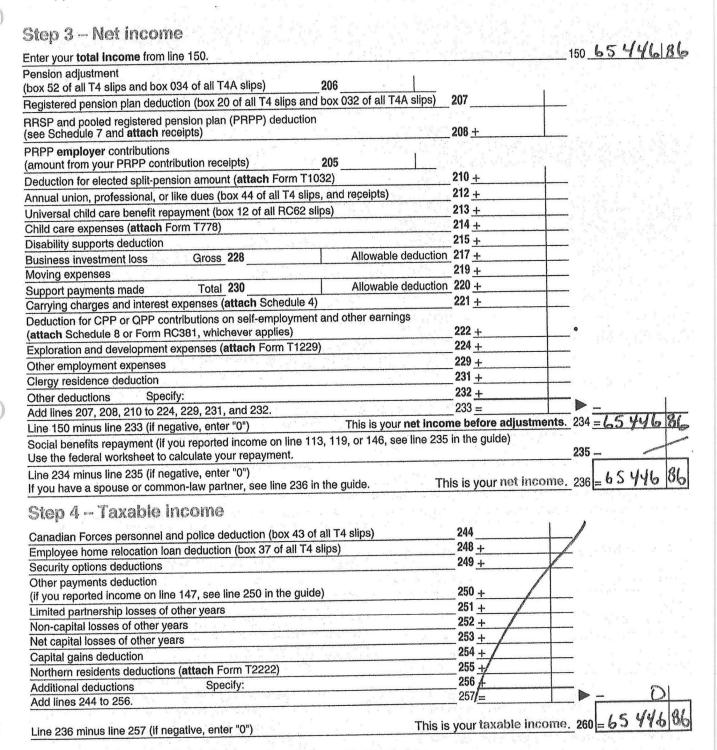
| Income Tax and B | Jenefit Return |
|--|---|
| Step 1 – Identification and other information | ON |
| Identification | Information about you |
| Print your name and address below. | Enter your social insurance number (SIN): 4,8,3,4,4,4,4,6,9 |
| First name and initial | Year Month Day |
| Deirace A | Enter your date of birth: 196509728 Your language of correspondence: English França |
| Moore | Votre langue de correspondance : |
| Mailing address: Apt No. – Street No. Street name Avenue | Is this return for a deceased person? |
| PO Box RR | If this return is for a deceased Year Month Day |
| City Prov./Terr. Postal code | person, enter the date of death: |
| Ottawa ON KZEGA | Marital status Tick the box that applies to your marital status on December 31, 2017: |
| Email address | |
| Lunderstand that by providing an email address, I am registering for online mail. | 1 Married 2 Living common-law 3 Widowed |
| I have read and I accept the terms and conditions on page 17 of the guide. | 4 Divorced 5 P Separated 6 Single |
| Enter an email address: | Information about your spouse or |
| | common-law partner (if you ticked box 1 or 2 above) |
| Information about your residence | Enter his or her SIN: |
| Enter your province or territory of residence on December 31, 2017: | Enter his or her first name: |
| Enter the province or territory where you currently reside if it is not the | Enter his or her net income for 2017 |
| same as your mailing address above: | to claim certain credits: |
| If you were self-employed in 2017, enter the province or territory of self-employment: | Enter the amount of universal child care benefit (UCCB) from line 117 of his or her return: |
| If you became or ceased to be a resident of Canada for income tax purposes in 2017, enter the date of: | Enter the amount of UCCB repayment from line 213 of his or her return: |
| Month Day Month Day | Tick this box if he or she was self-employed in 2017: |
| entry or departure | |
| | Do not use this area |
| | |
| | A O I o the second of |
| Elections Canada (For more information, see page 1 | ge 19 in the guide.) |
| A) Do you have Canadian citizenship? If yes, go to question B. If no, skip question B. | |
| | ncy to give your name, |
| address, date of birth, and citizenship to Elections Canada to upda | te the National Register of Electors |
| Your authorization is valid until you file your next tax return. Your informations Act, which include sharing the information with provincial/tempolitical parties, and candidates at election time. | mation will only be used for purposes permitted that the Canal ritorial election agencies, members of Parliament, registered |
| | |
| | |
| | |
| Do not use this area 172 | |

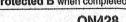
| Please answer the following que | estion: | | | |
|--|--|----------------------------|-----------------------|--|
| Did you own or hold specified foreign property at any time in 2017, was more than CAN\$100 See "Specified foreign property" in the guide f | .000? | | | 1 No 2 |
| If yes, complete Form T1135 and attach it to go the state of the state | your return. or corporation in 20 | 017, see "Other foreign pr | roperty" in the guide | э. |
| | | | | A STATE OF THE STA |
| Step 2 - Total income | | | it to the suit a | utalda Canada |
| As a resident of Canada, you have to re | port your incom | ne from all sources b | oth inside and o | e for more information. |
| Nhen you come to a line on the return t | nat applies to y | ou, go to the line had | 1014 524 | Samuel P |
| Employment income (box 14 of all T4 slips) | | | 101 -1 3 -11 | <u> </u> |
| Commissions included on line 101 (box 42 of a | II T4 slips) 102 | | | |
| Wage loss replacement contributions (see line 101 in the guide) | 10 | 3 | | |
| Other employment income | | | 104 + | |
| Old age security pension (box 18 of the T4A(O | AS) slip) | | 113 + | |
| CPP or QPP benefits (box 20 of the T4A(P) slip | p) | Victoria (New York) | 114 + | |
| Disability benefits included on line 114 | | | | |
| box 16 of the T4A(P) slip) | 15 | | | the state of the state of |
| Other pensions and superannuation | | | 115 _+ | - |
| Elected split-pension amount (attach Form T1 | 032) | | 116 + | AT. |
| Universal child care benefit (UCCB) | made U | | 117 + 2422 | 106 |
| UCCB amount designated to a dependant | 18 | | 110 | I all old the set |
| Employment insurance and other benefits (box | c 14 of the T4E slip | | 119 + | |
| Taxable amount of dividends (eligible and other | er than eligible) fro | m taxable | 120 + 58 500 | - |
| Canadian corporations (attach Schedule 4) | | | 120 + 0 0 000 | |
| Taxable amount of dividends other than eligible | e dividends, | 0 58 500 - | | |
| included on line 120, from taxable Canadian c | Orporations 16 | 0 58500- | 121 + | |
| Interest and other investment income (attach | Scriedule 4) | | 122 + | |
| Net partnership income: limited or non-active | partners only | | 125 + | |
| Registered disability savings plan income | | Net | 126 + | 7.14.4.2.4.4.1 |
| Rental income Gross 160 | | | 127 + | 1 , 1 % (1 , 1) |
| Taxable capital gains (attach Schedule 3) Support payments received Total 156 | T | Taxable amount | | |
| Support payments received Total 156 RRSP income (from all T4RSP slips) | | | 129 + | |
| - " | | | 130 + | |
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 1 24 |
| Self-employment income Business income Gross 162 | | Net | 135 + | |
| Professional income Gross 164 | | | 137 + | |
| Commission income Gross 166 | | | 139 _+ | |
| Farming income Gross 168 | | | 141 + | Land Alliand |
| Fishing income Gross 170 | | Net | 143 + | |
| y a grant and a gr | 4 4 | | | |
| Workers' compensation benefits (box 10 of th | | 44 | | |
| Social assistance payments | A | 45 + | | |
| Net federal supplements (box 21 of the T4A(| | 46 + | ►147 + | |
| Add lines 144, 145, and 146 (see line 250 in | the guide). | = | F14/ T | |
| Add lines 101 104 to 143 and 147 | This | s is your total income. | 150 = 65 446 | 86 |

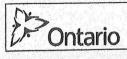
Attach only the documents (schedules, information slips, forms, or receipts) requested in the guide to support any claim or deduction. Keep all other supporting documents.



Step 5 - Federal tax and provincial or territorial tax

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





Ontario Tax

ON428 T1 General – 2017

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

| Step 1 – Ontario non-refundable tax credits | | For internal use of | | | |
|---|--|---------------------------------|----------------------------------|-----------------|--------|
| Basic personal amount | | claim \$10, | | 171 | |
| Age amount (if born in 1952 or earlier) (use the Provincial Woo | rksheet) | (maximum \$4,9 | 66) 5808 + | | |
| Spouse or common-law partner amount | 0 | | | | |
| Base amount | 9,500 00 | | | | |
| Minus: their net income from page 1 of your return | | <u> </u> | . Iron | | |
| Result: (if negative, enter "0") | <u>= </u> | (maximum \$8,636) | > 5812 + | | |
| Amount for an eligible dependant Base amount | 9,500 00 | <u>_</u> | | | |
| Minus: their net income from line 236 of their return | | | ► 5816 + <i>B</i> | 636 | -1163m |
| Result: (if negative, enter "0") | = 9500 - | (maximum \$8,636) | | 1 62 7 6 | — |
| Ontario caregiver amount (use the Provincial Worksheet) | | | 5819 + | | — |
| CPP or QPP contributions: (amount from line 308 of your federal Schedule 1) | | | 5824 + 5828 + | 213 | 14: |
| (amount from line 310 of your federal Schedule 1) | | | 3020 4 | | |
| Employment insurance premiums: (amount from line 312 of your federal Schedule 1) | | | 5832 + 5829 + | . 73 | 14: |
| (amount from line 317 of your federal Schedule 1) | | | | | |
| Adoption expenses | | (maximum \$12, | | + | |
| Pension income amount | | (maximum \$1, | 400) 3030 + | | |
| Disability amount (for self) (Claim \$8,217, or if you were under 18 years of age, use the | Provincial Workshee | t.) | 5844 + | | |
| Disability amount transferred from a dependant (use the Pro- | vincial Worksheet) | | 5848 + 5852 + | | |
| Interest paid on your student loans (amount from line 319 of | your federal Schedule | e 1) | 5852 + | | |
| Your tuition and education amounts (use and attach Schedu | le ON(S11)) | | 5860 + | | |
| Tuition and education amounts transferred from a child | | 1 1 1 ON(CO)) | 5864 + | | |
| Amounts transferred from your spouse or common-law partners | er (use and attach S | chedule ON(S2)) | 3004 4 | | |
| Medical expenses: (Read line 5868 in the forms book.) Enter \$2,302 or 3% of line 236 of your return, whichever is Line 18 minus line 19 (if negative, enter "0") Allowable amount of medical expenses for other dependants | | 5868 5.910 - 1963 = 3.943 | 52 18 4 1 19 - 11 20 21 | | |
| (use the Provincial Worksheet) | | 5876 = 3 9 4 2 | + | 3947 | 11 |
| Add lines 20 and 21. | | 3 1 1 | 5880 = 7 | 3041 | 40 |
| Add lines 1 to 17, and line 22. | | | × | 5.05 | % |
| Ontario non-refundable tax credit rate | | | 5884 = | 1163 | 61 |
| Multiply line 23 by line 24. | | | | TO MENTAL STATE | |
| Donations and gifts: Amount from line 16 of your federal Schedule 9 | × 5.05% × 11.16% | | 26 27 | | |
| Amount from line 17 of your federal Schedule 9 | 7 11.1076 | 5896 = | > + | | 2000 |
| Add lines 26 and 27. | | | | , , , , , | |
| Add lines 25 and 28. Enter this amount on line 41. | Ontario | non-refundable tax cr | edits 6150 = | 1163 | 61 |

Step 2 - Ontario tax on taxable income

| Complete the appropriate column depending on the amount on line 30. | Line 30 \$42,201 or | | (| e 30 is more t \$42,201 but no ore than \$84,4 | ot | \$84 | 30 is more 1,404 but n than \$150 | ot | \$1 | 30 is more 50,000 but a than \$220 | not | | ne 30 is more an \$220,000 |
|--|---|--|-----------------------|--|------------------|--------------------|---|---|-------------|--|-----------------------------|------------|--------------------------------------|
| Enter the amount from line 30 | | | | LS 44L | 86 | | | | | | | | |
| ine 31 minus line 32 | | 000 | = | 42,201 | | | 84,404 | 00 | _ | 150,000 | 00 | - | 220,000 0 |
| cannot be negative) | = | | = | 23 245 | 86 | = | | | = | | | = | |
| | × 5. | 05% | × | 9.15 | - | × | 11,16 | % | X | 12.16 | % | X | 13.16% |
| lultiply line 33 by line 34. | = | | = | 2.127 | | = | F 000 | 00 | = | 10.010 | 00 | = | 21,825 0 |
| dd lines 35 and 36. | + | 0 00 | + | 2,131 | 00 | + | 5,993 | 00 | + | 13,313 | 100 | + | 21,02010 |
| Intario tax on axable income | = | | = | 4258 | 00 | = | | | == | | | = | |
| Enter your Ontario tax on split in Add lines 38 and 39. Enter your Ontario non-refundation 40 minus line 41 (if negations) | able tax credit | | | | | | | | | | 6151 | = 4 | / 258 / /63 3 094 |
| Enter the amount from line 42. Enter your Ontario dividend tay Line 43 minus line 44 (if negati Amount from line 427 of your for Enter the amount from line 45 Line 42 minus line 47 (if negati | x credit from I ive, enter "0") ederal Sched or 46, whiche | , ule 1 over is l | | the Province | ial W | | 67% = | ======================================= | 3 5 | \$31 % 525 % | 43 44 45 46 615 | | 3 094 ; |
| Ontario surtax | | | | | | | | | -4 1 | 01111 | 9 49 | | |
| Enter the amount from line 48. | | - | | | | | | = | 30 | 77/3 | 7 48 50 | | |
| | | | | | | 47 | | = | 3 1 | 29 29 | ন 51 | Add to the | |
| Enter the amount from line 39. | | A Section | | | | | | - | | 1 1 1 1 1 | | | |
| Line 49 minus line 50 (if negat Complete lines 52 to 54 only if Otherwise, enter "0" on line 54 (Line 51 (Line 51 Add lines 52 and 53. | tive, enter "0") f the amount of and continue minus \$ | on line se comp | leting × 20 | more than g the form. 0% (if negati | ive, e | nter "(|)") = | = + = | | 7113 | | + | 3 094 |
| Line 49 minus line 50 (if negated complete lines 52 to 54 only if Otherwise, enter "0" on line 54 (Line 51 (Line 51 Add lines 52 and 53. Add lines 48 and 54. Ontario dividend tax creditemeter your Ontario dividend tax | tive, enter "0") f the amount of and continue minus \$ minus \$ | on line e comp 4,556) 5,831) | × 20 × 30 | g the form. 0% (if negati 6% (if negati | ive, e | nter "(|)") = - | <u>+</u> | | | 52 53 | + = = | 3 094 2 507 586 |
| Line 49 minus line 50 (if negated Complete lines 52 to 54 only if Otherwise, enter "0" on line 54 (Line 51 (Line 51 Add lines 52 and 53. Add lines 48 and 54. Ontario dividend tax credited Enter your Ontario dividend tated Line 55 minus line 56 (if negated) | tive, enter "0") f the amount of and continue minus \$ minus \$ ax credit from tive, enter "0" | on line a comp 4,556) 5,831) | × 20 × 30 | g the form. 0% (if negati 6% (if negati | ive, e | nter "(|)") = - | <u>+</u> | | - | 52 53 ► | + = = | 3 094 2 507 586 |
| Line 49 minus line 50 (if negat Complete lines 52 to 54 only if Otherwise, enter "0" on line 54 (Line 51 (Line 51 Add lines 52 and 53. Add lines 48 and 54. Ontario dividend tax credit Enter your Ontario dividend ta | f the amount of and continue \$ minus \$ | on line e comp 4,556) 5,831) line 61! | × 20 × 30 52 of | g the form. 0% (if negations) 6% (if negations) f the Province orm T691, e | ive, e ive, e | nter "(nter "(| eet. | - + = | al tax | for | 52 53 ► | + = = | 3 094 2 507 586 |

Amounts for Spouse or Common-Law Partner and Dependants

Schedule !

See the guide to find out if you can claim an amount on line 303, 304, 305, or 307 of Schedule 1. For each dependant claimed, provide the details requested below. Attach a copy of this schedule to your return. Line 303 - Spouse or common-law partner amount -Did your marital status change to other than married or common-law in 2017? Month Day and enter the date of the change. If yes, tick this box 5522 11,635 00 1 Base amount If you are entitled to the Canada caregiver amount for your spouse or common-law partner, enter \$2,150 (see page 44 in the guide and line 304 below). 5109+ 3 Add lines 1 and 2. Spouse's or common-law partner's net income from page 1 of your return 4 Line 3 minus line 4 (if negative, enter "0"). Enter this amount on line 303 of your Schedule 1. - Line 304 - Canada caregiver amount for spouse or common-law partner, or your eligible dependant age 18 or older Complete this calculation only if you entered \$2,150 on line 5109 or line 5110 of this schedule for a person whose net income is between \$6,902 and \$23,046. 23.046100 Base amount Net income of this person (line 236 of his or her return) (maximum \$6,883) 3 Line 1 minus line 2 (if negative, enter "0") If you claimed this person on line 303 or 305 of Schedule 1, enter the amount you claimed. Allowable amount for this person: line 3 minus line 4 (if negative, enter "0") Enter this amount on line 304 of your Schedule 1. Line 305 – Amount for an eligible dependant Did your marital status change to married or common-law in 2017? Month If yes, tick this box 5529 and enter the date of the change. Provide the requested information and complete the following calculation for this dependant. Is this dependant physically or mentally infirm? First and last name: Year of birth Relationship to you Address No Yes 11.635 00 1 Base amount If you are entitled to the Canada caregiver amount for your dependant (other than your infirm child under 18 years of age), enter \$2,150 (see page 44 in the guide, read the note below, and see line 304 above). 5106 Dependant's net income (line 236 of his or her return) Line 3 minus line 4 (if negative, enter "0"). Enter this amount on line 305 of your Schedule 1. Note: If the dependant is your or your spouse's or common-law partner's infirm child under 18 years of age, you must claim the Canada caregiver amount on line 367, and not on line 5110. Line 307 - Canada caregiver amount for other infirm dependants age 18 or older (attach a separate sheet if you need more space) Provide the requested information and complete the following calculation for each dependant. First and last name: Year of birth Relationship to you

(maximum \$6,883)

23.046 00

Address:

Base amount

Infirm dependant's net income (line 236 of his or her return)

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")

Enter on line 307 of your Schedule 1 the **total** amount you are claiming for all dependants. Enter the **total** number of dependants for whom you are claiming an amount at this line.

This is Step 5 in completing your return. 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, | - | 1 635 | page 1 |
|--|--------------------------|----------|-------------|
| ge amount (if you were born in 1952 or earlier) (use the federal worksheet) (maximum \$7, | TOWNS THE PARTY NAMED IN | 70 × 7.0 | |
| pouse or common-law partner amount (attach Schedule 5) | 303 + | | |
| anada caregiver amount for spouse or common-law partner, or eligible dependant age 18 or older attach Schedule 5) | 304+ | 0 | <u>^</u> |
| mount for an eligible dependant (attach Schedule 5) | 305+/ | 3785 | edistrated. |
| Canada caregiver amount for other infirm dependants age 18 or older (attach Schedule 5) | 307 | | |
| Canada caregiver amount for infirm children under 18 years of age | | | |
| | | | |
| inter the number of children for whom you are claiming this amount | = 367+ | | |
| CPP or QPP contributions: through employment from box 16 and box 17 of all T4 slips (attach Schedule 8 or Form RC381, whichever applies) | 308-4- | 213 | 94. |
| on self-employment and other earnings (attach Schedule 8 or Form RC381, whichever applies) | 310+ | | • |
| Employment insurance premiums: through employment from box 18 and box 55 of all T4 slips (maximum \$836 | .19) 312+ | 73 | 74. |
| on self-employment and other eligible earnings (attach Schedule 13) | 317+ | | |
| /olunteer firefighters' amount | . 362 + | | |
| Search and rescue volunteers' amount | 395 + | | |
| Canada employment amount If you reported employment income on line 101 or line 104, see line 363 in the guide.) (maximum \$1, | | | |
| Public transit amount (only claim amounts from January 1 to June 30, 2017) | 364 +- | | |
| lome accessibility expenses (attach Schedule 12) | 398 +- | | <u> </u> |
| fome buyers' amount | 369+ | | 4 |
| doption expenses | 313+ | | |
| Pension income amount (use the federal worksheet) (maximum \$2, | | | |
| Disability amount (for self) (claim \$8,113, or if you were under 18 years of age, use the federal workshed | | | - |
| Disability amount transferred from a dependant (use the federal worksheet) | 318+ | | |
| nterest paid on your student loans | 319+ | | - |
| our tuition, education, and textbook amounts (attach Schedule 11) | 323+ | | |
| Tuition amount transferred from a child | 324+ | | |
| Amounts transferred from your spouse or common-law partner (attach Schedule 2) | 326+ | | 1 |
| Enter \$2,268 or 3% of line 236 of your return, whichever is less. Line 26 minus line 27 (if negative, enter "0") = 3 9 4 3 1 | 2 26 1 27 1 28 | | |
| Allowable amount of medical expenses for other dependants (do the calculation at line 331 in the guide) 331+ | 29 | | |
| Add lines 28 and 29. = 3 9 4 3 1 | → 332+ | 3989 | 111 |
| Add lines 1 to 25, and line 30. | 335= | 29 654 | 179 |
| ederal non-refundable tax credit rate | X | 15 | 5% |
| Multiply line 31 by line 32. | 338 = | 4,448 | 122 |
| Donations and gifts (attach Schedule 9) | 349 + | | |
| Add lines 33 and 34. | | 11.1110 | 1 |
| Enter this amount on line 47 on the next page. Total federal non-refundable tax cree | dito 850 - | 7 77 | below |

Dr. Jackson + dendist 3,985.77 Continue on the next page.

DM prescriptions 1,924.75 (anti-anxiety!)

\$\frac{1}{5},910.52\$

Step 2 - Federal tax on taxable income

| Enter your taxable inco | me from line 260 of yo | | | | 65446 | 518 |
|--|--|---|--|--|---|-------------|
| Complete the appropriate column depending on the amount on line 36. | e Line 36 is | Line 36 is more than \$45,916 but not more than \$91,831 | Line 36 is more than \$91,831 but not more than \$142,353 | Line 36 is more than \$142,353 but not more than \$202,800 | Line 36 is m than \$202, t | |
| rom line 36. | | 65 446 86 | | 140.050.00 | 000.00 | 0.00 |
| ine 37 minus line 38 | - 000 | $\frac{-45,916,00}{-19530,86}$ | <u>91,831 00</u> | <u>- 142,353 00</u> | <u>- 202,80</u> | Oloc |
| cannot be negative) Multiply line 39 | = 15% | = 19539 85 x 20.5% | = × 26% | × 29% | x 3 | 3% |
| oy line 40. | = | = 400383 | = 10,000,00 | = + 29,436,00 | = + 46,96 | 5 00 |
| | + 000 | + 6,887 00 | + 16,300 00 | + 29,436 00 | + 40,30 | 300 |
| Add lines 41 and 42. | | = 10 890 83 | | = | = | |
| Step 3 — Net feds Enter the amount from li Federal tax on split inco Add lines 44 and 45. Enter your total federal i from line 35 on the prev Federal dividend tax cre | ine 43. me (from line 5 of Formation from line | | 40 35 42 | 4= 50 4 448 22 5+6,155 17 | 44 •45 ► 10 890 47 •48 •49 | 18 |
| Minimum tax carryover | | | | The second secon | ▶-10 603 | 12 |
| Add lines 47, 48, and 49 | y. | | 1. 18 18 18 18 18 18 18 18 18 18 18 18 18 | | 200 | 1 ./ |
| Line 46 minus line 50 (if | f negative, enter "0") | | | Basic federal tax | 129 <u>= 264</u> | 17 |
| Federal foreign tax crec | dit (attach Form T220 | 9) | | | 405 <u>-</u> | 4 |
| Line 51 minus line 52 (i | f negative, enter "0") | -1 (g) | | Federal tax | 406= 283 | 1-4 |
| Total federal political co | ontributions | 409 | 54 | | | |
| | | | (maximum \$650) 4 | | •55 •56 | • |
| Federal political contr (use the federal works | sheet) | | A CONTRACTOR OF THE PROPERTY ASSESSMENT OF THE PROPERTY OF THE PARTY O | | 070 | |
| (use the federal works | attach Form T2038(IN | ID)) | | 12+ | | |
| (use the federal works Investment tax credit (a Labour-sponsored fund | attach Form T2038(INds tax credit (see lines | ID)) 3 413 and 414 in the gui | | 12+ | | |
| (use the federal works | attach Form T2038(IN is tax credit (see lines a provincially | ID)) 413 and 414 in the gui | de) . Allowable credit 4 | 14+ | •57 | |
| (use the federal works Investment tax credit (a Labour-sponsored fund Net cost of shares of | attach Form T2038(IN ds tax credit (see lines a provincially | 413 and 414 in the gui | de) . Allowable credit 4 | | | 4 |
| (use the federal works Investment tax credit (a Labour-sponsored fund Net cost of shares of registered fund Add lines 55, 56, and 5 | attach Form T2038(IN de tax credit (see lines a provincially 67. | 413 and 414 in the gui | de) . Allowable credit 4 | 14+ | | <u> </u> |
| (use the federal works Investment tax credit (a Labour-sponsored fund Net cost of shares of registered fund Add lines 55, 56, and 5 | attach Form T2038(IN is tax credit (see lines a provincially if negative, enter "0") on line 45 above, see anefit advance payments | 413 and 414 in the gui | de) . Allowable credit 4 | 14+ 16= | •57 > | |
| (use the federal works Investment tax credit (a Labour-sponsored fund Net cost of shares of registered fund Add lines 55, 56, and 5 Line 53 minus line 58 (if you have an amount Working income tax be | attach Form T2038(INdis tax credit (see lines a provincially a provincial a prov | 413 and 414 in the gui | de) . Allowable credit 4 | 14+ | •57 > | -1 2 1 |

| et federal tax: enter th | | | | | | | | |
|--|--|--|--|--|--|---|---|-----------|
| | ne amount from line | 62 of Schedule 1 (att | ach Schedule | 1, even if the result | is "0") | 420 | 287 | 144 |
| ttach Schedule 8 or I | able on self-employm | nent and other earning | gs | | | 421 + | | " |
| mployment insurance | premiums payable of | on self-employment a | ind other eligibl | e earnings (attach | Schedule | 13) 430 + | | |
| ocial benefits repaym | ent (amount from line | e 235) | | | | 422 + | | - |
| rovincial or territo | rial tax (attach For | m 428, even if the rea | sult is "0") | | | 428 + | 600 | Park etc. |
| dd lines 420, 421, 430 | | | -4 × | This is your to | otal paya | ble. 435 = | 897 | 194 |
| | | | st [*] t | 437 | 638 | 155. | | , |
| otal income tax deduc | | | | 440 + | 0000 | . 1 | 7 see | |
| efundable Quebec ab | | ihutiana) | | 448 + | | ' | alle | dia. |
| PP overpayment (ent | er your excess contr | ibulions) | utions) | 450 + | | - | 0.610 | ane |
| mployment insurance | overpayment (enter | your excess continue | choot\ | 452 + | | - | 1 | |
| efundable medical ex | (perise supplement (| Cabadula 6) | Sileot) | 453 + | | - | | |
| orking income tax be | | | 4 | 454 + | | - | | |
| efund of investment t art XII.2 trust tax cred | | | (enile SinaT II | 456 + | | | | |
| mployee and partner | CCT/UCT roboto (et | tech Form GST370) | 10010 31103) | 457 + | | | | |
| | | tach Folili GS1370) | | | | | | |
| ligible educator school | Supplies exp | oncos 468 | l × | 15% = 469 + | | | | |
| upply tax credit | The state of the s | 611363 400 | | 476 + 5 | 2838 | 2.50 | | |
| ax paid by instalment Provincial or territor | uial avadita /attac | h Form 470 if it applie | 00) | 479 + | 0 | | | |
| | orial credits (attac | Thosa | es) | credits. 482 = | | 80 - | 3476 | 180 |
| dd lines 437 to 479. | | 111050 | This is v | our refund or ba | lance ow | ina = | 2500 | 37 |
| ine 435 minus line 48 | 32 | e result is negative, y | | | | | lance owin | 0 |
| | 84 <u>Z 589 3</u> | For more i | information on | how to make your p | payment, s | ee line 485 i | in the guide | or go |
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