.	260	16,500 00

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

Refund or Balance owing

Neithid of Balance Owing						
Net federal tax: enter the amount from line 65 of Schedule 1 (attach Schedule 1, even if the resul	It is "0")		4	20	0 0	0
CPP contributions payable on self-employment and other earnings (attach Schedule 8 or Form RC381, whichever applies)			4	21		
Employment Insurance premiums payable on self-employment and other eligible earnings (attach	n Sched	ule 13)		30		_
Social benefits repayment (enter the amount from line 235)				22		_
Provincial or territorial tax (attach Form 428, even if the result is "0")				<u></u> 28		_
	is vour	total payal			0 0	0
	437		00 •			_
	440	000	•			
	448		─.			
	450					
	452	857	50 •			
	453	1,952				
	454	1,332	00			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	456		_`			
Part XII.2 trust tax credit (box 38 on all T3 slips)	436					
Employee and partner GST/HST rebate (attach Form GST370)	457		•			
_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	476	4,000	00 •			
	479	•	00 •			
Add lines 437 to 479. These are your total credits.		7,459			7,459 5	Λ
Line 435 minus line 482 This is your reful					(7,459 5	_
Refund 484 7,459 50 ●		alance ow ount enclos		*		_` ,
Attach to page 1 a cheque or money order payable	to the I	Receiver G	enera	l, or make		
online (go to www.cra.gc.ca/mypayment). Y	Your pay	yment is du	e no I	ater than	April 30, 2	.01
Direct deposit - Start or change (see line 484 in the guide)						
You do not have to complete this area every year. Do not complete it this year if your direct changed.	deposit	information	has r	not		
Income tax refund, GST/HST credit and CCTB and any related provincial and territorial papayments, and any other deemed overpayment of tax, and UCCB. To start direct deposit or						
complete lines 460, 461, and 462 below.	to ona	igo docodin		manon,		
By providing my banking information I authorize the Receiver General to deposit in the bank ac						
amounts payable to me by the CRA, until otherwise notified by me. I understand that this author	orizatior	will replac	e all c	of my		
previous direct deposit authorizations. Branch Institution						
Branch Institution number number Account number						
460 461 462						
(5 digits) (3 digits) (maximum 12 digits)						
I certify that the information given on this return and in any documents 490 X If a	foo wa	s charged	for pr	onarina t	his	
attached is correct, complete, and fully discloses all my income.		nplete the			ms	
Sign here Name Telephone	١ .	_				_
It is a serious offence to make a false return.	<i>)</i> nnlicahl	م). ۱۹۹۱ (۲	3000			
Telephone (604) 111-1111 Date 2014-07-27	γγιισαυί	<i>∪).</i> [∓03 [0€	5000			
Do not uso						
Do not use this area 487 488 ———————————————————————————————					L	

T1-2013 Federal Tax Schedule 1

Complete this schedule, and attach a copy to your return.

For more information, see the related line in the guide.

Step 1 - Federal non-refundable tax credits

Basic personal amount						claim \$11,038	300	11,038	00	1
Age amount (if you were born in 1948 or earlier) (use federa	l workshe	eet)				(maximum \$6,854	301	6,854	00	2
Spouse or common-law partner amount (attach Schedule 5		001,				(= 303	6,238		
Amount for an eligible dependant (attach schedule 5)	<u> </u>						= 305	•		4
Amount for children born in 1996 or later									<u> </u>	
Number of children for whom you are not claiming						i				
the family caregiver amount	366	5	x \$	2,234	=	11,170 00 5				
Number of children for whom you are claiming						1				
the family caregiver amount	352		x \$	4,274	=	6				
Add lines 5 and 6.					=	11,170 00	367	11,170	00	7
Amount for infirm dependants age 18 or older (attach Sched	dule 5)						306			8
CPP or QPP contributions: through employment from box 16 and box 17 of all T4 slips	;									
(attach Form RC381, if applicable)							308			• 9
on self-employment and other earnings (attach Schedule Employment Insurance premiums:	3 or Form	n RC3	81, wh	ichever app	olies)		310		<u> </u>	• 10
through employment from box 18 and box 55 of all T4 slips						(maximum \$891.12	312	301	95	• 11
on self-employment and other eligible earnings (attach Sc		3/				(maximum \$031.12	317	301	33	• 12
Volunteer firefighters' amount	iledule i	3)					362		_	13
Canada employment amount	302			13						
(If you reported employment income on line 101 or line 104,	363	1,117	00	14						
Public transit amount	364	·		15						
Children's fitness amount	365			16						
Children's arts amount	370			17						
Home buyers' amount									-	18
Adoption expenses							313		-	19
Pension income amount (use the federal worksheet)						(maximum \$2,000	314			20
Caregiver amount (attach Schedule 5)							315	11,020	00	21
Disability amount (for self)									 I	
(Claim \$7,697 or if you were under age 18, use the federal v							316		<u></u>	22
Disability amount transferred from a dependant (use the fed	eral work	sheet	:)				318	7,697	00	23
Interest paid on your student loans							319			24
Your tuition, education, and textbook amounts (attach Sche	dule 11)						323			25
Tuition, education, and textbook amounts transferred from a	child						324			26
Amounts transferred from your spouse or common-law partr			nedule	2)			326			27
Medical expenses for self, spouse or common-law partne	r, and yo	our			_	- l				
dependent children born in 1996 or later					330					
Enter \$2,152 or 3% of line 236, whichever is less						495 00 29				
Line 28 minus line 29 (if negative, enter "0")						2,305 00 30				
Allowable amount of medical expenses for other dependa	nts				22	1 1 1 2 5 0 0 24				
(do the calculation at line 331 in the guide)					331	1 1,125 00 31 3,430 00 3	000	0.400	امما	
Add lines 30 and 31.						3,430 00	332	3,430	_	
Add lines 1 to 4,7 to 27, and line 32.							335	58,865		33
Federal non-refundable tax credit rate									_ %	
Multiply line 33 by line 34.							338	8,829	89	
Donations and gifts (attach Schedule 9)							349		<u> </u>	36
Add lines 35 and 36. Enter this amount on line 49.				Total fod	laral no	n-refundable tax credits	350	8,829	80	37
Litter this difficult of life 43.				i otal 180	i c i ai IIOI	ii-i ei ui iuabie tax ciedits	330	0,029	υσ	31

Step 2 - Federal tax on taxable income

Enter your taxable income from line 260 of your ret	urn.				_	1	6,500 00	38
Complete the appropriate column depending on the amount on line 38.	Line 38 is \$43,561 or less	Line 38 is more than \$43,561 but not more than \$87,123		Line 38 is more than \$ 87,123 but not more than \$135,054	<u> </u>	Line 38 is \$135	more than 5,054	
Enter the amount from line 38.	16,500 00							3
		43,561 00	_	87,123 00)	13	5,054 00) 4
ine 39 minus line 40 (cannot be negative)	16,500 00							_ 4
	x 15 %	x 22 %	Х	26 %	6	Х	29 %	6 4
Iultiply line 41 by line 42.	2,475 00							4
	0 00	6,534 00		16,118 00)	28	8,580 00) 4
115 40 144	0.475.00							
dd lines 43 and 44.	2,475 00 Go to Step 3.	Go to Step 3.	_	Go to Step 3.	_	Go to S	Stop 2	_ 4
tep 3 - Net federal tax	Go to Step 3.	Go to Step 3.		Go to Step 3.		Gotos	step s.	
nter the amount from line 45				2,475 00) 46			
ederal tax on split income (from line 5 of Form T12	06)		424	,	• 4	7		
dd lines 46 and 47.	/		404	2,475 00	_ ▶	2	2,475 00) 4
				-,			_,	_
nter your non-refundable tax credits from line 37.			350	8,829 89	49)		
ederal dividend tax credit			425		• 5	0		
verseas employment tax credit (attach Form T626)		426		51			
linimum tax carryover (attach Form T691)			427		• 5	2		
dd lines 49 to 52.				8,829 89	•	8	8,829 89	5
ne 48 minus line 53 (if negative, enter "0").			E	Basic federal tax	429)		5
					_		İ	
ederal foreign tax credit (attach Form T2209)					_ 405			_ 5
ederal logging tax credit					_			_
ine 54 minus line 55 (if negative, enter "0").				Federal tax	406		0 00) 5
otal federal political contributions (attach receipts)	40	09	57		_		•	_
	<u></u>							
Federal political contribution tax credit		(maximum \$650)	440		• 5			
(use the federal worksheet) vestment tax credit (attach Form T2038(IND))		(maximum \$650)	412		_ •5 •5			
abour-sponsored funds tax credit			412		5	9		
Net cost	113	Allowable credit	414		• 6	0		
dd lines 58, 59 and 60.			416		-	-	ĺ	6
ne 56 minus line 61 (if negative, enter "0") you have an amount on line 47 above, see Form T	1206				_ ′ 417	,		- 6
orking income tax benefit advance payments recei		slin)			415			- `
pecial taxes (see line 418 in the guide)	(55% 10 511 1110 110210	_/ /·			418			- 6
add lines 62, 63, and 64.								٦Ĭ
nter this amount on line 420 of your return.				Net federal tax	420	ol .	0 00) l 6

T1-2013

Amounts for Spouse or Common-Law Partner and Dependants

Schedule 5

See the guide to find out if you can claim an amount on line 303, 305, 306, or 315 of Schedule 1. For each dependant claimed, provide the details requested below. Attach a copy of this schedule to your return.

Lines 303 and 3	05					
•	us changed in 2013? If yes , tick this but ticked the box on page 1 of your return		and enter the date of arital status on Decembe	•	Month/Day •	
•	common-law partner amount	<u> </u>				
Base amount	•				11 03	8 00 1
	e family caregiver amount, enter \$2	.040 (see page 34 i	n the guide).		5109+	2
Add lines 1 and 2.	o rammy caregiver amount, enter we	,0 10 (000 page 0 1 1	ir trio garao).			8 00 3
	aw partner's net income from page 1	of your return				00 00 4
Line 3 minus line 4 (if i		o. youo.u			.,00	<u> </u>
Enter this amount on li	ne 303 of your Schedule 1.				= 6,23	8 00 5
Line 305 - Amount fo	r an eligible dependant					
	d information and complete the foll	owing calculation	for this dependant.			
First and last name:		Year of birth	Relationship to you		ant physically or	
Address:			N/A	mentall Yes ∑	y infirm? No 🗌	
Base amount					11 03	8 00 1
If you are entitled to the note below).		5110+	2			
Add lines 1 and 2.		= 11,03	8 00 3			
Dependant's net incon		5106-	4			
Line 3 minus line 4 (if i Enter this amount on li		=	5			
Line 306 – Amount fo	same dependant, you must claim the or an infirm dependant aged 18 or o d information and complete the foll	lder		ot on this line.		
First and last name:		Year of birth	Relationship to you			
Address:			N/A			
Base amount						1
Infirm dependant's net	income (line 236 of his or her return)				-	2
Allowable amount for t	his dependant: line 1 minus line 2 (if r	negative, enter "0")	(r	maximum \$6,530)	=	3
Enter, on line 306 of ye	our Schedule 1, the total amount you	are claiming for all	dependants.			
Line 315 – Caregiver	amount					
Provide the requeste	d information and complete the foll	owing calculation	for each dependant.	In the decree of		
First and last name:	Eunice Musician				ant physically or y infirm?	
Address:	111 WWW Street, Vancouver BC V4H3W4	1926	Mother	Yes X		
Base amount					19.82	24 00 1
	e family caregiver amount, enter \$2	,040 (see page 34 i	n the guide and complete)		0 00 2
Add lines 1 and 2.						34 00 3
	ne (line 236 of his or her return)					00 00 4
Line 3 minus line 4 (if I	negative, enter "0")If you are entitled to the state of t		er amount on line 2,			30 00 5
	endant on line 305 of Schedule 1, ent		claimed.		<u>- </u>	6
Allowable amount for t	his dependant: line 5 minus line 6 (if r	negative, enter "0").			= 6,53	30 00 7

Amounts for Spouse or Common-Law Partner and Dependants

First and last name: Ear	rl Musician	Year of birth	Relationship to you	Is this dependant physically or
	1 WWW Street, Vancouver V4H3W4	1924	Father	mentally infirm? Yes

Address: BC V4H3VV4							
Base amount			19,824	00	1		
If you are entitled to the family caregiver amount , enter \$2, box 5112 below).	,000 (see page 33 in the guide and complete	+			2		
Add lines 1 and 2.		=	19,824	00 :	3		
Dependant's net income (line 236 of his or her return)	1						
Line 3 minus line 4 (if negative, enter "0")If you are entitled to the maximum amount is \$6,530. If not, the maximum is \$4		=_	4,490	00 !	5		
If you claimed this dependant on line 305 of Schedule 1, ent	er the amount you claimed.	<u>-</u>		(6		
Allowable amount for this dependant: line 5 minus line 6 (if n	negative, enter "0").	=	4,490	00	7		
Enter, on line 315 of your Schedule 1, the total amount you	are claiming for all dependants.						
Enter the total number of dependants for whom you entered	\$2,040 on line 2 for this calculation.	5112		1			

T1-2013

Working Income Tax Benefit

Schedule 6

For more information, see Line 453 in the guide. Complete this schedule, schedule and **attach** a copy of it to your return to claim the Working Income Tax Benefit (WITB) if you meet **all** of the following conditions in 2013:

- you were a resident of Canada throughout the year;
- · you earned income from employment or business; and
- at the end of the year, you were 19 years of age or older, or you resided with your spouse or common-law partner or your child.

The WITB is calculated based on the working income (calculated in Part A below) and your adjusted family net income (calculated in Part B below). You can claim the **basic** WITB (Step 2) if the working income (amount on line 8 below) is more than \$4,750.If you are eligible for the WITB **disability supplement** (Step 3), your working income (amount on line 7 below) must be more than \$2,295. **Also**, if your adjusted family net income is less than the amount specified in the **chart on the next page**, you need to complete this form to find out if you are entitled to the WITB. If your adjusted family net income is more than the amount specified in the chart on the next page, you are not entitled to the WITB.

You cannot claim the WITB if in 2013:

- you were enrolled as a full-time student at a designated educational institution for more than 13 weeks in the year, unless you had an eligible dependant at the end of the year; or
- you were confined to a prison or similar institution for a period of at least 90 days during the year.

Notes: If you were married or living in a common-law relationship but did not have an eligible spouse or an eligible dependant, complete this schedule using the instructions as if you had neither an eligible spouse nor an eligible dependant.

If you are completing a final return for a deceased person who met the above conditions, you can claim the WITB for that person if the date of death was after June 30, 2013.

Step 1 - Calculating your working income and adj	usted	family ne	t income				
Do you have an eligible dependant?	381	Yes X 1	No 2				
Do you have an eligible spouse?	382	Yes X 1	No 2				
Part A - Working income							
Complete columns 1 and 2 if you had an eligible spouse on				Column 1		Column 2	
December 31, 2013. Otherwise, complete column 1 only.				You		Your eligib spouse	le
Employment income and other employment income reported on lin and line 104 of the return	e 101			16,500 00	3	·	3
Taxable part of scholarship income reported at line 130			383		4 384		4
Total self-employment income reported on lines 135, 137, 139, 14 of the return (excluding losses)		43			5		5
Tax-exempt part of working income earned on a reserve or an allo received as an emergency volunteer	wance		385		6 386		6
Add lines 3 to 6. Enter the amount even if the result is "0".				16,500 00			7
Add the amounts from line 7 in columns 1 and 2. Part B - Adjusted family net income			Worki	ng Income	16,500	<u>8</u>	
Net income amount from line 236 of the return.				16,500 00	9	4,800	00 9
Tax-exempt part of all income earned or received on a reserve less deductions related to that income or an allowance received as an evolunteer		су	388		0 389		10
Total of Universal Child Care Benefit (UCCB) repayment (line 213 of the return) and registered disability savings plan (RDS income repayment (included in line 232 of the return).	P)			1	1		1
Add lines 9,10, and 11.				16,500 00 1	2	4,800	000 12
Total of UCCB (line 117 of the return) and RDSP income (line 125	of the re	eturn).		1	3	4,800	000 1:
Line 12 minus line 13 (if negative, enter "0")				16,500 00 1	4 390		14
Add the amounts from line 14 in columns 1 and 2.		Adjı	usted family r	net income	16,500	<u>00</u> 15	
Are you claiming the basic WITB? Are you claiming the WITB disability supplement	391	Yes X 1	No 2	If yes, con	nplete Ster	o 2.	
for yourself?	392	Yes 1	No X 2	If yes, con	nplete Step	э 3.	
Does your eligible spouse qualify for the disability amount for himself or herself?	394	Yes 1	No X 2			st complete step Schedule 6.	ıs 1

Step 2 - Calculating your basic WITB

If you had an eligible spouse, **only one of you** can claim the basic WITB. However, the individual who received the WITB advance payment for 2013 is the individual who **must** claim the basic WITB for the year. If you had an eligible dependant, **only one individual** can claim the basic WITB for that same eligible dependant

		16	00	16,500	Amount from line 8 in Step 1
		17	00	4,750	Base amount
		18	00	11,750	Line 16 minus line 17 (if negative, enter "0")
		19)	21.00 %	Rate
		20	50	2,467	Multiply line 18 by line 19.
		21	00	1,952	If you had neither an eligible spouse nor an eligible dependant, enter \$1,230. If you had an eligible spouse or an eligible dependant enter \$1,952.
00 2	1,952 00	•	00	1,952	Amount from line 20 or line 21, whichever is less
		23	00	16,500	Amount from line 15 in Step 1
		24	00	16,579	Base amount: If you had neither an eligible spouse nor an eligible dependant, enter \$12,301. If you had an eligible spouse or an eligible dependant, enter \$16,579.
		25			Line 23 minus line 24 (if negative, enter "0")
		26		17.00 %	Rate
2		•			Multiply line 25 by line 26.
00 2	1,952 00				Line 22 minus line 27 (if negative, enter "0")
	,,,,,,	19 20 21 23 24 25	50 00 00 00	21.00 % 2,467 1,952 1,952 16,500	Rate Multiply line 18 by line 19. If you had neither an eligible spouse nor an eligible dependant, enter \$1,230. If you had an eligible spouse or an eligible dependant enter \$1,952. Amount from line 20 or line 21, whichever is less Amount from line 15 in Step 1 Base amount: If you had neither an eligible spouse nor an eligible dependant, enter \$12,301. If you had neitible spouse or an eligible dependant, enter \$16,579. Line 23 minus line 24 (if negative, enter "0") Rate Multiply line 25 by line 26.

Enter the amount from line 28 on line 453 of your return unless you complete Step 3.

Step 3 - Calculating your WITB disability supplement

If you qualify for the disability amount for yourself, complete Step 3 to calculate your supplement. However, if you had an eligible spouse and **both** of you qualify for the disability amount, your spouse must complete steps 1 and 3 on a separate Schedule 6 to calculate his or her supplement and enter the amount on line 453 of his or her return.

Enter the amount from line 7 in column 1 of Step 1.		29	
Base amount	2,295 00	30	
Line 29 minus line 30 (if negative, enter "0")		31	
Rate	21.00 %	32	
Multiply line 31 by line 32.		33	
Amount from line 33 or \$551, whichever is less		_▶	34
Amount from line 15 in Step 1		35	
Base amount: If you had neither an eligible spouse nor an eligible dependant, enter \$19,537. If you had an eligible spouse or an eligible dependant, enter \$28,061.	28,061 0	<u>36</u>	
Line 35 minus line 36 (if negative, enter "0") Rate: If you had an eligible spouse and he or she also qualifies for the disability amount, enter 8.5%. Otherwise, enter 17%.	17.00 %	37 38	
Multiply line 37 by line 38.		•	39
Line 34 minus line 39 (if negative, enter "0")			40
If you completed Step 2, enter the amount from line 28. Otherwise, enter "0".			1,952 00 41
Add lines 40 and 41.	·		
Enter the amount on line 453 of your return.			1,952 00 42

- Adjusted family net income levels	You had neither an eligible spouse nor an eligible dependant	You had an eligible spouse or an eligible dependant
Basic WITB Adjusted family net income (line 15 in Step 1)	less than \$19,537	less than \$28,062
WITB disability supplement (you qualify for the disability amount) Adjusted family net income (line 15 in Step 1)	less than \$22,779	less than \$31,303
WITB disability supplement (you had an eligible spouse and both of you qualify for the disability amount) Adjusted family net income (line 15 in Step 1)	•	less than \$34,544

Charitable donations

Charitable donations details

Name of organization	Amount paid
Planned Parenthood Of Canada	3,000 00
Reported on slips Claim: Own slips	
Total current year donations	3,000 00

Donations to U.S. organizations

Name of organization	Amount paid
Total current year donations	<nil></nil>

Other gifts

Donations made to government entities		
Donations made to prescribed universities outside Canada.	·	
Donations made to the United Nations, its agencies, and		
certain charitable organizations outside Canada.		
Donations made to a registered museum or cultural organization.	·	

Charitable donations summary

Charitable donations summary			
	U.S.	Canadian	Total
Total current year donations		3,000 00	
Other gifts	<u></u>		
Unclaimed donations from 2009 - 2012			
Unclaimed donations from 2008	+	+	
Total charitable donations	A =	= 3,000 00	3,000 00
Net income	В	16,500 00	
75% of line B	C =	= 12,375 00	
Gifts of depreciable property	D		
Taxable capital gains minus capital gains deduction	ı	ı	
on gifts of capital property	E <u>+</u>	+	
Add lines D and E	F <u>=</u>	=	
25% of line F	G <u>+</u>	+	
Add lines C and G	H <u>=</u>	= 12,375 00	
Allowable U.S. donations	I	<u>- </u>	
Total donations limit	J <u>=</u>	= 12,375 00	12,375 00
Allowable charitable donations			
(least of lines A, J or amount required to reduce federal tax to zero)			
Charitable donations available for carryforward		3,000 00	3,000 00

Charitable donation carryforward - Canadian

Year	Beginning balance	Claimed in 2013	Ending balance
2008			
2009			
2010			
2011			
2012			
2013			3,000 00
Totals			3,000 00



British Columbia Tax

BC428 T1 General - 2013

Complete this form and attach a copy to your return. For more information, see the related line in the forms book.

Step 1 – British Columbia non-refundable tax credits

•	For in	ternal use only	5609					
Basic personal amount		claim \$10,276		10,276	00 1			
Age amount (if born in 1948 or earlier) (use the <i>Provincial Worksheet</i>)	(r	naximum \$4,421)		4,421				
Spouse or common-law partner amount				,				
Base amount 9,746 00								
Minus: his or her net income								
from page 1 of your return 4,800 00	i				•			
Result: (if negative, enter "0") 4,946 00	(ma	ximum \$8,860) 🕨	5812	4,946	00 3			
Amount for an eligible dependant								
Base amount 9,746 00								
Minus: his or her net income from line 236 of his or her return								
Result: (if negative, enter "0")	(ma	ximum \$8,860) 🕨	5816		4			
Amount for infirm dependants age 18 or older (use the Provincial Works	sheet)		5820		5			
CPP or QPP contributions:								
(amount from line 308 of your federal Schedule 1)			5824		•6			
(amount from line 310 of your federal Schedule 1)			5828		•7			
Employment Insurance premiums: (amount from line 312 of your federal Schedule 1)			5832	301	95 •8			
(amount from line 317 of your federal Schedule 1)			5829	301	•9			
Adoption expenses (amount from line 313 of your federal Schedule 1)			5833		10			
Children's fitness amount			5838		11			
Children's arts amount			5841		' ' 12			
		(
Pension income amount		(maximum \$1,000)	5836 5840	0 620	13			
Caregiver amount (use the <i>Provincial Worksheet</i>)) Disability amount (for self)			3640	0,020	00 14			
(Claim \$7,394 or, if you were under 18 years of age, use the <i>Provinc</i>	ial Workshe	et)	5844		15			
Disability amount transferred from a dependant (use the <i>Provincial Wor</i>		,	5848	7,394	00 16			
Interest paid on your student loans (amount from line 319 of your federal			5852	,	17			
Your tuition and education amounts [use and attach Schedule BC(S11)]			5856		18			
Tuition and education amounts transferred from a child			5860		19			
Amounts transferred from your spouse or common-law partner [attack	h Schedule B	C(S2)]	5864		20			
Medical expenses:	T CONOCANO D	0(02)]	000.					
Amount from line 330 of your federal Schedule 1	5868	2,800 00	21					
Enter \$2,050 or 3% of net income from line 236 of your			-					
return, whichever is less.		495 00	22					
Line 21 minus line 22 (if negative, enter "0")		2,305 00	23					
Allowable amount of medical expenses for other dependants			-					
(use the Provincial Worksheet)	5872	1,125 00	24					
Add lines 23 and 24.	5876	3,430 00)	3,430	00 25			
Add lines 1 through 20, and line 25.			5880	39,396	95		39,396	95 26
British Columbia non-refundable tax credit rate						X	5.0	6 % 27
Multiply line 26 by line 27.					58	84	1,993	49 28
Donations and gifts:					·			
Amount from line 345 of your federal Schedule 9	X	5.06 % =			29			
Amount from line 347 of your federal Schedule 9	X	14.70 % =			30			
Add lines 29 and 30.			5896		•		0	00 31
Add lines 28 and 31.	_	W-1 0-1 11	•		. ا		4.000	10 25
Enter this amount on line 44.	Br	itish Columbia n	on-retur	ndable tax cred	aits 61	50	1,993	
							Go to St	tep ∠

Step 2 - British Columbia tax on taxable income

Enter your taxable income from line 260 c										16,5	00 0	<u>0</u> 3
Complete the appropriate column depending on the amount on line 33.	Line 33 is \$37,568 or less	Line 33 is than \$37,568 more than \$, but not	than \$7	33 is more 75,138, but than \$86,20	not	Line 33 is than \$86,26 more than \$	8, but not		Line 33 is than \$104		
Enter the amount from line 33 in the applicable column.	16,500 00										1	— ₃
Line 34 minus line 35	0 00	37.5	68 00		75,138	00	8	6,268 0	0	104,7	54 0	_
(cannot be negative)	16,500 00	- 07,0	700 00		70,100	00		0,200 0	<u> </u>	101,7	0.0	<u> </u>
(same so negative)	x 5.06 %	x 7	7.70 %	X	10.50) %	x	12.29	%	x 14.	70 9	_
Multiply line 36 by line 37.	834 90					T					Ť	, ,
manuply mile do by mile dri	0 00	1.9	901 00		4,794	00		5,963 0	0	8.2	35 0	_
Add lines 38 and 39. Go to Step 3.	834 90				, -			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- /		1
Step 3 – British Columbia tax Enter your British Columbia tax on taxable	income from line 40.									834	. 90	41
Enter your British Columbia tax on split inc	come from Form T1206.							6151	1			• 4
Add lines 41 and 42.									L	834	90	43
Enter your British Columbia non-refundable British Columbia dividend tax credit: Credit calculated for line 6152 on the Prosertish Columbia overseas employment tax Amount calculated for line 46 on the Prosertish Columbia minimum tax carry-over: Amount from line 427 of federal Schedule Add lines 44 through 47. Line 43 minus line 48 (if negative, enter "0" British Columbia additional tax for minimum Amount from line 117 on Form T691 Add lines 49 and 50. Enter the provincial foreign tax credit from Line 51 minus line 52 (if negative, enter "0" BC tax reduction	evincial Worksheet c credit: vincial Worksheet e 1 ") m tax purposes Form T2036	x	33.70	= % = x	6152 6153 6154 33.70	% =_	1,993 4	• 45 • 46 • 47		1,993		48 49 50 51 52 53
f your net income (line 236 of your return) Otherwise, enter "0" on line 60 and continu		olete the follo	J				40910	00 54				
Basic reduction			Cia	im \$409	_		100	<u>,, </u>				
	ır return				_		.00	<u>,,,</u>				
Enter your net income from line 236 of you	ır return.		16,5	500 00	55		.00	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
Enter your net income from line 236 of you Base amount			16,5		_55 _56		100 0	<u>,,, </u>				
Enter your net income from line 236 of you Base amount Line 55 minus line 56 (if negative, enter "0"			16,5 18,1	500 00 81 00	_55 _56 _57		100 0	<u>,,, </u>				
Enter your net income from line 236 of you Base amount Line 55 minus line 56 (if negative, enter "0' Applicable rate			16,5 18,1	500 00	_55 _56 _57		100					
Enter your net income from line 236 of you Base amount Line 55 minus line 56 (if negative, enter "0' Applicable rate Multiply line 57 by line 58.	")		16,5 18,1	500 00 81 00	_55 _56 _57			59		400	loo	60
Enter your net income from line 236 of you Base amount Line 55 minus line 56 (if negative, enter "0" Applicable rate Multiply line 57 by line 58. Line 54 minus line 59 (if negative, enter "0"	")		16,5 18,1	500 00 81 00	_55 _56 _57		409 0	59		409	00	
Enter your net income from line 236 of you Base amount Line 55 minus line 56 (if negative, enter "0' Applicable rate	")		16,5 18,1	500 00 81 00	_55 _56 _57			59	_	409	-	
Enter your net income from line 236 of you Base amount Line 55 minus line 56 (if negative, enter "0" Applicable rate Multiply line 57 by line 58. Line 54 minus line 59 (if negative, enter "0"	")		16,5 18,1	500 00 81 00	_55 _56 _57			59	_	409		60 61 62

Step 3 – British Columbia tax (continued)

Enter the amount from line 63 on the previous page. 64 British Columbia political contribution tax credit 6040 Enter British Columbia political contributions made in 2013. 65 Credit calculated for line 66 on the Provincial Worksheet (maximum \$500) 66 Line 64 minus line 66 (if negative, enter "0") 67 British Columbia employee investment tax credits 6045 Enter your employee share ownership plan tax credit from Certificate ESOP 20. • 68 6047 Enter your employee venture capital tax credit from Certificate EVCC 30. • 69 Add lines 68 and 69. (maximum \$2,000) 70 Line 67 minus line 70 (if negative, enter "0") British Columbia mining flow-through share tax credit Enter the tax credit amount calculated on Form T1231. 6881 Line 71 minus line 72 (if negative, enter "0"). 0 00 **British Columbia tax** Enter this amount on line 428 of your return.



British Columbia Credits

BC479 T1 General - 2013

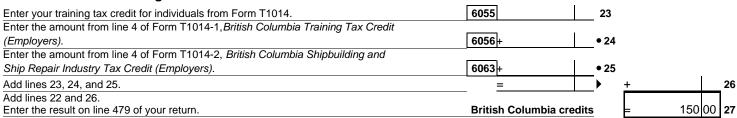
Complete the calculations that apply to you and attach a copy to your return. For more information, see the related line in the forms book.

Sales tax credit (for low-income families and individuals)

If you had a spouse or common-law partner on December 31, 2013, only one of you can claim this credit for both of you.

	Colur	mn 1	Column 2
	Yo	u	Your spouse or common-law partner
Enter the net income from line 236 of the return	1	6,500 00 1	4,800 00 1
Total of universal child care benefit (UCCB) repayment (line 213 of the return) and the registered disability savings plan (RDSP) income repayment (included in line 232)		2	2
Add lines 1 and 2	10	6,500 00 3	4,800 00 3
Total of the UCCB income (line 117 of the return) and the RDSP income (line 125 of the return)		4	4,800 00 4
Line 3 minus line 4 (if negative, enter "0")	10	6,500 00 5	5
Add the amounts from line 5		<u>, </u>	
	djusted net fami	ily income	16,500 00 6
If you had a spouse or common-law partner on December 31, 2013, enter \$18,000. Otherwise, enter \$15,000.			18,000 00 7
Line 6 minus line 7 (if negative, enter "0")	ne for the sales	tax credit	8
Basic sales tax credit		claim \$75 603	3 75 00 9
Additional credit for your spouse or common-law partner		claim \$75 603	
Add lines 9 and 10		ciaiii \$75 005	150 00 11
Amount from line 8 x 2% =			130 00 11
Line 11 minus line 12 (if negative, enter "0")	Salas	tax credit	150 00 13
f, on December 31, 2013, you and your spouse or common-law partner occupied separate principal residences for medical reasons and you are choosing to apply for the seniors' home renovation tax credit individually, tick box 6089 Enter your home renovation expenses from line 5	6089		
of your Schedule BC(S12). (maximum \$10,000) 6048	x	10 % =	14
British Columbia venture capital tax credit			
Enter your venture capital tax credit from Certificate SBVC10 or shares acquired in 2013.	6049	• 15	
Enter your venture capital tax credit from Certificate SBVC10 or shares purchased during the first 60 days of 2014 that you elect to claim in 2013.	6050+	• 16	
Enter your unused venture capital tax credit from previous years shown on your most recent notice of assessment or notice of reassessment.	+	17	
	=		+ 18
Add lines 15, 16, and 17. (maximum \$60,000)			
Add lines 15, 16, and 17. (maximum \$60,000) British Columbia mining exploration tax credit Enter your mining exploration tax credit from Form T88.		605	<u>1</u> +
British Columbia mining exploration tax credit Enter your mining exploration tax credit from Form T88.	6053	605	<u>1</u> +

British Columbia training tax credit



2013 Slip Summary

SIN: 527000061

NAME: Musician, Buddy-Chapter 4 Problem

_		Total
В	ritish	
14	16,500.00	16,500.00
18	301.95	301.95
22	500.00	500.00
24	16,500.00	16,500.00
26	16,500.00	16,500.00
	1 4,800.00	Total
	P B 14 18 22 24	18 301.95 22 500.00 24 16,500.00 26 16,500.00

Client: Musician, Buddy-Chapter 4 Problem SIN: 527 000 061 Medical

Medical expenses

Medical expenses - line 330

Period covered by claim: from 2013-01-01 to 2013-12-31

Payment date	Name of patient	Payment made to	Description of expense	* Subject to limitation?	Amount	Claim	
2013-12-02	Buddy-Chapter 4 Problem N	Canada Wide Dental Clinic	Dental services	No	1,200 00	1,200	00
2013-12-02	Natasha Musician	Canada Wide Dental Clinic	Dental services	No	700 00	700	00
2013-12-02	Linda Musician	Canada Wide Dental Clinic	Dental services	No	100 00	100	00
2013-12-02	Richard Musician	Canada Wide Dental Clinic	Dental services	No	800 00	800	00
				No			
				Medica	al expenses subtotal	2 800	00

Are you claiming medical expenses? Yes

	Taxpayer	Spouse	
Premiums paid to private health service plans			
Employee/Recipient-paid premiums for private health services plan			
Québec prescription Drug Insurance Plan - 2012			
Nova Scotia Seniors' Pharmacare Program			
Total medical expenses - line 330			 2,800 00

Medical expenses

Allowable amount of medical expenses for other dependants - line 331

Name of other of	dependant Earl Musician			Net income	7,500 0
Payment date	Payment made to	Description of expense	* Subject to limitation?	Amount	Claim
2013-12-02	Canada Wide Dental Clinic	Dental fees	No	1,050 00	1,050 0
			No		
			Tota	al medical expenses	1,050 0
re you claiming	g medical expenses for this dependant? Yes				
Minus: 3% of	line 236 of Earl Musician's return (maximum \$2,152)			225 0
Allowable amo	ount of medical expenses				825 0
					3-313
Name of other	dependant Sarah Musician			Net income	
Payment date	Payment made to	Description of expense	* Subject to limitation?	Amount	Claim
20.40.40.00	Canada Wide Dental Clinic	Dental fees	No	300 00	300 0
2013-12-02	Carlada Wide Derital Cliric	20111011000			
2013-12-02	Canada Wide Dental Clinic	20110111000	No		
2013-12-02				al medical expenses	300 0
Are you claiming	g medical expenses for this dependant? Yes line 236 of Sarah Musician's return (maximum \$2,1			al medical expenses	
Are you claiming	g medical expenses for this dependant? Yes			al medical expenses	300 0
are you claiming	g medical expenses for this dependant? Yes line 236 of Sarah Musician's return (maximum \$2,1			al medical expenses	
Are you claiming	g medical expenses for this dependant? Yes line 236 of Sarah Musician's return (maximum \$2,1 ount of medical expenses			al medical expenses	
Are you claiming Minus: 3% of Allowable amo	g medical expenses for this dependant? Yes line 236 of Sarah Musician's return (maximum \$2,1 ount of medical expenses		* Subject to limitation?		
Ire you claiming Minus: 3% of Allowable amo	g medical expenses for this dependant? Yes line 236 of Sarah Musician's return (maximum \$2,1 unt of medical expenses	09)	* Subject to limitation?	Net income Amount	300 0
Minus: 3% of Allowable amo	g medical expenses for this dependant? Yes line 236 of Sarah Musician's return (maximum \$2,1 unt of medical expenses	09)	* Subject to limitation?	Net income	300 0
Minus: 3% of Allowable amo	g medical expenses for this dependant? Yes line 236 of Sarah Musician's return (maximum \$2,1 unt of medical expenses	09)	* Subject to limitation?	Net income Amount	300 0
Minus: 3% of Allowable amo Name of other of Payment date	g medical expenses for this dependant? Yes line 236 of Sarah Musician's return (maximum \$2,1 unt of medical expenses dependant Payment made to	09)	* Subject to limitation?	Net income Amount	300 0

Medical expense summary

Medical expenses		330	2,800 00	
Minus: 3% of line 236 of your return (maximum \$2,152)			495 00	
Subtotal			2,305 00	
Plus medical expenses for other dependants		331	1,125 00	
Allowable amount of medical expenses		332	3,430 00	
	Total medical expenses	3	3,430 00	

- Yes Attendant care/Nursing Home (not claiming disability);
 Yes Attendant care/Nursing Home (and claiming disability);
 Yes Van adapted for transportation of patient requiring use of a wheelchair;
 Yes- Moving expenses for a patient's move to a more accessible dwelling

Other credits

Age amount - line 301

Maximum claim				6,854 00	1
Your net income from line 236 of your return	16,500	00 2	2		
Base amount	34,562	00 3	3		
Line 2 minus line 3 (if negative, enter "0")			4		
Multiply line 4 by 15%					5
Line 1 minus line 5 (if negative, enter "0"). Enter this amount on line 301 of Schedule 1.				6,854 00	6
Public transit passes amount - line 364					
Amounts for public transit passes from your T4 slips					1
Amounts for public transit passes from your spouse or common law partner's T4 slips					2
Amounts for public transit passes not included on your or your spouse or				1	
common-law partner's T4				_	3
Amounts for public transit passes from your dependant children (under age 19)					4
Total of lines 1, 2, 3 and 4				_	5
Amount claimed by your spouse or common-law partner % Enter this amount on line 364 of Schedule 1				_	6 7
Home buyers' amount - line 369			-		,
•	Пу		Ω		
Do you qualify for the home buyers' amount?	Yes		X No	I	
Home buyers' credit					
Amount claimed by another individual					
Home buyers' amount					
Total income tax deducted - line 437					
⁷ 4 slips				500 00	
4A slips					
F4A (OAS) slip					
F4A (P) slip					
F4A (RCA) slip					
4E slip					
FARIF slips					
FARSP slips					
5013 slips 1032 line P - Pension Transferee					
Québec tax deducted (if not filing Québec return)					
adobee tax deducted (if not mining adobee retain)					
Subtotal		_		500 00	
ess: T1032 line P - Pensioner					
⁻ otal				500 00	
Refundable medical expense supplement - line 452					
Your net income from line 236 of your return	16,500	00	1		
Net income of your spouse or common-law partner from page 1 of your return	4,800	00 2			
Add lines 1 and 2.	21,300	00		21,300 00	3
Universal Child Care Benefit (UCCB) (line 117 of your return) or the benefit of your spouse					
or common-law partner from page 1 of your return Registered disability savings plan (RDSP) income (line 125 of your and your spouse's	4,800	00 4	4		
or common-law partner's return)		ļ	5		
Add lines 4 and 5.	4,800	00	•	4,800 00	6
Line 3 minus line 6	•			16,500 00	7
Universal Child Care Benefit repayment (line 213 of your return) plus the UCCB repayment					
of your spouse or common-law partner from page 1 of your return		1	8		
RDSP income repayment (included in the amount of line 232 of your and your spouse's or	-				
common-law partner's return)		 '	9	1	
Add lines 8 and 9.			·		10
Adjusted family net income: add lines 7 and 10.					11
Base amount					12
Line 11 minus line 12 (if negative, enter "0")					13
Enter the lesser of : - \$ 1,142					
- 3,430 00 x 25% = 857 50				857 50	14

Client: Musician, Buddy-Chapter 4 Problem SIN: 527 000 061 (25 % of the total of line 215 of your return and line 332 of Schedule 1)

Multiply the amount on line 13 by 5%.		15
Line 14 minus line 15 (if negative, enter "0"). Enter this amount on line 452 of your return.	857 50	16

Tax paid by instalments - line 476

Payment date	Description	Amount
2013-03-15	Instalment	1,000 00
2013-06-15	Instalment	1,000 00
2013-09-15	Instalment	1,000 00
2013-12-15	Instalment	1,000 00
	Total tax paid by instalments	4,000 00

Agence du revenu du Canada

Inter-provincial Calculation for CPP and QPP Contributions and Overpayments for 2013

Follow the instruction sheet for more information on completing this form.

You must complete this form and attach it to your return if you are in one of the following situations:

- You earned employment income in Quebec in 2013, and you were not a resident of Quebec on December 31, 2013. If this is your case, complete Part 1.
 If you were at least 65 to 70 years of age, read Part 2. If you were self-employed, and/or had other earning on which you want to elect to pay CPP contributions on, also complete Part 3.
- You earned employment income **outside Quebec** in 2013 and you **were** a resident of **Quebec** on December 31, 2013. If this is your case, complete **Part** 1. If you were also self-employed, and/or you had income on which you want to make optional contributions, complete **Part 4**.

─ Part 1 – CPP/QPP calculation ────	
Enter the number of months during which CPP applies to you in 2013. (read the instruction sheet)	12 A
Enter the number of months during which QPP applies to you in 2013. (read the instruction sheet)	12 B
Enter your yearly maximum CPP pensionable earnings. (see the monthly proration table on the instruction sheet to find the amount that corresponds to the number of months entered in box A above) CPP (maximum \$51,100)	51,100 00 1
Enter your yearly maximum QPP pensionable earnings. (see the monthly proration table on the instruction sheet to find the amount that corresponds to the number of months entered in box B above) QPP (maximum \$51,100)	51,100 00 2
Total CPP pensionable earnings. Enter the total of box 26 of all your T4 slips (maximum \$51,100 per slip) where the province of employment is other than Quebec . If box 26 is blank use box 14. Total QPP pensionable earnings. Enter the total of box 26 of all your T4 slips (maximum \$51,100 per slip)	5549 16,500 00 3
where the province of employment is Quebec . If box 26 is blank use box 14.	5548+ 4
Add lines 3 and 4 Total pensionable earnings	
Canada Pension Plan Enter the amount from line 3. 16,500 00	C
Enter the amount from line 5. \div 16,500 00 Line 6 divided by line 7 (include 5 decimals after the period) $=$ 1	i
Enter the amount from line 1. Enter the amount from line 1. X 51,100 00	·
Multiply line 8 by line 9. = 51,100 00	1
Enter the amount from line 1 or the amount from line 10, whichever is less . 51,100 00	
Enter the amount from line 3 or the amount from line 11, whichever is less .	16,500 00 12
	13
Enter your maximum basic CPP exemption. (see the monthly proration table on the instruction sheet to find the amount that corresponds to the number of months entered in box A above) maximum \$3,500	
Multiply line 13 by line 14. Basic exemption for CPP purposes = 3,500 00	
Earnings subject to CPP contributions: Line 12 minus line 15 (if negative, enter "0").	= 13,000 00 16
CPP contributions on CPP pensionable earnings: Multiply the amount from line 16 by 4.95%.	643 50 17
Actual CPP contributions: Enter the total CPP contributions deducted from box 16 of all your T4 slips.	5034 18 9
Quebec Pension Plan Enter the amount from line 2. 51,100 00	10
Enter the amount from line 11 51,100 00	
Line 19 minus line 20 =	21
Enter the amount from line 4 or the amount from line 21, whichever is less .	22
Enter your maximum basic QPP exemption.	
(see the monthly proration table on the instruction sheet to find the amount that	
corresponds to the number of months entered in box A above) maximum \$3,500 00	
Enter the amount from line 15 3,500 00	' .
Line 23 minus line 24 Basic exemption for QPP purposes =	25
Earnings subject to QPP contributions: Line 22 minus line 25 (if negative, enter "0").	= 26
QPP contributions on pensionable QPP earnings: Multiply the amount from line 26 by 5.1%.	27
Actual QPP contributions: Enter the total QPP contributions deducted from box 17 of all your T4 slips.	5033 28

Continue on the next page



the month that I entered in box 372.

I want to **revoke** an election made in a prior year to stop contributing to the Canada Pension Plan on my self-employment earnings and resume contributing on the first day of the month that I entered in box 374.

372

374

Enter the amount from line 18.					29	9			
Enter the amount from line 28.			+		30	0			
Add lines 29 and 30.		Actual CPP/QPP contributions	=					3	31
Enter the amount from line 17.				643	3 50 3 2	2			
Enter the amount from line 27.			+		33	3			
Add lines 32 and 33.	CPP/QPP contrib	outions based on pensionable earnings	=	643	3 50		643	<u>50</u> 3	34
Line 31 minus line 34 (if negative,	enter "0")	CPP/QPP overpayment				=		3	35
		ny additional CPP/QPP contributions on other 428. Then continue with Part 3 or Part 4, w			he amou	unt from lin	ne 31 on lin	e 30	8 of
amount from line 35 is negative , y General Income Tax and Benefit 6	you may be able to ma Guide, except if you a	ver is less , on line 308 of your Schedule 1, a ake additional CPP contributions, see "Makin re a resident of Quebec. If the amount from I dent of Quebec, see line 452 in your Quebec	ng addition ine 35 is p	al CPP c	ontribut enter it o	ions" on pa on line 44 8	age 37 of th	ne	
If, in 2013, you were 60 to 70 year	rs of age, you received eneficiary and you we	Canada Pension Plan or revocation od a CPP or QPP retirement pension, and you ere required to make CPP contributions. How	u had emp	loyment a	and/or s				
		in 2013to stop paying CPP contributions, or PT30, Election to Stop Contributing to the Ca							
revoke in 2013 an election made i from pensionable earnings, includ However, if you want to elect to st	n a prior year, you sho ing self-employment o op paying CPP contril	ent income in 2013 and wanted to elect in 20 ould have completed Form CPT30 in 2013. A parnings, as of the first day of the month follo butions on your self-employment earnings or to be to 2013 an election made in a prior year	An election wing the control an earlie	filed using the filed using th	ng Form gave thi 2013, er	n CPT30 a s form to y nter the mo	pplies to all rour employ onth you wa	l inco /er. ant to)
To be valid, an election or revocat	ion that begins in 201	3 must be filed on or before June 15, 2015.							

Part 3 – Residents of all provinces except Quebec – CPP co	tributions on self-employ	ment and other ea	arnings ————
Pensionable net self-employment earnings*			
(amounts from line 122 and lines 135 to 143 of your return) Employment earnings not shown on a T4 slip on which you elect to pay accompany to the control of the control o	ditional CPP contributions		1
(attach Form CPT20) Employment earnings shown on a T4 slip on which you elect to pay addition	nal CPP contributions	<u>[3</u>	373 + 2
line 12 of Form CPT20 (attach Form CPT20)	nar or r contributions,		+ 3
Add lines 1, 2, and 3.			= 4
Canada Pension Plan	A - 41	LODD contributions	5
Enter the amount from line 18 of Part 1. If the amount at line 35 of Part 1 is positive, complete lines 6 and 7.	Actual	I CPP contributions	
Otherwise, enter "0" on line 8, and continue on line 9.		<u>.</u>	
Enter the amount from line 5 above.		6	
Enter the amount from line 17 of Part 1.	<u> </u>	7	ı
Line 6 minus line 7 (if negative, enter "0")	<u>=</u>		8
Line 5 minus line 8 (if negative, enter "0")			= 9
Multiply the amount from line 9 by 20.202.			10
Quebec Pension Plan			
Enter the amount from line 28 of Part 1.	Actual	QPP contributions	11
If the amount at line 35 of Part 1 is positive, complete lines 12 and 13. Otherwise, enter "0" on line 14, and continue on line 15.			<u> </u>
Enter the amount from line 11 above.		12	!
Enter the amount from line 27 of Part 1.		13	
Line 12 minus line 13 (if negative, enter "0")	=		- 14
Line 11 minus line 14 (if negative, enter "0")		<u> </u>	= 15
Multiply the amount from line 15 by 19.6078.			16
Add line 40 and line 40			47
Add line 10 and line 16.		<u> </u>	<u>=</u> 17
Enter the amount from line 1 of Part 1.	CPP pensionable earnings	(maximum \$51.100)	51,100 00 18
Enter the amount from line 14 of Part 1.		(maximum \$3,500)	- 3,500 00 19
Line 18 minus line 19		(maximum \$47,600)	= 47,600 00 20
Enter the amount from line 17 of Part 3.		· · · ·	- 21
Line 20 minus line 21 (if negative, enter "0")			= 47,600 00 22
Enter the amount from line 4 or line 22, whichever is less.			23
If the amount at line 5 of Part 1 is less than the amount at line 14 of Part 1 Otherwise, enter "0" on line 28 and continue on line 29.	complete lines 24 to 27.		
Enter the result of line 14 of Part 1 minus line 5 of Part 1.		24	ļ
Enter the amount from line 4 of Part 3	25		
Enter the amount from line 20 of Part 3.	- 26		
Line 25 minus line 26 (if negative enter "0")	= -	27	•
Line 24 minus line 27 (if negative, enter "0")	<u> </u>	<u> </u>	28
Earnings subject to contributions: line 23 minus line 28 (if negative, enter ")")		= 29
Multiply the amount from line 29 by 9.9%.			30
Multiply the amount from line 35 of Part 1 (if positive only) by 2.			- 31
CPP contributions payable on self-employment and other earnings: Line 30 minus line 31 (if negative, enter "0"). Enter this amount on line 421	of your roturn **		= 32
Line 30 minus line 31 (il negative, enter 0). Enter this amount on line 42	or your return.		
Deduction and tax credit for CPP contributions on self-employment a	nd other earnings:		
Multiply the amount from line 32 by 50%.	Ü		33
Enter the amount from line 33 on line 222 of your return and on line 310 of	Schedule 1.		
* Self-employed earnings should be prorated according to the number of n	onths entered in box A in part		
** If the result at line 32 would be negative, you may have an overpaymen			

 Part 4 – Quebec residents – QPP contributions on self 	f-employment and	other earnings —			
Net business income*	r water was faw Orrahaa.	if negative enter "O")	37	4	
(amount from line 27 of Schedule L of your provincial income tax Income on which you wish to make optional contributions	. return for Quebec,	i negative, enter 0)	31	<u> </u>	
(amount from line 55 of Revenu Quebec Form LE-35-V)			37	3+	2
Add lines 1 and 2.				=	3
Canada Pension Plan					
Enter the amount from line 18 of Part 1.		Actual CPP of	contributions		4
If the amount at line 35 of Part 1 is positive complete lines 5 and 6.	. Otherwise, enter "0"	on line 7, and continue of	on line 8.		
Enter the amount from line 4 above.			5		
Enter the amount from line 17 of Part 1.	-	-	6		
Line 5 minus line 6 (if negative, enter "0")		=		-	7
Line 4 minus line 7 (if negative, enter "0")			<u> </u>	=	8
Multiply the amount from line 8 by 20.202.					9
Quebec Pension Plan					
Enter the amount from line 28 of Part 1.		Actual QPP	contributions		10
If the amount at line 35 of Part 1 is positive complete lines 11 and 3	12. Otherwise, enter "	0" on line 13, and contin	ue on line 14.		
Enter the amount from line 10 above.			11		
Enter the amount from line 27 of Part 1.			12		
Line 11 minus line 12 (if negative, enter "0")				_	13
Line 10 minus line 13 (if negative, enter "0")				=	14
Multiply the amount from line 14 by 19.6078.					15
Add line 9 and line 15.				=	16
Enter the amount from line 2 of Part 1.	QPP pension	nable earnings (maxin	num \$51,100)		17
Enter the amount from line 23 of Part 1.		Basic exemption (maxi	mum \$3,500)	-	18
Line 17 minus line 18		(maxim	num \$47,600)	=	19
Enter the amount from line 16 of Part 4.				-	20
Line 19 minus line 20 (if negative, enter "0")				=	21
Enter the amount from line 3 or line 21, whichever is less .					22
If the amount at line 5 of Part 1 is less than the amount at line 23 o	of Part 1, complete line	es 23 to 26.			
Otherwise, enter "0" on line 27 and continue on line 28.					
Enter the result of line 23 of Part 1 minus line 5 of Part 1.			23		
Enter the amount from line 3 of Part 4		24			
Enter the amount from line 19 of Part 4.	<u>-</u>	25	_		
Line 24 minus line 25 (if negative enter "0")	<u>=</u>	<u> </u>	26		
Line 23 minus line 26 (if negative, enter "0")		<u>=</u>	>	-	27
Earnings subject to contributions: line 22 minus line 27 (if negative	, enter "0")			=	28
Multiply the amount from line 28 by 10.20%.					29
Multiply the amount from line 35 of Part 1 (if positive only) by 2.				-	30
Line 29 minus line 30 (if negative, enter "0")				=	31
Deduction and tax credit for QPP contributions on self-employ	vment and other ear	ninas [.]			
Multiply the amount from line 31 by 50%.	yment and other can	go.			32
Enter the amount from line 32 on line 222 of your return and on line	e 310 of Schedule 1.				
* Self-employed earnings should be prorated according to the num	ber of months entere	d in box A in part 1.			

Dependant information

Relationship Daughter Son Daughter							
First name Larry Donna Larry Donna Larry Donna Last name Musician Musician Musician Musician Musician Musician Musician Musician Musician Musician Musician Musician Daughter Son Daughter		Dependar	nt #1	Depend	ant #2	Depend	ant #3
Last name							
Relationship Daughter Son Daughter Birthafet 2008-04-01 2019-04-04-01 2019-04-04-01 2019-04-04-01 2019-04-04-01 2019-04-04-01 2019-04-04-04-04-04-04-04-04-04-04-04-04-04-							
Birthdate	Last name					Musician	
Note Note	•	Daughter					
Claim as eligible dependant? No No No No No No No N	Birthdate	2008-04-01		2009-04-01		2010-04-01	
Dependant claiming CST credit? No	Net income						
Dependant laiming PST roteful (DN, MB)? Yes Ye	Claim as eligible dependant?	No		No		No	
Tredit (DN, MB)?		No		No		No	
Did dependant live with you in 2013? Yes Yes Yes Yes	Dependant claiming PST	No		No		No	
Street address		Voo		Voo		Voc	
P.O. Box, R.R. Apt No. City Vancouver Vancouver Vancouver Vancouver Province BC BC BC BC Postal code V4H 3W4 V4H 3W4 V4H 3W4 Province of residence on 2013/12/31 British Columbia British Columbia British Columbia British Columbia Obsability/infirmity Quality for disability amount? No No No No No No No No No No No No No							
Apt No. City Vancouver		111 WWW Street		111 WWW Street		111 WWW Street	
City Province BC BC BC BC BC Province BC BC BC BC BC Postal code V4H 3W4 V4H 3W4 V4H 3W4 V4H 3W4 V4H 3W4 V4H 3W4 V4H 3W4 V4H 3W4 V4H 3W4 Province of residence on 2013/12/31 British Columbia Bri	**						
Province							
Postal code							
Province of residence on 2013/12/31 British Columbia British Columbia British Columbia British Columbia							
Disability/Infirmity							
Qualify for disability amount? No No No No No No No N		British Columbia		British Columbia		British Columbia	
Mentally or physically infirm? No	Disability/infirmity						
% Claim on Schedule 5? Claim on Schedule 5 Caregiver % Claim on Schedule 5? Claim on Schedule 5 Claim on Schedule 5 Claim on Schedule 5 Disability supplement (under age 18) Maximum supplement A Child / attendant care expenses claimed for dependant by anyone Base amount Supplement reduction B Disability supplement (A-B) Children's fitness amount Eligible fitness expenses (\$500) Percentage claim Percentage claim 100.00 1		No		No		No	
Claim on Schedule 5 Caregiver Scalaim on Schedule 5? Claim on Schedule 5 Scalaim on Scalaim	If yes, state nature of infirmity						
Caregiver % Claim on Schedule 5? Claim on Schedule 5 Disability supplement (under age 18) Maximum supplement A Child / attendant care expenses claimed for dependant by anyone Base amount Supplement reduction B Disability supplement (A-B) Children's fitness amount Eligible fitness expenses (\$500) Percentage claim 100.00 100.00 Children's arts amount Eligible children's art expenses (\$500) Percentage claim 100.00 100.00 Transfers from dependants Tuition fees (T2202 and TL11) Education - # months part time Education - # months full time Unused tuition/education from 2012 Net income Deductions from net income Non-refundable amounts (lines 3 to 15 of Schedule 1) Provincial transfers from dependants Unused tuition/education from 2012 Non-refundable amounts (lines 3 to 15 of Schedule 1) Provincial transfers from dependants Unused tuition/education from 2012	% Claim on Schedule 5?						
Claim on Schedule 5	Claim on Schedule 5						
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	Unused tuition/education from 2012						
WOLLDWINGS ALLOWING							
	(lines 5812 to 5840)						
	NS – Sport and recreational						
	amounts (line 5849)						

Client: Musician, Buddy-Chapter 4 Problem SIN: 527 000 061 Dependant #4 Dependant #5 Dependant #6 527 000 285 Social Insurance Number First name Donald Richard Sarah

Last name	Musician	Musician	Musician
Relationship	Son	Son	Daughter
Birthdate	2011-04-01	1996-03-15	1993-09-02
Net income	2011-04-01		1993-09-02
	NI-	2,800.00	NI-
Claim as eligible dependant?	No	No	No
Dependant claiming GST credit?	No	No	No
Dependant claiming PST credit (ON, MB)?	No	No	No
Did dependant live with you in 2013?	Yes	Yes	Yes
Street address	111 WWW Street	111 WWW Street	111 WWW Street
P.O. Box, R.R.			
Apt No.			
City	Vancouver	Vancouver	Vancouver
Province	BC	BC	BC
Postal code	V4H 3W4	V4H 3W4	V4H 3W4
Province of residence on 2013/12/31	British Columbia	British Columbia	British Columbia
Disability/infirmity		1	
Qualify for disability amount?	No	No	No
Mentally or physically infirm?	No	No	No
If yes, state nature of infirmity			
% Claim on Schedule 5?			
Claim on Schedule 5			
Caregiver	I I	I I	'
% Claim on Schedule 5?			
Claim on Schedule 5			
Disability supplement (under age 18)		_	_
Maximum supplement A	J		
Child / attendant care expenses			
claimed for dependant by anyone			
Base amount			
Supplement reduction B			
Disability supplement (A-B)			
Children's fitness amount	1	1	'
Eligible fitness expenses (\$500)			
Percentage claim	100.00		
Children's arts amount			
Eligible children's art expenses (\$500)			
Percentage claim	100.00	_	
Transfers from dependants Tuition fees (T2202 and TL11)		3,000.00	9,600.00
Education - # months part time			
Education - # months full time		4	12
Unused tuition/education from 2012			
Net income		2,800.00	
Deductions from net income			
Non-refundable amounts			
(lines 3 to 15 of Schedule 1)			
Provincial transfers from dependants	1	1	
Unused tuition/education from 2012			
Non-refundable amounts (lines 5812 to 5840)			
NS – Sport and recreational			
amounts (line 5849)			

Client: Musician, Buddy-Chapter 4 Problem SIN: 527 000 061 Dependant #7 Dependant #8 Dependant #9 Social Insurance Number First name Eunice Earl Last name Musician Musician Relationship Mother Father N/A Birthdate 1926-04-10 1924-11-16 Net income 9,500.00 7,500.00 Claim as eligible dependant? No No No Dependant claiming GST credit? No No No Dependant claiming PST No No No credit (ON, MB)? Did dependant live with you in 2013? Yes Yes No Street address 111 WWW Street 111 WWW Street P.O. Box, R.R. Apt No. City Vancouver Vancouver Province BC BC Postal code V4H 3W4 V4H 3W4 Province of residence on 2013/12/31 British Columbia British Columbia NA Disability/infirmity Qualify for disability amount? Yes No No Mentally or physically infirm? Yes No No If yes, state nature of infirmity blind % Claim on Schedule 5? Claim on Schedule 5 Caregiver % Claim on Schedule 5? 100.0 100.0 Claim on Schedule 5 6,530.00 4,490.00 Disability supplement (under age 18) Maximum supplement Child / attendant care expenses claimed for dependant by anyone Base amount Supplement reduction В Disability supplement (A-B) Children's fitness amount Eligible fitness expenses (\$500) Percentage claim Children's arts amount Eligible children's art expenses (\$500) Percentage claim Transfers from dependants Tuition fees (T2202 and TL11) Education - # months part time Education - # months full time Unused tuition/education from 2012 Net income 9,500.00 7,500.00 Deductions from net income

Non-refundable amounts (lines 3 to 15 of Schedule 1)

Non-refundable amounts (lines 5812 to 5840) NS – Sport and recreational amounts (line 5849)

Provincial transfers from dependants
Unused tuition/education from 2012

Canadian Tax Principles 2014 2015 Edition Volume I and Volume II 1st Edition Byrd Solutions Manual Client: Musician, Buddy-Chapter 4 Problem SIN: 527 000 061

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Child first name	Organization or name	SIN	# weeks*	Amount	Claim
Total					

^{*}Enter the # of weeks spent at boarding school, overnight sports school or overnight camp.

Transfer from dependants

Transfer from d						
Disability transfer fro	om dependant		1			
SIN		_		Disability amount	A	7,697.00
First name	Eunice			Taxable income		9,500.00
Last name	Musician			Basic personal amount		11,038.00
Birthdate		1926-04-10		Age amount		6,854.00
Maximum available f	or transfer (A-B)		7,697.00	Other amounts - lines 3 to 21		
Disability transfer			7,697.00	of Schedule 1		
				Adjusted taxable income	B	0.00
Tuition and educatio	n transfer from depend	dant (post-secondary)				
SIN		527 000 285		Tuition and education amount	Α	4,860.00
First name	Richard			Taxable income		2,800.00
Last name	Musician			Basic personal amount		11,038.00
Birthdate		1996-03-15		Age amount		
Maximum available for transfer (A-B)			4,860.00	Other amounts - lines 3 to 23		
Tuition and education	ition and education transfer		0.00	of Schedule 1		
-				Unused tuition and education from 2012		
				Adjusted taxable income	B	0.00
SIN				Tuition and education amount	Α	5,000.00
First name	Sarah			Taxable income		0.00
Last name	Musician			Basic personal amount		11,038.00
Birthdate		1993-09-02		Age amount		
Maximum available for transfer (A-B)			5,000.00	Other amounts - lines 3 to 23		
Tuition and education	n and education transfer		0.00	of Schedule 1		
				Unused tuition and education from 2012		
				Adjusted taxable income	В	0.00