



SHAWINIGAN QC G9P 5H9

2015

1255 (U)

DEIRDRE A MOORE  
1244 LAMPMAN CRES  
OTTAWA ON K2C 1P8

### Notice details

Social insurance number	483 444 469
Tax year	2015
Date issued	June 09, 2016
Tax centre	Shawinigan QC G9P 5H9

JR94W72S

## Notice of assessment

We assessed your 2015 income tax and benefit return and calculated your balance.

You need to pay **\$6,098.36**.

To avoid additional interest charges please pay by **June 29, 2016**.

Thank you,

Andrew Treusch  
Commissioner of Revenue

### Account summary

You have an amount due. If you already paid the full amount, please ignore this request.

**Amount due:** \$6,098.36

**Pay by:** June 29, 2016

### Payment options

You can:

- pay online
- pay at your financial institution

For more information, see page 5.

## Explanation of changes and other important information

We changed your RRSP/PRPP deduction from \$16,500 to \$13,889, which is the maximum allowed. For more information, see Guide T4040, RRSPs and Other Registered Plans for Retirement.

Based on the employment income you reported, we gave you a federal Canada employment amount of \$1,146. For more information, see the explanation for line 363 in the General Income Tax and Benefit Guide.

Because of a change to your taxable income or your federal non-refundable tax credits, we changed your family tax cut from \$1,200.59 to \$1,278.99.

Because of a change to your taxable income and your Ontario non-refundable tax credits, we revised your Ontario tax from \$14,005.00 to \$19,631.34. Your total payable has also changed.

We gave you a CPP overpayment as a credit against your total payable. If needed, we changed your federal and Ontario amounts for CPP or QPP contributions through employment.

We changed your Ontario dividend tax credit to \$4,192.69. This tax credit is a percentage of the taxable amount of dividends from taxable Canadian corporations.

This assessment includes Ontario tax credits of \$110.20 financed by the Government of Ontario.

We recalculated your federal non-refundable tax credits and changed your total on line 350 from \$2,646 to \$2,806.

We recalculated your Ontario non-refundable tax credits and changed your total to \$551.

Your balance due includes arrears interest compounded daily at a set rate. We calculated this interest from the due date of your balance to the date of this notice.

You can avoid more interest if you pay the balance due by June 29, 2016.



Income Tax and Benefit Return

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

ON 8

Identification

Print your name and address below.

First name and initial

Deirdre A

Last name

Moore

Mailing address: Apt No - Street No Street name

1244 Lampman Crescent

PO Box

RR

City

Prov/Terr.

Postal code

Email address

I understand that by providing an email address, I am registering for online mail. I have read and I accept the terms and conditions on page 15 of the guide.

Enter an email address:

Information about your residence

Enter your province or territory of residence on December 31, 2015:

Ontario

Enter the province or territory where you currently reside if it is not the same as your mailing address above:

If you were self-employed in 2015, enter the province or territory of self-employment:

If you became or ceased to be a resident of Canada for income tax purposes in 2015, enter the date of:

entry Month Day

or

departure Month Day

Information about you

Enter your social insurance number (SIN):

4 8 3 | 4 4 4 | 4 6 9

Enter your date of birth:

Year Month Day  
1 9 6 | 5 0 9 | 2 8

Your language of correspondence:

English

French

Votre langue de correspondance:

☒

☐

Is this return for a deceased person?

If this return is for a deceased person, enter the date of death:

Year Month Day

Marital status

Tick the box that applies to your marital status on December 31, 2015:

☐ Married

☐ Living common-law

☐ Widowed

Note: 2

I separated from

husband

John Kiska

SIN 462 638 834

November 12, 2015

I was separated on

Dec 31, 2015.

However, we are no

longer separated.

until again when

he served me 27 NOV 16

(3 months less than 24 yrs)

No ☐ 2

No ☐ 2

Elections Canada (see the Elections Canada page)

A) Are you a Canadian citizen? Answer the following question only if you are a Canadian citizen.

B) As a Canadian citizen, do you authorize the Canada Revenue Agency to use your address, date of birth, and citizenship to update the Canada Revenue Agency's records?

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.

do not use this area

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The guide contains valuable information to help you complete your return.  
When you come to a line on the return that applies to you, go to the line number in the guide for more information.

Please answer the following question:

Do you own or hold specified foreign property where the total cost amount of all such property, at any time in 2015, was more than CAN\$100,000?

See "Specified foreign property" in the guide for more information. . . . . **266** Yes ☐ 1 No ☐ 2

If yes, complete Form T1135 and attach it to your return.

If you had dealings with a non-resident trust or corporation in 2015, see "Foreign income" in the guide.

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

### Total income

Employment income (box 14 of all T4 slips)	101	17 874 57
Commissions included on line 101 (box 42 of all T4 slips)	102	
Wage loss replacement contributions (see line 101 in the guide)	103	
Other employment income	104 +	
Old age security pension (box 18 of the T4A(OAS) slip)	113 +	
CPP or QPP benefits (box 20 of the T4A(P) slip)	114 +	
Disability benefits included on line 114 (box 16 of the T4A(P) slip)	152	
Other pensions and superannuation	115 +	
Elected split-pension amount (attach Form T1032)	116 +	
Universal child care benefit (UCCB)	117 +	1443 02
UCCB amount designated to a dependant	185	
Employment insurance and other benefits (box 14 of the T4E slip)	119 +	
Taxable amount of dividends (eligible and other than eligible) from taxable Canadian corporations (attach Schedule 4)	120 +	93 151 02
Taxable amount of dividends other than eligible dividends, included on line 120, from taxable Canadian corporations	180	
Interest and other investment income (attach Schedule 4)	121 +	
Net partnership income: limited or non-active partners only	122 +	
Registered disability savings plan income	125 +	
Rental income Gross 160	Net 126 +	
Taxable capital gains (attach Schedule 3)	127 +	
Support payments received Total 156	Taxable amount 128 +	
RRSP income (from all T4RSP slips)	129 +	82 603 56
Other income Specify:	130 +	
Self-employment income		
Business income Gross 162	Net 135 +	
Professional income Gross 164	Net 137 +	
Commission income Gross 166	Net 139 +	
Farming income Gross 168	Net 141 +	
Fishing income Gross 170	Net 143 +	
Workers' compensation benefits (box 10 of the T5007 slip)	144	
Social assistance payments	145 +	
Net federal supplements (box 21 of the T4A(OAS) slip)	146 +	
Add lines 144, 145, and 146 (see line 250 in the guide).	=	147 +
Add lines 101, 104 to 143, and 147.	This is your total income.	150 = 195 09 50

forced to cash-in RSP to buy a new home for children at J. Terden Ma



**Attach your Schedule 1 (federal tax) and Form 428 (provincial or territorial tax) here. Attach only the other documents (schedules, information slips, forms, or receipts) requested in the guide to support any claim or deduction. Keep all other supporting documents.**

Protected B when completed **3**

### Net income

Enter your **total income** from line 150.

150 195 109 50

Pension adjustment

(box 52 of all T4 slips and box 034 of all T4A slips) 206

Registered pension plan deduction (box 20 of all T4 slips and box 032 of all T4A slips) 207

RRSP/pooled registered pension plan (PRPP) deduction  
(see Schedule 7 and attach receipts)

208 + 16 500 00

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 of all T4 slips, and receipts)

212 +

Universal child care benefit repayment (box 12 of 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 +

Energy residence deduction

231 +

Other deductions Specify:

232 +

Add lines 207, 208, 210 to 224, 229, 231, and 232.

233 =

► - 16 500 00

Line 150 minus line 233 (if negative, enter "0")

This is your **net income before adjustments**.

234 = 178 609 50

Social benefits repayment (if you reported income on line 113, 119, or 146, see line 235 in the guide)

Use the federal worksheet to calculate your repayment.

235 -

Line 234 minus line 235 (if negative, enter "0")

If you have a spouse or common-law partner, see line 236 in the guide.

This is your **net income**.

236 = 178 609 50

### Taxable income

Canadian Forces personnel and police deduction (box 43 of all T4 slips)

244

Employee home relocation loan deduction (box 37 of 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")

This is your **taxable income**.

260 = 178 609 50

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

Net federal tax: enter the amount from line 64 of Schedule 1 (attach Schedule 1, even if the result is "0") 420 26 305 72

CPP contributions payable on self-employment and other earnings (attach Schedule 8 or Form RC381, whichever applies) 421 +

Employment insurance premiums payable on self-employment and other eligible earnings (attach Schedule 13) 430 +

Provincial or territorial tax (attach Form 428, even if the result is "0") 422 +

Add lines 420, 421, 430, 422, and 428. This is your total payable. 435 40 829 72

Total income tax deducted 437 26 145 39

Refundable Quebec abatement 440 +

CPP overpayment (enter your excess contributions) 448 +

Employment insurance overpayment (enter your excess contributions) 450 +

Refundable medical expense supplement (use the federal worksheet) 452 +

Working income tax benefit (WITB) (attach Schedule 6) 453 +

Refund of investment tax credit (attach Form T2038(IND)) 454 +

Part XII.2 trust tax credit (box 38 of all T3 slips) 456 +

Employee and partner GST/HST rebate (attach Form GST370) 457 +

Children's fitness tax credit Eligible fees 458 2000 00 x 15% = 459 + 300 00

Tax paid by instalments 476 + 3 232 00

Provincial or territorial credits (attach Form 479 if it applies) 479 + 110 20

Add lines 437 to 479. These are your total credits. 482 32 205 57

Line 435 minus line 482 This is your refund or balance owing. = 10 522 40

If the result is negative, you have a refund. If the result is positive, you have a balance owing.

Enter the amount below on whichever line applies.

Refund 484

Generally, we do not charge or refund a difference of \$2 or less.

Balance owing 485 10 522 40

For more information on how to make your payment, see line 485 in the guide or go to [www.cra.gc.ca/payments](http://www.cra.gc.ca/payments). Your payment is due no later than April 30, 2016.

**Direct deposit - Enrol or update (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 deposit information has not changed.

To enrol for direct deposit, to update your banking information, or to request that all of your CRA payments you may be receiving or owed be deposited into the same account as your T1 refund, complete lines 460, 461, and 462 below.

By providing my banking information I authorize the Receiver General to deposit in the bank account number shown below any amounts payable to me by the CRA, until otherwise notified by me. I understand that this authorization will replace all of my previous direct deposit authorizations.

Branch number 460 (5 digits) Institution number 461 (3 digits) Account number 462 (maximum 12 digits)

**Ontario Ontario opportunities fund**

You can help reduce Ontario's debt by completing this area to donate some or all of your 2015 refund to the Ontario opportunities fund. Please see the provincial pages for details.

Amount from line 484 above		1
Your donation to the Ontario opportunities fund	465	2
Net refund (line 1 minus line 2)	466	3

I certify that the information given on this return and in any documents attached is correct and complete and fully discloses all my income.

Sign here

It is a serious offence to make a false return.

Telephone

Date

**490 If a fee was charged for preparing this return, complete the following:**

Name of preparer: Telephone: EFILE number (if applicable): 489

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source [www.cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html](http://www.cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html), personal information bank CRA PPU C25.

Do not use this area 487 488 486

Complete this schedule and **attach** a copy to your return.  
For more information, see the related line in the guide.

**Part 1** Federal non-refundable tax credits

1	Personal amount	claim \$11,327	300	11,327	1
2	Amount (if you were born in 1950 or earlier) (use the federal worksheet)	(maximum \$7,033)	301	+	2
3	Spouse or common-law partner amount (attach Schedule 5)		303	+	3
4	Amount for an eligible dependant (attach Schedule 5)		305	+	4
5	Family caregiver amount for children under 18 years of age				
5	Number of children born for whom you are claiming family caregiver amount	352 2 × \$2,093 =	367	+	4,186
6	Amount for infirm dependants age 18 or older (attach Schedule 5)		306	+	6
7	Employer or QPP contributions:				
7	Employment from box 16 and box 17 of all T4 slips (attach Schedule 8 or Form RC381, whichever applies)		308	+	791.76
8	Self-employment and other earnings (attach Schedule 8 or Form RC381, whichever applies)		310	+	8
9	Employment insurance premiums:				
9	Employment from box 18 and box 55 of all T4 slips (maximum \$930.60)		312	+	336.73
10	Self-employment and other eligible earnings (attach Schedule 13)		317	+	10
11	Volunteer firefighters' amount		362	+	11
12	Search and rescue volunteers' amount		395	+	12
13	Canada employment amount				
13	Unreported employment income on line 101 or line 104, see line 363 in the guide. (maximum \$1,146)		363	+	13
14	Public transit amount		364	+	14
15	Arts' amount		370	+	1,000
16	Home buyers' amount		369	+	16
17	Charitable expenses		313	+	17
18	Income amount (use the federal worksheet) (maximum \$2,000)		314	+	18
19	Spousal amount (attach Schedule 5)		315	+	19
20	Disability amount (for self) (claim \$7,899, or if you were under 18 years of age, use the federal worksheet)		316	+	20
21	Disability amount transferred from a dependant (use the federal worksheet)		318	+	21
22	Interest paid on your student loans		319	+	22
23	Tuition, education, and textbook amounts (attach Schedule 11)		323	+	23
24	Tuition, education, and textbook amounts transferred from a child		324	+	24
25	Amounts transferred from your spouse or common-law partner (attach Schedule 2)		326	+	25
26	Medical expenses for self, spouse or common-law partner, and your dependent children born in 1998 or later	330			26
27	Less \$2,098 or 3% of line 236 of your return, whichever is less.	-			27
28	Line 26 minus line 27 (if negative, enter "0")	=			28
29	Refundable amount of medical expenses for other dependants (see calculation at line 331 in the guide)	331	+		29
30	Lines 28 and 29	=	332	+	30
31	Lines 1 to 25, and line 30		335	+	47,354.34
32	General non-refundable tax credit rate	x 15%			32
33	Multiply line 31 by line 32		338	=	33
34	Charitable donations and gifts (attach Schedule 9)		349	+	34
35	Lines 33 and 34				
35	Enter this amount on line 47 on the next page. Total federal non-refundable tax credits		350	=	2,316.71

Continue on the next page.



# Step 2 - Federal tax on taxable income

Enter your **taxable income** from line 260 of your return.

179,609.56 36

Complete the appropriate column depending on the amount on line 36.

Line 36 is \$44,701 or less

Line 36 is more than \$44,701 but not more than \$89,401

Line 36 is more than \$89,401 but not more than \$138,586

Line 36 is more than \$138,586

Enter the amount from line 36.

0.00

44,701.00

89,401.00

179,609.56 37  
138,586.00 38

Line 37 minus line 38 (cannot be negative)

=

=

=

= 40,023.56 39

Multiply line 39 by line 40.

x 15%

x 22%

x 26%

x 29% 40

+

=

=

=

= 11,604.83 41

+

0.00

6,705.00

16,539.00

29,327.00 42

Add lines 41 and 42.

=

=

=

= 40,932.83 43

## Step 3 - Net federal tax

Enter the amount from line 43.

40,932.83 44

Federal tax on split income (from line 5 of Form T1206)

424+

45

Add lines 44 and 45.

404=

40,932.83 46

Enter your total federal non-refundable tax credits from line 35 on the previous page.

350 2,642.31 47

Family tax cut (attach Schedule 1-A)

423+

48

Federal dividend tax credit

425+

49

Overseas employment tax credit (attach Form T626)

426+

50

Minimum tax carryover (attach Form T691)

427+

51

Add lines 47 to 51.

= 14,011.41 52

46 minus line 52 (if negative, enter "0")

Basic federal tax 429= 26,822.39 53

Federal foreign tax credit (attach Form T2209)

405-

54

Line 53 minus line 54 (if negative, enter "0")

Federal tax 406= 26,822.39 55

Total federal political contributions (attach receipts)

409

56

Federal political contribution tax credit (use the federal worksheet)

(maximum \$650) 410

57

Investment tax credit (attach Form T2038(IND))

412+

58

Labour-sponsored funds tax credit

Net cost 413

Allowable credit 414+

59

Add lines 57, 58, and 59.

416=

60

Line 55 minus line 60 (if negative, enter "0")

417= 26,822.39 61

If you have an amount on line 45 above, see Form T1206.

Working income tax benefit advance payments received (box 10 of the RC210 slip)

415+

62

Special taxes (see line 418 in the guide)

418+

63

Add lines 61, 62, and 63.

Enter this amount on line 420 of your return.

Net federal tax 420= 26,822.39 64

line 423 in the guide to see if you are eligible for the family tax cut.  
 Complete this schedule to claim the family tax cut, one claim per family.  
 Attach a copy of this schedule to your return.

Make sure that you have completed the "Information about your spouse or common-law partner" section on page 1 of your return.  
 To receive the maximum benefit of this credit, make sure you and your spouse or common-law partner claim all of the  
 refundable tax credits you may be entitled to when completing Schedule 1, Federal Tax, even if you do not need the  
 amounts to reduce your or your spouse's or common-law partner's tax. **Complete both columns.**

### Part 1 - Federal tax before income sharing

Enter the tax on taxable income from line 43 of Schedule 1.

Enter the total non-refundable tax credits from line 35 of Schedule 1.

1 minus line 2 (if negative, enter "0")

### Part 2 - Adjusted federal tax after income sharing

Enter the taxable income from line 260 of the return.

Enter the difference between  
 highest and lowest taxable  
 income amounts that you  
 reported at line 4.

x 50% =

Enter the amount from line 5 or \$50,000, whichever is less, in the column with  
 higher income at line 4. Enter "0" in the other column.

5 plus line 6

Enter the amount from line 5 or \$50,000, whichever is less, in the column with  
 lower income at line 4. Enter "0" in the other column.

Lines 7 and 8.

**Adjusted taxable income**

Enter adjusted taxable income (use charts 1 and 2 on the next page)

10 minus line 11 (if negative, show it in brackets)

Enter the spouse or common-law partner amount from line 303 of Schedule 1.

11. If the claim on line 303 includes the family caregiver amount, use chart 3  
 on next page to calculate the amount to enter on this line.)

Enter the amounts transferred from your spouse or common-law partner from  
 line 326 of Schedule 1. If this amount includes a transfer of tuition, education,  
 textbook amounts on line 360 of Schedule 2, reduce the amount to be  
 entered on this line by the amount from line 326 or line 360, whichever is less.

Lines 13 and 14.

Enter the total non-refundable tax credit rate

15 multiplied by line 16.

**Adjustment to non-refundable tax credits**

Enter the amount from line 12 (if negative, show it in brackets).

If the amount on line 18 is positive, add lines 17 and 18.

If the amount on line 18 is in brackets (negative), subtract

line 18 from line 17 (if the result is negative, enter "0").

**Adjusted federal  
 tax after income  
 sharing**

### Part 3 - Family tax cut

Enter the amounts from line 3 in columns 1 and 2.

**Combined tax before income sharing**

Enter the amounts from line 19 in columns 1 and 2.

**Combined adjusted tax after income sharing**

20 minus line 21 (if negative, enter "0")

Enter the amount from line 22 or \$2,000, whichever is less.

Enter this amount on line 423 of Schedule 1.

**Family tax cut**

**Column 1  
 You**

**Column 2  
 Eligible spouse or  
 common-law partner**

40 723 120	1	17 519 21	1
- 2 646 11	2	1 614 05	2
= 33 077 01	3	= 15 905 16	3

173 40 150	4	497 93 17 105	4
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- 50 000	6	- 0	6
= 123 40 150	7	= 93 17 105	7

+	8	+ 50 000	8
= 123 40 150	9	= 143 17 105	9

26 933 21	10	20 519 21	10
- 3 646 11	11	- 1 614 05	11
= 23 287 10	12	= 18 905 16	12

	13	498	13
--	----	-----	----

+	14	499	14
= 0	15	= 0	15

x 15%	16	x 15%	16
= 0	17	= 0	17

2 105 7	18	28 920 16	18
---------	----	-----------	----

= 24 087	19	= 28 920 16	19
----------	----	-------------	----

54 107	20
--------	----

- 52 907	21
----------	----

= 1 200	22
---------	----

1 200	23
-------	----

### Chart 1 - Tax calculation chart for you (column 1)

Enter your **adjusted taxable income** from line 9 on the previous page. 128,609.50

Complete the appropriate column depending on the amount on line 1 above.	Line 1 is \$44,701 or less	Line 1 is more than \$44,701 but not more than \$89,401	Line 1 is more than \$89,401 but not more than \$138,586	Line 1 is more than \$138,586
Enter the amount from line 1.	= 0.00	= 44,701.00	= 128,609.50	= 143,171.50
Line 2 minus line 3 (cannot be negative)	=	=	= 39,808.50	= 53,712.50
Multiply line 4 by line 5.	x 15%	x 22%	x 26%	x 29%
	=	=	= 10,174.21	= 13,900.25
Add lines 6 and 7. Enter this amount on line 10 on the previous page.	+ 0.00	+ 6,705.00	+ 16,539.00	+ 29,327.00
	=	=	= 26,733.21	= 30,517.25

### Chart 2 - Tax calculation chart for eligible spouse or common-law partner (column 2)

Enter your spouse's or common-law partner's **adjusted taxable income** from line 9 on the previous page. 1

Complete the appropriate column depending on the amount on line 1 above.	Line 1 is \$44,701 or less	Line 1 is more than \$44,701 but not more than \$89,401	Line 1 is more than \$89,401 but not more than \$138,586	Line 1 is more than \$138,586
Enter the amount from line 1.	= 0.00	= 44,701.00	= 89,401.00	= 138,586.00
Line 2 minus line 3 (cannot be negative)	=	=	=	=
Multiply line 4 by line 5.	x 15%	x 22%	x 26%	x 29%
	=	=	=	=
Add lines 6 and 7. Enter this amount on line 10 on the previous page.	+ 0.00	+ 6,705.00	+ 16,539.00	+ 29,327.00
	=	=	=	=

### Chart 3 - Line 236 adjustment for the family caregiver amount (line 13 on the previous page)

Enter the spouse or common-law partner amount from line 303 of your or your spouse's or common-law partner's Schedule 1. 2,093.00

Family caregiver amount		2,093.00	2
Enter the net income of the infirm individual being claimed for the spouse or common-law partner amount (line 236 of his or her return).			3
Base amount	= 11,327.00		4
Line 3 minus line 4 (if negative, enter "0")	=		5
Line 2 minus line 5 (if negative, enter "0")	=		6
Line 1 minus line 6 (if negative, enter "0")	=		7
Enter this amount on line 13 on the previous page.			



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 only		5605		
1	Personal amount	claim \$9,863	5804	
2	Amount (if born in 1950 or earlier) (use the <i>Provincial Worksheet</i> )	(maximum \$4,815)	5808	+
	Use or common-law partner amount			
	Base amount	9,212.00		
	Plus: his or her net income from page 1 of your return	-		
	Result: (if negative, enter "0")	=	(maximum \$8,375)	5812 +
3	Amount for an eligible dependant			
	Base amount	9,212.00		
	Plus: his or her net income from line 236 of his or her return	-		
	Result: (if negative, enter "0")	=	(maximum \$8,375)	5816 +
4	Amount for infirm dependants age 18 or older (use the <i>Provincial Worksheet</i> )		5820	+
5	Or QPP contributions:			
	Amount from line 308 of your federal Schedule 1)		5824	+
	Amount from line 310 of your federal Schedule 1)		5828	+
6	Employment insurance premiums:			
	Amount from line 312 of your federal Schedule 1)		5832	+
	Amount from line 317 of your federal Schedule 1)		5829	+
7	Option expenses	(maximum \$12,033)	5833	+
8	Spouse's income amount	(maximum \$1,364)	5836	+
9	Spouse's amount (use the <i>Provincial Worksheet</i> )		5840	+
10	Spouse's amount (for self)		5844	+
11	Spouse's amount (if you were under 18 years of age, use the <i>Provincial Worksheet</i> )		5848	+
12	Spouse's amount transferred from a dependant (use the <i>Provincial Worksheet</i> )		5852	+
13	Spouse's amount paid on your student loans (amount from line 319 of your federal Schedule 1)		5856	+
14	Spouse's tuition and education amounts (use and attach Schedule ON(S11))		5860	+
15	Spouse's tuition and education amounts transferred from a child		5864	+
16	Spouse's amounts transferred from your spouse or common-law partner (use and attach Schedule ON(S2))		5864	+
17	Medical expenses:			
	From line 5868 in the forms book.)	5868		19
	After \$2,332 or 3% of line 236 of your return, whichever is less.	-		20
	Line 19 minus line 20 (if negative, enter "0")	=		21
	Available amount of medical expenses for other dependants (use the <i>Provincial Worksheet</i> )	5872	+	22
	Lines 21 and 22.	5876	=	23
	Lines 1 to 18, and line 23.	5880	=	24
	Ontario non-refundable tax credit rate	x	5.05%	25
	Multiply line 24 by line 25.	5884	=	26
	Charitable contributions and gifts:			
	Amount from line 345 of your federal Schedule 9	x 5.05% =		27
	Amount from line 347 of your federal Schedule 9	x 11.16% =	+	28
	Lines 27 and 28.	5896	=	29
	Lines 26 and 29.		+	
	Ontario non-refundable tax credits	6150	=	30

Continue on the next page.

## Step 2 – Ontario tax on taxable income

Protected B when completed

Enter your **taxable income** from line 260 of your return.

If this amount is more than \$20,000, you must complete **Step 7 – Ontario health premium**.

Complete the appropriate column depending on the amount on line 31.

	Line 31 is \$40,922 or less	Line 31 is more than \$40,922 but not more than \$81,847	Line 31 is more than \$81,847 but not more than \$150,000	Line 31 is more than \$150,000 but not more than \$220,000	Line 31 is more than \$220,000	
Enter the amount from line 31.						
Line 32 minus line 33 (cannot be negative)	0.00	40,922.00	81,847.00	150,000.00	220,000.00	32
						33
Multiply line 34 by line 35.	x 5.05%	x 9.15%	x 11.16%	x 12.16%	x 13.16%	34
						35
Add lines 36 and 37.	+ 0.00	+ 2,067.00	+ 5,811.00	+ 13,417.00	+ 21,929.00	36
<b>Ontario tax on taxable income</b>						37
						38

## Step 3 – Ontario tax

Enter your Ontario tax on taxable income from line 38.

Enter your Ontario tax on split income from Form T1206.

Add lines 39 and 40.

Enter your Ontario non-refundable tax credits from line 30.

Ontario overseas employment tax credit:

Amount from line 426 of your federal Schedule 1

Add lines 42 and 43.

Line 41 minus line 44 (if negative, enter "0")

Ontario minimum tax carryover:

Enter the amount from line 45.

Enter your Ontario dividend tax credit from line 6152 of the *Provincial Worksheet*.

Line 46 minus line 47 (if negative, enter "0").

Amount from line 427 of your federal Schedule 1

x 33.67% =

Enter the amount from line 48 or 49, whichever is less.

Line 45 minus line 50 (if negative, enter "0")

Ontario additional tax for minimum tax purposes:

Amount from line 95 of Form T691

Add lines 51 and 52.

x 33.67% =

Complete lines 54 to 56 only if the amount on line 53 is **more than \$4,418**. Otherwise, enter "0" on line 56 and continue completing the form.

### Ontario surtax

(Line 53 minus \$4,418) x 20% (if negative, enter "0") =

(Line 53 minus \$5,654) x 36% (if negative, enter "0") =

Add lines 54 and 55.

Add lines 53 and 56.

### Ontario dividend tax credit:

Enter your Ontario dividend tax credit from line 6152 of the *Provincial Worksheet*.

Line 57 minus line 58 (if negative, enter "0")

Continue on the next page.



Enter the amount from line 59 on the previous page.

13,355.57 60

If you are **not** claiming an Ontario tax reduction, there is an amount on line 52, or the amount on line 60 is "0", enter the amount from line 60 on line 68 and continue completing the form. Otherwise, complete lines 61 to 67 to calculate the Ontario tax reduction.

## Step 4 – Ontario tax reduction

Basic reduction

228,000 61

If you had a spouse or common-law partner on December 31, 2015, **only** the individual with the **higher net income** can claim the amounts on lines 62 and 63.

Reduction for dependent children born in 1997 or later

Number of dependent children 6269 2 x \$421 = + 842 62

Reduction for dependants with a mental or physical infirmity

Number of dependants 6097 x \$421 = + 63 63

Add lines 61, 62, and 63.

= 1080 64

Enter the amount from line 64.

1080 x 2 = 2160 65

Enter the amount from line 60.

- 13355.57 66

Line 65 minus line 66 (if negative, enter "0")

Ontario tax reduction claimed = 804 67

Line 60 minus line 67 (if negative, enter "0")

= 13255.57 68

## Step 5 – Ontario foreign tax credit

Enter the Ontario foreign tax credit from Form T2036.

- 69

Line 68 minus line 69 (if negative, enter "0")

= 13255.57 70

## Step 6 – Community food program donation tax credit for farmers

Enter the amount of qualifying donations that have also been claimed as charitable donations

6098 x 25% =

- 71

Line 70 minus line 71 (if negative, enter "0")

= 13255.57 72

## Step 7 – Ontario health premium

If your taxable income (from line 31) is not more than \$20,000, enter "0".

Otherwise, enter the amount calculated in the chart on the next page.

Ontario health premium

+ 300 73

Add lines 72 and 73.

Enter the result on line 428 of your return.

Ontario tax

= 14055.57 74

Continue on the next page.

Superior Court of Justice, Family Court

(Name of court)

at 161 Elgin Street, Ottawa, Ontario K2P 2K1  
Court office address

Court File Number

FC-15-2446-0

Form 6B: Affidavit of Service  
sworn/affirmed

Interim Support

Applicant(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Jonathan Kiska  
1244 Lampman Crescent, Ottawa, Ontario K2C 1P8  
mobile: 613-723-0010 jonathankiska@gmail.com

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Wade Smith  
700-116 Lisgar Street, Ottawa, Ontario K2P 0C2  
phone: 613-237-3444 wsmith@bellbaker.com

Respondent(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Deirdre Moore  
7 Vanson Avenue, Ottawa, Ontario K2E 6A9  
mobile: 613-261-3520 deirdre\_cfa@icloud.com

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

n/a

FILED SUPERIOR COURT  
OF JUSTICE AT OTTAWA

MAY 07 2018

DÉPOSÉ À LA COUR  
SUPÉRIEURE DE JUSTICE À OTTAWA

My name is (full legal name) Deirdre Ann Moore

I live in (municipality & province) City of Ottawa, Ontario

and I swear/affirm that the following is true:

1. On (date) May 7, 2018, at (time) 9:53 a.m., I served (name of person to be served) Wade Smith with the following document(s) in this case:

Name of document	Author (if applicable)	Date when document signed, issued, sworn, etc.
T1 - 2017 **NOA not available**	Deirdre Moore	May 7, 2018
T1 - 2016 **NOA requires correction**	Deirdre Moore	May 7, 2018
T1 - 2015 with NOA	Deirdre Moore	May 7, 2018

List the documents served

NOTE: You can leave out any part of this form that is not applicable.

2. I served the documents mentioned in paragraph 1 by:

- ☒ special service. (Go to paragraph 3 below if you used special service.)
- ☐ mail. (Go to paragraph 4 if you used mailed service.)
- ☐ same day courier. (Go to paragraph 5 if you used courier.)
- ☐ next day courier. (Go to paragraph 5 if you used courier.)
- ☐ deposit at a document exchange. (Go to paragraph 6 if you used a document exchange.)
- ☐ an electronic document exchange. (Go to paragraph 7 if you used an electronic document exchange.)
- ☐ fax. (Go to paragraph 8 if you used fax.)
- ☐ email. (Go to paragraph 9 if you used email.)
- ☐ substituted service or advertisement. (Go to paragraph 10 if you used substituted service or advertisement.)

Check one box only and go to indicated paragraph.

3. I carried out special service of the document(s) on the person named in paragraph 1 at (place or address)  
700-116 Lisgar Street, Ottawa, Ontario K2P 0C2

by: ☐ leaving a copy with the person.

☒ leaving a copy with (name) Elizabeth Vaughan

Check one  
box only.  
Strike out  
paragraphs 4  
to 10 and go  
to paragraph  
11.

☐ who is a lawyer who accepted service in writing on a copy of the document.

☐ who is the person's lawyer of record.

☒ who is the (office or position) receptionist  
of the corporation named in paragraph 1.

☐ mailing a copy to the person together with a prepaid return postcard in Form 6 in an envelope bearing the sender's return address. This postcard, in which receipt of the document(s) is acknowledged, was returned and is attached to this affidavit.

☐ leaving a copy in a sealed envelope addressed to the person at the person's place of residence with  
(name) \_\_\_\_\_

who provided me with identification to show that he/she was an adult person residing at the same address and by mailing another copy of the same document(s) on the same or following day to the person named in paragraph 1 at that place of residence.

☐ other (Specify. See rule 6 for details.) \_\_\_\_\_

4. I mailed the document(s) to be served by addressing the covering envelope to the person named in paragraph 1 at:  
(Set out address.) \_\_\_\_\_

which is the address ☐ of the person's place of business.

Check appropriate  
paragraph and strike  
out paragraphs 3, 5, 6,  
7, 8, 9 and 10.

☐ of a lawyer who accepted service on the person's behalf.

☐ of the person's lawyer of record.

☐ of the person's home.

☐ on the document most recently filed in court by the person.

☐ other (Specify.) \_\_\_\_\_

5. The document(s) to be served was/were placed in an envelope that was picked up at a.m./p.m. on  
(date) \_\_\_\_\_ by (name of courier service) \_\_\_\_\_

a private courier service, a copy of whose receipt is attached to this affidavit. The envelope was addressed to the person  
named in paragraph 1 at: (Set out address.) \_\_\_\_\_

which is the address ☐ of the person's place of business.

☐ of a lawyer who accepted service on the person's behalf.

Check appropriate  
paragraph and strike  
out paragraphs 3, 4, 6,  
7, 8, 9 and 10.

☐ of the person's lawyer of record.

☐ of the person's home.

☐ on the document most recently filed in court by the person.

☐ other (Specify.) \_\_\_\_\_

6. The document(s) was/were deposited at a document exchange. The exchange's date stamp on the attached copy shows the date of deposit. *(Strike out paragraphs 3, 4, 5, 7, 8, 9, 10 and 13.)*
7. The documents were served through an electronic document exchange. The record of service from the exchange is attached to this affidavit. *(Strike out paragraphs 3, 4, 5, 6, 8, 9, 10 and 13.)*
8. The document(s) to be served was/were faxed. The fax confirmation is attached to this affidavit. *(Strike out paragraphs 3, 4, 5, 6, 7, 9, 10 and 13.)*
9. The documents were served by email. Attached to this Affidavit is a copy of the email that the document was attached to. *(Strike out paragraphs 3, 4, 5, 6, 7, 8, 10 and 13.)*
10. An order of this court made on (date) \_\_\_\_\_ allowed
- ☐ substituted service.
- ☐ service by advertisement. *(Attach advertisement.)*

The order was carried out as follows: *(Give details. Then go to paragraph 13 if you had to travel to serve substitutionally or by advertisement.)*

11. My relationship to, or affiliation with, any party in this case is as follows:

**Respondent**

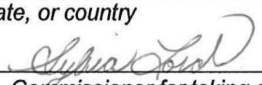
12. I am at least 18 years of age.

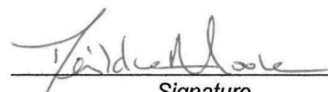
13. To serve the document(s), I had to travel 9 kilometres. My fee for service of the document(s) is \$ 125.00 including travel.

Sworn/Affirmed before me at Ottawa  
municipality

in Ontario  
province, state, or country

on May 7, 2018  
date

  
Commissioner for taking affidavits  
(Type or print name below if signature is illegible.)

  
Signature  
(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)