Tax Return Summary

Tax Year 2018

Phone: <u>778 067 242</u> Date: <u>2019/ 06/ 09</u>

Name SMITA VADNERE

Address 26 PENNYROYAL CRES, BRAMPTON, ON L6S 6J7

Identification & Status Social Ins No: 550133524			Refund		Spouse In Social Ins No		SHRIKANT 548004340			
Date of birth: 1978/01/12		12			Date of birth:		0			
Prov. Residence:	ON	1 2	Balance owing		Net income	·				
_	Married				Taxable income	me:				
_								•••		
Total Income		مام	Expl./Dev. Exp.	224		Federal non-refu		1		
Employment income	101	000		229		Basic personal amount	300	11,809 00		
Other empl. Inc.	104		Clergy residence	231		Age amount	301			
Old age sec. pension			Other dedution	232		Spouse amount	303	11,809 00		
CPP	114		Soc. Benefits repmnt.	235		Amt. for eligible dep.	305			
Other pensions	115		Net Income	236		Family care amt.	367			
Split-pension amount			·			Amt. infirm dep. 18+	307			
UUCB	117		Taxable Income		1	CPP thru. Empl.	308			
El benefit	119		Canadian Forces/police	244		CPP on self-empl.	310			
Taxable dividends	120		Employee home reloc.	248		El thru. Empl.	312			
Interest/Investment	121		Security options	249		El on self-empl.	317			
Net partnership	122		Other pmnts deduction	250		Canada employment	363			
RDSP income	125		Ltd. Partnership losses	251		Public transit amt.	364			
Net rental income	126		Non-capital losses	252		Children's arts amt.	370			
Gross rental income	160		Net capital losses	253		Home accessibility	398			
Taxable capital gain	127		Capital gains ded.	254	I	lome buyer's amt.	369			
Taxable support	128		Northen residents ded.	255	/	Adoption exp.	313			
RRSP income	129		Additional ded.	256	F	Pension income amt.	314			
Other income	130		Taxable Income	260			_			
Net Bus. Income	135				[Disability amt.	316			
Gross Bus. inc.	162		Federal tax			Disa. amt. transferred	318			
Net Prof. income	137		Fed. tax on split-inc.	424		nterest on stu. Loans	319			
Gross Prof. income	164		Fed. dividend tax cre.	425		Γuition/Edu./Textbooks	323			
Net Comm. Income	139		Min. tax carryover	427		Tuition transferred	324			
Gross Comm. Income	e 166		Basic federal tax	429		Trans. from spouse	326			
Net Farm. Income	141		Foreign tax credit	405	r	Medical expenses	332			
Gross Farm. Income	168		Federal tax	406		Donations	349			
Net Fishing income	143		Tot. fed. political contr.	409		Tot. Non-ref credits	350	3,542 70		
Gross Fishing income	e 170		Fed. Poli. Contr. Cre.	410						
Workers' compensation	on 144		Investment tax credit	412		Refundable Credi	its	_		
Social assistance	145		Special taxes	418		Γot.income tax ded.	437	000		
Net federal suppl.	146		Net federal tax	420	F	Ref. QC abatement	440			
Total Income	150	000	-			CPP overpayment	448			
			Provincial Taxes		(Climate action Incentive	449			
Net Income		_	CPP payable	421		El overpayment	450			
RPP	207		El payable	430	- I	Ref. med. exp. suppl.	452			
RRSP	208		Social benefits repmnt.	422	\	WITB	453			
Deduction Split-pension	on 210		Provincial tax	428	ı	Ref. invest. tax credit	454			
Union/prof. dues	212		Yukon First Nations tax	432	,	XII.2 trust tax credit	456			
UCCB repayment	213		Total payable	435	000	GST/HST rebate	457			
Child care exp.	214		-			Supply tax credit	469			
Disability supports	215		-			Γax paid by instalments	476			
ABIL deduction	217		-			Prov. (Terr.) tax credit	479			
Moving exp.	219		-			Γot. ref. credits	482			
Allowable support pm	nt. 220		-		_		_			
Carrying charges	221		•							
Deduction for CPP	222		•							
Donafit O	-m 1 O -		and Itama							
Benefit Summa	-	-			1			ı		
GST Rebate (estimate		866 00		-		sed Moving Exp.		—		
CCTB Benefit (estima		<u>10,962 00</u>	='		Onta	rio Trillium Benefit				
New RRSP Room ear		0.00=0:	Unused Prov. Tuition	·	 					
Ontario Child benefit	(estimate)	2,805 84	Capital Loss		<u></u>					

2019-06-09 13:33:36 Confirmation: 3P8C3MJI	Protected B when completed
Canada Revenue Agence du revenu Agency du Canada	2018
Income Tax and B	
Step 1 – Identification and other information	ON 8
Identification	Information about you
Print your name and address below. First name and initial SMITA	Enter your social insurance number (SIN):
Last name VADNERE	You, Iz iguage of correspondence: English Français
Mailing address: Apt No. – Street No. Street name	Votre langue de correspondance : X
26 PENNYROYAL CRES PO Box	Is this return for a deceased person?
City Prov./Terr. Postal co.\'e	If this return is for a verse Year Month Day person, enter the late of death:
BRAMPTON O N L 6 S 6 J 7	Marital status ick the box that applies to your marital status on December 31, 2018:
Email address	
By providing an email address, you are regist ring to receive email notifications from the CRA and agree to the Terms of use under 5 tep 1 in the guide.	4 Divorced 5 Separated 6 Single
Enter an email address:	Information about your spouse or
Information about your residence	common-law partner (if you ticked box 1 or 2 above)
Enter your province or territory of residence on December 31, 2018: Ontario	Enter their SIN:
Enter the province or territory where you currently reside if it is not the same as your mailing address above:	Enter their first name: SHRIKANT Enter their net income for 2018 to claim certain credits:
If you were self-employed in 2018, enter the province or territory where your business had a permanent establishment:	Enter the amount of universal child care benefit (UCCB) from line 117 of their return:
If you became or ceased be a esident of Canada for income tax purposes in 2018 , enter the date of:	Enter the amount of UCCB repayment from line 213 of their return:
Month Day Month Day	Tick this box if they were self-employed in 2018:
	Do not use this area
-^	
A) Do you have Canadian citizenship?	cy to give your name, the National Register of Electors? Yes X 1 No 2 2 ation will only be used for purposes permitted under the Canada
Do not use this area 172	

Step 1 – Identification and other information (continued)

Please answer the following question:
Did you own or hold specified foreign property where the total cost amount of all such property, at any time in 2018, was more than CAN\$100,000?
If yes , get and complete Form T1135, Foreign Income Verification Statement. There are substantial penalties for not completing and filing Form T1135 by the due date. For more information, see Form T1135.

Step 2 – Total income

As a resident of Canada, you have to report your income from all sources both incide and outside Canada. The Income Tax and Benefit Guide may have additional information for certain lines.

Employment income (box 14 o	of all T4 slips)			101	
Commissions included on line		102		101	
Wage loss replacement contr		102			
(See line 101 in the guide.)	ibutions	103			
	\longrightarrow	105		104 +	
Other employment income	(10 of the TAA((AC) alia)		\ominus		
Old age security pension (box CPP or QPP benefits (box 20	` , , ,			113 <u>+</u> 114 +	
Disability benefits included on	` ' . '	7	<u> </u>	114 +	
(box 16 of the T4A(P) slip)	lille 114	152			
	vertice (One line 445 in the second				
Worksheet for Schedule 1 for	uation (See line 115 in the cul	re and c	omplete the	115 +	
	(Get and complete form T103	32)		116 +	
Universal child care benefit (L	<u> </u>	,,		117 +	
UCCB amount designated to		185		· · · · · ·	
	ther benefic (Lax 14 of the T4			119 +	
	(eligible her than eligible		nxable.	110	
	plete the Worksheet for the ret		Madio	120 +	
Taxable amount of dividends		- /			
included on line 120, from tax		180			
	ncome (Complete the Worksh	_	ne return.)	121 +	
Net partnership income: lin.itc	d or non-active partners only		•	122 +	
	plan income (box 131 of the Ta	4A slip)		125 +	
Rental income	Gross 160		Net	126 +	
Taxable capital gains (Comple	ete Schedule 3.)	_		127 +	
Support payments received	Total 156		Taxable amount		
RRSP income (from all T4RS				129 +	
Other income Spec	ify:			130 +	
Self-employment income					
Business income	Gross 162		Net	135 <u>+</u>	
Professional income	Gross 164		Net	137 <u>+</u>	
Commission income	Gross 166			139 <u>+</u>	
Farming income	Gross 168			141 <u>+</u>	
Fishing income	Gross 170		Net	143 <u>+</u>	
Workers' compensation benef	its (box 10 of the T5007 slip)	144			
Social assistance payments		145 <u>+</u>			
Net federal supplements (box	21 of the T4A(OAS) slip)	146 <u>+</u> _			
Add lines 144, 145, and 146.	(See line 250 on this return.)	_ =	000	·147 <u>+</u>	0 00
Add lines 101, 104 to 143, and	d 147.	This is yo	our total income.	150 =	0 00

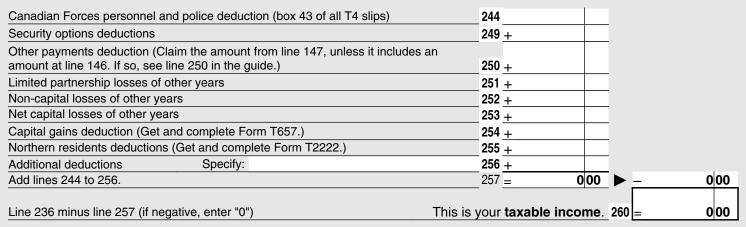
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Attach only the documents (schedules, information slips, forms, or receipts) **requested** to support any claim or deduction. Keep all other supporting documents.

Step 3 – Net income

Enter your total income from line 150.		_ 150	0 00
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 T4', slips)	207		
RRSP and pooled registered pension plan (PRPP) deduction (See Schedule 7 and attach receipts.)	208 +		
Pooled registered pension plan (PRPP) employer contributions (amount from your PRPP contribution receipts) 205			
Deduction for elected split-pension amount (Get and complete Form Ti 732.)	210		
Annual union, professional, or like dues (receipts and box 44 of all T4 slips)	212 +		
Universal child care benefit repayment (box 12 of all RC62 slips)	213 2		
Child care expenses (Get and complete Form T778.)	217 +	_	
Disability supports deduction (Get and complete Form Tu29.)	215 +	_	
Business investment loss Gross 228 Allowable deduction	217 _+	_	
Moving expenses (Get and complete Form T1-N,)	219 +		
Support payments made Total 430 Allowable counction	220 +	_	
Carrying charges and interest expenses (Co. rolete the Worksheet for the Laturn.)	221 +	_	
Deduction for CPP or QPP contributions on self-employment and other semings			
(Complete Schedule 8 or get and complete Form RC381, which was polices.)	222 +	_ •	
Exploration and development expenses (Get and completeorm 11229.)	224 _+	_	
Other employment expenses	229 +	_	
Clergy residence deduction (Get and complete Form 11223.)	231 _+	_	
Other deductions Specify:	232 +		
Add lines 207 to 224, 229, 231, and 232.	233 = 000	_ > <u>-</u>	0 00
	ne before adjustments.	_ 234 <u>=</u>	
Social benefits repayment (If you reported in co. he at I no 119 and the amount at line 234 is greated repayment chart on the back of your T4F slip. If you reported income on lines 113 or 146, and the			
greater than \$75,910, complete the chart or line 235 on the Worksheet for the return. Otherwise,	enter "0".)	235	•
Line 234 minus line 235 (if ne rative, enter "0")	s is your net income .	236 =	000
	•		

Step 4 - Taxable income



Step 5 - Federal tax Complete Schedule 1 to calculate your federal tax.

Step 6 - Provincial or territorial tax Complete Form 428 to calculate your provincial tax.

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Step 7 – Refund or balance owing		Protected B when completed
•	ach Cahadula 1, ayan if the recult is "O")	400
Net federal tax: enter the amount from line 61 of Schedule 1 (Attached CPP contributions payable on self-employment and other earning	·	_ 420
(Complete Schedule 8 or get and complete Form RC381, whiche	• • •	421 +
Employment insurance premiums payable on self-employment and oth	er eligible earnings (Complete Schedule 13.)	_430
Social benefits repayment (amount from line 235)		422 +
Provincial or territorial tax (Attach Form 428, even if the res		428 + 000
Add lines 420, 421, 430, 422, and 428.	This is your total payable	435 = 0 00 •
Total income tax deducted (amounts from all Canadian slips)	437	•
Refundable Quebec abatement (See line 440 in the guide.)	440 +	•
CPP overpayment (See line 308 in the guide.)	448 +	•
Employment insurance overpayment (See line 312 in the guide.)		•
Climate action incentive (Complete Schedule 14.)	449 +	•
Refundable medical expense supplement (Complete the Works)		•
Working income tax benefit (WITB) (Complete Schedule 6.)	4F3 +	•
Refund of investment tax credit (Get and complete Form T203ε'		•
Part XII.2 trust tax credit (box 38 of all T3 slips and box 207 of 2!	T5013 slips) 455 +	•
Employee and partner GST/HST rebate (Get and cc nplr te Form	1 GST370.) 457 +	•
Eligible educator school supply tax credit		
Supplies expenses (maximum \$1,000) 46}	× 15% = 469 +	•
Tax paid by instalments	476 +	•
Provincial or territorial credits (Complete Form 479, if it ap		•
	re voir tr tal credits. $482 = 000$	▶ - 0 00
Line 435 minus line 482	This is your refund or balance owing.	
Direct deposit – Enrol or updat. By providing my banking information I authorize the Receiver G amounts payable to me by the CFA, until otherwise notified by direct deposit authorization. Branch number 460 Institution number 460	me. I understand that this authorization will rep Account number 462	hown below any blace all of my previous
(5 digits)	(3 digits) (max	rimum 12 digits)
Ontario Opportunities fund You can help reduce Ontario's debt by completing this area to donate some or all of your 2018 refund to the Ontario opportunities fund. Please see the provincial pages for details.	• •	000 1 465_ •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	490 Was a fee charged? Yes	g information. X 1 No 2
It is a serious offence to make a false return.	489 EFILE number (if applicable):	5 8 6 4
Telephone number:	Name of tax professional: V.P.PAT	EL.CPA
Date	Telephone number: 778 - 067 - 2	
Personal information (including the SIN as a personal identifier) is collected for the and activities. This includes administering benefits, audit, compliance, and collectic government institutions to the extent authorized by law. Failure to provide this infor individuals have the right to access their personal information, request correction, or individual's personal information. Refer to Personal Information Bank CRA PPU 00	on activities. It may be shared or verified with other federal, promation may result in interest payable, penalties or other action or file a complaint to the Privacy Commissioner of Canada registion Info Source at canada.ca/cra-info-source.	ovincial, territorial or foreign ns. Under the Privacy Act,
Do not use this area 487 488		•

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Agence du revenu

Information Return for Electronic Filing of an Individual's Income Tax and Benefit Return

Protected B when completed

Tax year: 2018

- The information found on this form corresponds to the tax year indicated on the right.
- Before you fill out this form, read the information and instructions on page 2 of this form.
- Part D must be signed by the individual identified in Part A or by the individual's legal representative. Your electronic filer must fill out Parts C (prior to your return being submitted) and Part E (once your return has been submitted).
- Give the signed original of this form to your electronic filer and keep a copy for yourself.

Part A – Identification and address as shown on your	return (n	nandator	y)		
First name	Last nam	ne			Social insurance number
SMITA	VAD	NERE			5 5 0 1 3 3 5 2
Mailing address: Apt no – Street no Street name	PO Box	RR	City		Prov./Terr Postal code
26 PENNYROYAL CRES			BRAMPTON	l	O N L 6 S 6 J 7
Get your CRA mail electronically delivered in My Acco	unt at ca	anada.ca	/my-account (op	otional)	
Email address:	notification	s from the	CRA and I agree to	o the Terms of use on p	age 2 of this form.
Part B – Declaration of amounts from your General Inc	come Ta	x and Be	enefit Return (ma	andatory)	
Enter the following amounts from your return, if applicable:					
Total income (line 150)				Refund (line 484)	0.00
Taxable income (line 260)		3,54	2 70	Or Rolones owing (line 49	5) 0.00
Total federal non-refundable tax credits (line 350 of Schedule 1).		0,04		Balance owing (line 48	5)
Part C – Electronic filer identification (mandatory) By signing Part D below, I declare that the following person or firm	n is electro	nically fili	ng the T1 return or t	the amended T1 return	of the nerson named in Part A
Part D must be signed before the return is electronically transmi		ornouny in	ig the firetain or t	and amenada i i retami	or the person hamed in rail A
Name of person or firm: V.P.PATEL,CPA				Electronic filer number	er: F5864
Part D – Declaration and authorization (mandatory)					
I declare that the information entered in Part A, B and C is correct the information on page 2 of this form, and that the electronic file to correct any errors or omissions.	r identified	in Part C	is filing my return. I	allow this electronic file	r to communicate with the CR
Signature (individual identified in Part A or legal representative)	Nam	e and title o	f legal representative	Υ	ear Month Day
Part E – Document Control number (mandatory)					
The document control number generated for my electronic record			36418SMV023		
Part F – Delivery of your notices of assessment and re	eassessr	nent (a s	election must be	made)	
How do you want to receiv	-		f assessment an lectronic options:	d reassessment?	
I am registering (as indicated in Part A above) or I am alread of assessment and reassessment online.		_	-	ons from the CRA and o	can view and access my notice
I would like my electronic filer to receive a one time notice	of assessr	ment and	eassessment electi	ronically in their software	e and provide me with a copy.
Provide your electronic filer with authorization by filling out I	Form T101	13, Author	izing or Cancelling a	a Representative.	
I understand that ticking the box above (\checkmark) I am allowing the reassessment to the electronic filer (including a discounter) narmy electronic filer. For more information, see page 2 of this form	ned in par	t C. I will i			
		OR			
X I would like to receive paper notices of assessment and re-	assessme	nt through	Canada Post.		
I will receive my notices of assessment and reassessment throu registered to receive email notifications from the CRA and I tick					
Part G – Pre-authorized debit agreement (optional)					
Do you want to pre-authorize the CRA to withdraw a sp I hereby authorize the electronic filer to create this personal pre my bank account as per the agreement details listed below. I ac	-authorize	ed debit or	my behalf. I author	rize the CRA to automat	ically withdraw the funds from
page 2 of this form.			1 1	1 1	
Signature		-	Year M	onth Day	
One time payment for your Individual income tax (T1), to be withdrawn or	n	ar Mor	, for the an	mount of	

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 175

(Ce formulaire est disponible en français.) T183 E (18)

Disclaimer: Prepared without audit or verification from information supplied by the client.



Information and instructions

Terms of use for Email Notifications

The Canada Revenue Agency (CRA) will send email notifications to the email address you have provided in order to notify you of any CRA mail available in My Account, and to notify you of certain changes to the account information, and other important information about the account. The notifications that are eligible for this service may change. As new types of notifications are added or removed from this service, you may not be notified of each change.

To view CRA mail online, you must be registered for My Account, and/or your representative must be registered for Represent a Client and be authorized on this account. All CRA mail available in My Account will be presumed to have been received on the date that the email notification is sent. Any mail that is eligible for electronic delivery will no longer be printed and mailed

It is your responsibility to ensure that the email address provided to the CRA is accurate, and to update it when there is any change to that email address. CRA email notifications are subject to the terms of any agreement with your mobile carrier or Internet Service Provider. You are responsible for any fees imposed by them.

These email notifications are sent unencrypted and unsecured. The email notifications could be lost or intercepted, or could be viewed or altered by others who have access to your email account. You accept this risk and acknowledge that the CRA will not be liable if you are unable to access or receive the email notifications, nor for any delay or inability to deliver notifications.

These terms of use may be changed from time to time. The CRA will provide notice in advance of the effective date of the new terms. You agree that the CRA may notify you of these changes by emailing either the new terms, or notice of where the new terms can be found, to the email address that you provided. You agree that your use of the service after the effective date of any change to these terms constitutes your agreement to the new terms. If you do not agree to the new terms, you must remove the email address provided and no longer use the service.

Part D – Declaration and authorization (mandatory)

If your return is being sent by EFILE, you have to fill out Parts **A**, **B**, and **D**. By signing Part **D**, you acknowledge that under the Income Tax Act you have to:

- keep all records used to prepare your return for a period of six years, and provide this
 information to us on request
- give the signed original of this form to the electronic filer named in Part C, and keep a copy for yourself

By signing Part **D**, you declare that the electronic filer named in Part **C** is electronically filing your T1 return or your amended T1 return on your behalf. If there are any errors or omissions on your return, you authorize us to:

- disclose these errors or omissions to the electronic filer
- if necessary, give the electronic filer your personal taxpayer information

You also authorize the electronic filer to correct errors if your return is rejected by making changes and transmitting your return again so we can accept it for electronic filing. The filer can do this as long as your refund or balance owing shown in Part B is not changed by more than \$300.

By signing Part **D**, you declare that the electronic filer named in Part **C** is authorized to provide your email address to the CRA for the purpose of you receiving your CRA correspondence electronically if you choose one of the electronic options included on this form.

By signing Part **D**, you acknowledge that we are responsible for ensuring the confidentiality of your electronically filed tax information **only** after we have accepted it.

In the case of a **trustee** or **legal representative** signing Part **D**, you declare that the information entered in Part **A** and the amounts showing in Part **B** are correct and complete, and fully disclose the income from all sources of the taxpayer you represent. If you are the executor or legal representative for a **deceased person**, you must give a copy of the death certificate to the electronic filer.

If you are a **farmer**, and with your return you apply to participate in the AgriStability and AgriInvest programs, by signing Part **D**, you authorize the CRA to share information from your income tax return with the minister of Agriculture and Agri-Food Canada. You also authorize the minister to share the information with provincial ministers of agriculture and administrators of other federal and provincial farm programs. You further authorize the minister of Agriculture and Agri-Food Canada to share any other information that you provide as your application is processed.

For more information on confidentiality, refer to Form T1273, Statement A - Harmonized AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Individuals at canada.ca/cra-forms.

Part F – Delivery of your notices of assessment and reassessment

Use this part of the form to tell us how you want the CRA to deliver your notices of assessment and reassessment.

Already registered to receive email notifications from the CRA? If you are already registered to receive email notifications from the CRA, you must tick the first box in Part F on page 1 of this form.

Express NOA – Electronic filer will receive your notices of assessment and reassessment

After reading and agreeing with the information below, if you would like your electronic filer to receive your notices of assessment and reassessment through their software, you must select the second tick box in Part **F** on **page 1** of this form.

Your electronic filer must have a valid Form T1013, Authorizing or Cancelling a Representative on file with the CRA in order to receive your notices of assessment and reassessment.

If you tick the box to have your notices of assessment and reassessment made available electronically to your electronic filer, including discounters, named in Part **C**, the CRA **will not send you** a paper copy of the notices of assessment and reassessment.

If you are receiving a tax refund and you have not signed up for direct deposit, we will make the notice available electronically to your electronic filer and your refund cheque will be mailed to you. If your return is being discounted and you are receiving a tax refund, your refund and notice of assessment will be sent to the discounter. In order for your discounter to receive the Express NOA, please select the electronic option by ticking the second box in Part F on page 1 of this form

This electronic option is valid for current tax year assessments and reassessments only, and will not affect all other correspondence, any CCB, GST/HST credit and related provincial payments, WITB advance payment, or any other deemed overpayment of tax.

Paper notices of assessment and reassessment

If you tick the last box in Part **F** on **page 1** of this form, you will receive your notices of assessment and reassessment through Canada Post once your return or amended return has been assessed. If you have already registered to receive email notifications from the CRA and you have ticked this box, you will **not** receive a copy of your notice through Canada Post.

Part G - Pre-authorized debit agreement (optional)

Pre-authorized debit (PAD) is an online payment option. Through this option, you agree to authorize the CRA to withdraw a pre-determined amount from your bank account to pay tax on a specific date.

To cancel or modify your PAD

If you would like to cancel or make changes to your PAD agreement, go to canada.ca/my-cra-account and select CRA Login/Register. Any changes made will require 5 business days to take effect. You can also submit your request to the CRA by fax at 204-983-0924, or mail it to the following address:

Pads Unit Revenue Processing Section Winnipeg Tax Centre 66 Stapon Road Winnipeg MB R3C 3M2

Please note that changes submitted to the CRA by fax or mail may take up to 30 days to take effect. If you do not inform the CRA of such changes on time, you may be subject to a fee if the financial institution is unable to process a debit according to your agreement.

Recourse rights

You have the right to receive a reimbursement for any payment that is not authorized within the terms of this PAD agreement. For more information on your rights to cancel your PAD agreement or on your recourse rights, contact your financial institution or visit payments.ca

Account authorization

You guarantee that you have full authority for completing a pre-authorized debit from your bank account.

T1-2018

Protected B when completed

Federal Tax

Schedule 1

This schedule represents **Step 5** in completing your return. Complete this schedule and **attach** it to your return.

Claim only the credits that apply to you.

The Income Tax and Benefit Guide may have additional information for certain lines.

Step A – Federal non-refundable tax credits

Basic personal amount	claim \$11,809	300	11,809 00	
Age amount (if you were born in 1953 or earlier) (Complete the Worksheet for Schedule 1.)	(maximum \$7,333)	301+	,	
Spouse or common-law partner amount (Complete Schedule 5.)		303+	11,809 00	
Canada caregiver amount for spouse or common-law partner, or eligible dependant age (Complete Schedule 5.)	e 18 or older	304+		
Amount for an eligible dependant (Complete Schedule 5.)		305+		
Canada caregiver amount for other infirm dependants age 18 or older (Complete Sched	dule 5.)	307+		
Canada caregiver amount for infirm children under 18 years of age Enter the number of children for whom you are claiming this amount 352	x \$2,182 =	367+		
CPP or QPP contributions: through employment from box 16 and box 17 of all T4 slips (Complete Schedule 8 or get and complete Form RC381, whichever applies.)		308+		•
on self-employment and other earnings (Enter the amount from line 222 of your return.)		310+		•
	(maximum \$858.22)			•1
on self-employment and other eligible earnings (Complete Schedule 13.)		317+		•1
Volunteer firefighters' amount		362+		1
Search and rescue volunteers' amount		395+		1
Canada employment amount (Enter \$1,195 or the total of your employment income you lines 101 and 104 of your return, whichever is less .)	reported on	363+		1
Home accessibility expenses (Complete the Worksheet for Schedule 1.)	(maximum \$10,000)	398+		1
Home buyers' amount		369 +		1
Adoption expenses		313+		1
Pension income amount (Complete the Worksheet for Schedule 1.)	(maximum \$2,000)	314+		1
Disability amount (for self) (Claim \$8,235 or if you were under 18 years of age, complete the Worksheet for Sched	ule 1.)	316+		1
Disability amount transferred from a dependant (Complete the Worksheet for Schedule	1.)	318+		2
nterest paid on your student loans (See Guide P105.)		319+		2
Your tuition, education, and textbook amounts (Complete Schedule 11.)		323+		2
Tuition amount transferred from a child		324+		2
Amounts transferred from your spouse or common-law partner (Complete Schedule 2.)		326 +		2
Medical expenses for self , spouse or common-law partner , and your dependent children born in 2001 or later	2	5		
Enter \$2,302 or 3% of line 236 of your return, whichever is less .	2	6		
Line 25 minus line 26 (if negative, enter "0")	0 00 2	7		
Allowable amount of medical expenses for other dependants Complete the Worksheet for Schedule 1.) 331+	2	8		
Add lines 27 and 28.	000	332+	000	2
Add lines 1 to 24, and line 29.		335=	23,618 00	3
Federal non-refundable tax credit rate		×	15%	3
Multiply line 30 by line 31.		338=	3,542 70	3
Donations and gifts (Complete Schedule 9.)		349+	-,	3
Add lines 32 and 33. Enter this amount on line 46 on the next page. Total federal non-ref	undable tax credits		3,542 70	3

Step B – Federal tax on taxable income	Protected B when completed
Enter your taxable income from line 260 of your return.	35
Complete the appropriate column depending on the amount on line 35. Enter the amount Line 35 is more than \$46,605 but not more than \$93,208 but not more than \$93,208 but not more than \$93,208 \$144,489 \$205,842	Line 35 is more than \$205,842
from line 35. Line 36 minus line 37 (cannot be negative) Multiply line 38 by line 39. Add lines 40 and 41. Constant in the street of the	= 38 x 33% 39 = 40
Step C – Net federal tax Enter the amount from line 42.	43
Federal tax on split income (Get and complete Form T1206.) Add lines 43 and 44. 404 = 000	•44 ▶ 000 45
Enter your total federal non-refundable tax credits from line 34 on the previous page. Federal dividend tax credit (See line 425 in the guide.) Minimum tax carryover (Get and complete Form T691.) 350 3,542 70 425 +	46 •47 •48
Add lines 46, 47, and 48. = 3,542 70	▶ <u>- 3,542 70</u> 49
Line 45 minus line 49 (if negative, enter "0") Basic federal tax	429 _ 000 50
Federal foreign tax credit (Get and complete Form T2209.)	405 51
Line 50 minus line 51 (if negative, enter "0")	406 = 000 52
Total federal political contributions (attach receipts) 409 53	
Federal political contribution tax credit (Complete the Worksheet for Schedule 1.) (maximum \$650) 410	•54
	•55
Labour-sponsored funds tax credit (See lines 413 and 414 in the guide.) Net cost of shares of a provincially registered fund Allowable credit 414+	•56
Add lines 54, 55, and 56. 416 = 0 00	▶ <u> </u>
	417 = 000 58
Working income tax benefit advance payments received (box 10 of the RC210 slip)	415 + • 59
Special taxes (See line 418 in the guide.)	418_+ 60
Add lines 58, 59, and 60. Enter this amount on line 420 of your return. Net federal tax	420= 000 61

Complete Form 428 to calculate provincial or territorial tax.

Ontario

Ontario Tax

Form ON428 2018

Protected B when completed

This is **Step 6** in completing your return. Complete this form and **attach a copy** to your return. Claim only the credits that apply to you.

Part A – Ontario non-refundable tax credits						
		For internal use				
Basic personal amount		claim \$10,			10,354 00	_ 1
Age amount (if born in 1953 or earlier) (use Worksheet ON428)	(maximum \$5,0	5808	+		_ 2
Spouse or common-law partner amount Base amount	9,671,00					
Minus: their net income from page 1 of your return	-					
Result: (if negative, enter "0")	= 8,792 00	(maximum \$8,792)	5812	+	8,792 00	3
Amount for an eligible dependant						_
Base amount	9,671 00					
Minus: their net income from line 236 of their return	_					
Result: (if negative, enter "0")	= 000	(maximum \$8,792)	▶ 5816	+	0 00	4
Ontario caregiver amount (use Worksheet ON428)			5819	+		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			• 8
Amount from line 317 of your federal Schedule 1			5829	+		• 9
Adoption expenses		(maximum \$12,6	5833	+		10
Pension income amount		(maximum \$1,4	132) 5836	+		11
Disability amount (for self) (Claim \$8,365 , or if you were under 18 years of age, use Woo	rksheet ON428.)		5844] +		12
Disability amount transferred from a dependant (use Workshee			5848			13
Interest paid on your student loans (amount from line 319 of yo	· · · · · · · · · · · · · · · · · · ·	1)	5852	+		14
Your unused tuition and education amounts (attach Schedule		,	5856	+		15
Amounts transferred from your spouse or common-law partner	(attach Schedule C	N(S2))	5864	+		16
Medical expenses:						
(Read line 5868 in your income tax package.)		5868	17			
Enter \$2,343 or 3% of line 236 of your return, whichever is le	SS.	_	18			
Line 17 minus line 18 (if negative, enter "0")		=	19			
Allowable amount of medical expenses for other dependants (use Worksheet ON428)		5872 +	20			
Add lines 19 and 20.		5876 = 0	00 ►	+	000	21
Add lines 1 to 16, and line 21.			5880	=	19,146 00	22
Ontario non-refundable tax credit rate				×	5.05%	23
Multiply line 22 by line 23.			5884	=	966 87	24
Donations and gifts:						_
Amount from line 16 of your federal Schedule 9	× 5.05% =		25			
Amount from line 17 of your federal Schedule 9	× 11.16% =		26			
Add lines 25 and 26.				+	000	27
Add lines 24 and 27.		V		Ė		1
Enter this amount on line 40.	Ontario no	n-refundable tax cred	dits 6150	=	966 87	28

Continue on the next page.

Jse the amount from line 29 o decide which column o complete.	Line 29 is \$42,960 or less	\$	Line 29 is more than \$42,960 but not more than \$85,923		t \$85,923 but not \$150,00			e 29 is more 1 50,000 but the state of the	not	Line 29 is more			
Amount from line 29	000												
ine 30 minus line 31	_ 000		42,960	.00		85,923	.00	_	150,000	00		220,000	00
cannot be negative)	= 000				=			=_			=_		
Autority in a contraction of	× 5.05%	_ <u>×</u>	9.15	<u>%</u>	<u>×</u>	11.16	%	<u>×</u>	12.16	5% T	<u>×</u>	13.16	5% T
Multiply line 32 by line 33.	= 000 + 000		2.160	00	=	6 101	00	=	12.252	00	=	21.764	00
Add lines 34 and 35.	+ 0.00		2,169	.00	+	6,101	.00	+	13,252	.00	+	21,764	100
Ontario tax on axable income	= 000	_			=			_			_		
Enter your Ontario tax on taxa Enter your Ontario tax on split										6151	+		
•	t income from Form	Γ1206.								6151	+		
Add lines 37 and 38. Enter your Ontario non-refund	lable toy eradite from	lino 2	0							-	=	966	07
ine 39 minus line 40 (if nega		1 11116 2	0.							-	_		00
										-			, UU
Ontario minimum tax carryo Amount from line 41	over.								000	42			
Enter your Ontario dividend ta	ax credit from line 61	52 of V	Vorksheet (DN42	28.		_		000	43			
ine 42 minus line 43 (if nega							Ξ			44			
Amount from line 427 of your	federal Schedule 1				× 33.	67% =				45			
Amount from line 44 or 45, wh Line 41 minus line 46 (if nega										6154	<u></u>		
Ontario surtax	,									-			
Amount from line 47										48			
Amount from line 38										_ 49			
Line 48 minus line 49 (if nega	•						=		0 00	_ 50			
Complete lines 51 to 53 only i Otherwise, enter "0" on line 53	3 and continue comp	leting	the form.										
		_					-			51			
(Line 50 0		X 36%	(if negative	e, en	ter "U") =	+		000	_ 52	+	,	00
(Line 50 0 (Line 50 (L	00 minus \$5,936)											U	'UU
(Line 50 0	00 minus \$5,936)						_		UUU	. •	=		1

Continue on the next page.

58

Add lines 56 and 57.

Enter the amount from line 58 on the previous page.

0 00 59

Part D - Ontario tax reduction

Enter "0" on line 66 if **any** of the following applies to you:

- You were not a resident of Canada at the beginning of the year;
- You were not a resident of Ontario on December 31, 2018;
- There is an amount on line 57;
- The amount on line 59 is "0";
- Your return is filed for you by a trustee in bankruptcy;
- You are not claiming an Ontario tax reduction.

Otherwise, complete lines 60 to 66 to calculate your Ontario tax reduction.

If you had a spouse or common-law partner on December 31, 2018, only the individual with the higher net income can claim the amounts on lines 61 and 62.	
Reduction for dependent children born in 2000 or later	
Number of dependent children 6269 2 × \$442 = + 884 00 61	
Reduction for dependants with a mental or physical impairment	
Number of dependants 6097 × \$442 = + 62	
Add lines 60, 61, and 62. = 1,123 00 63	
Amount from line 63 $1,123 00 \times 2 = 2,246 00 64$	
Amount from line 59 0 00 65	
Line 64 minus line 65 (if negative, enter "0") Ontario tax reduction = 2,246 00 ▶ −	2,246 00 66
Line 59 minus line 66 (if negative, enter "0")	0 00 67

Part E - Ontario foreign tax credit

Enter the Ontario foreign tax credit from Form T2036.	_		68
Line 67 minus line 68 (if negative, enter "0")	= (00	69

Part F – Community food program donation tax credit for farmers

Enter the amount of qualifying donations that have also been				
claimed as charitable donations.	6098	× 25% =		70
Line 69 minus line 70 (if negative, enter "0")			=	71

Part G - Ontario health premium

Use the chart on the next page to calculate the amount of your Ontario health premium.	premium	•	+	0 00	72
Add lines 71 and 72.]
Enter the result on line 428 of your return.	Ontario tax		<u>L=_</u>	0 00	73

Continue on the next page.

Ontario Health Premium

Enter the amount from line 29.

Go to the line on the chart below that corresponds to your taxable income from line 260 of your return.

If there is an Ontario health premium amount on that line, enter that amount on line 72.

If not, enter your taxable income in the first box on the line that corresponds to your taxable income and complete the calculation.

Enter the result on line 72.

Taxable income	Ontario health premium
not more than \$20,000	▶ \$0
more than \$20,000 , but not more than \$25,000 \$20,000 =	× 6% =
more than \$25,000, but not more than \$36,000	▶ \$300
more than \$36,000 , but not more than \$38,500	× 6% = + \$300 =
more than \$38,500, but not more than \$48,000 ▶	▶ \$450
more than \$48,000 , but not more than \$48,600	× 25% = + \$450 =
more than \$48,600, but not more than \$72,000	▶ \$600
more than \$72,000 , but not more than \$72,600	× 25% = + \$600 =
more than \$72,600, but not more than \$200,000	▶ \$750
more than \$200,000 , but not more than \$200,600 \$200,000 =	× 25% = + \$750 =
more than \$200,600	▶ \$900

See the privacy notice on your return.



Ontario Credits

Form ON479 2018

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Complete the calculations that apply to you and attach a copy of this for	•		,			
For more information about these credits, see the related line in the "Info			•	•	kage.	
Complete Form ON-BEN to apply for the Ontario trillium benefit and the	Ontario senior home	owners' property t	ax gra	ant.		
Ontario seniors' public transit tax credit						
Amount paid in the year for eligible seniors' use of Ontario public transit services (maximum \$3,000)	6205	150/				
or Oritano public transit services (maximum \$3,000)	0305	× 15% =	-			_ 1
Ontario political contribution tax credit						
Ontario political contributions made in 2018	6310		2			
Credit calculated for line 3 on Worksheet ON479		(maximum \$1,354	<u>.)</u>	+		_ 3
Ontario focused flow-through share tax credit						
Enter your total expenses from line 4 of Form T1221.	6266	× 5% =		+		4
Add lines 1, 3 and 4.	0200	X 370 =	_			- "
If you are not claiming Ontario tax credits for self-employed individuals,						
enter the amount from line 5 on line 479 of your return.			_	=	0 00	_ 5
Ontario tax credits for self-employed individuals						
Number of eligible apprentices your business or partnership hired						
under the Ontario apprenticeship training tax credit program	6324					
Number of eligible work placements your business or partnership is						
claiming under the Ontario co-operative education tax credit program	6325					
Are you claiming one or more of these tax credits as a member						
of a partnership?	6326 1 Yes	2 No				
	000=	1				
If yes, enter the nine digits of your business number.	6327					
Ontario apprenticeship training tax credit						
Credit calculated for line 6 on Worksheet ON479			6322	+		• 6
Ontario co-operative education tax credit				_		
Credit calculated for line 7 on Worksheet ON479			6320	+		• 7
Add lines 5, 6, and 7.						
Enter the result on line 479 of your return.		Ontario credita	3	<u></u>	0 00] 8

See the privacy notice on your return.



Application for the 2019 Ontario Trillium Benefit and Ontario Senior Homeowners' Property Tax Grant

Form ON-BEN 2018

Protected B when completed

- To find out if you are eligible for the Ontario trillium benefit and the Ontario senior homeowners' property tax grant, see the "Information for residents of Ontario" section of your 2018 Income tax package.
- Complete the application areas that apply to you and attach this form to your return.
- To estimate the amount of Ontario trillium benefit and Ontario senior homeowners' property tax grant you may be entitled to, use the
 calculator at canada.ca/child-family-benefits-calculator.
- The payments for these benefits will be issued separately from your tax refund.
- If you were married or living in a common-law relationship on December 31, 2018, the same spouse or common-law partner has to apply for the Ontario energy and property tax credit, the Northern Ontario energy credit, and the Ontario senior homeowners' property tax grant for both of you. If only one spouse or common-law partner is 64 years of age or older on December 31, 2018, that spouse or common-law partner has to apply for these credits and the grant for both of you.
- For a description of **principal residence** for the purposes of the Ontario energy and property tax credit and the Northern Ontario energy credit, or the Ontario senior homeowners' property tax grant, see the "Information for residents of Ontario" section of your tax package.

Ontario trillium benefit (OTB)

Ontario sales tax credit (OSTC)

You do not need to apply for the OSTC when you file your tax return. The Canada Revenue Agency will determine your eligibility and tell you if you are entitled to receive the credit. In cases of families, the OSTC is paid to the person whose return is assessed first.

Application for the Ontario energy and property tax credit (OEPTC)

You may qualify for the OEPTC if, on December 31, 2018, you resided in Ontario, and any of the following applies:

- rent or property tax for your principal residence was paid by or for you for 2018
- you lived in a student residence
- you lived in a long-term care home and an amount for accommodation was paid by or for you in 2018
- you lived on a reserve and home energy costs were paid by or for you for your principal residence on the reserve for 2018

If you meet any of these conditions and are applying for the 2019 OEPTC, tick this box.

6118

Complete Parts A and B on the back of this form.

Application for the Northern Ontario energy credit (NOEC)

You may qualify for the NOEC if, on December 31, 2018, you resided in Northern Ontario (see the definition in the "Information for residents of Ontario" section of your tax package), and **any** of the following applies:

- rent or property tax for your principal residence in Northern Ontario was paid by or for you for 2018
- you lived in a long-term care home in Northern Ontario and an amount for accommodation was paid by or for you in 2018
- you lived on a reserve in Northern Ontario and home energy costs were paid by or for you for your principal residence on the reserve for 2018

If you meet any of these conditions and are applying for the 2019 NOEC, tick this box.

6119

Complete Parts A and B on the back of this form.

Choice for delayed single OTB payment

By ticking box 6109, I am choosing to **wait until June 2020** to get my 2019 OTB entitlement. This means I will get my OTB in **one payment** at the end of the benefit year (June 2020) instead of receiving it monthly from July 2019 to June 2020.

6109

Continue on the next page.

 Application for the O 	ntario ser	nior homeowne	rs' property	tax grant (OSHPT	G) ———				
You may qualify for the OSHP		ember 31, 2018, both	of the following c	onditions apply:					
 you were 64 years of age or older you owned and occupied a principal residence in Ontario for which you, or someone on your behalf, paid property tax for 2018 									
If you meet these conditions and are applying for the 2019 OSHPTG, tick this box.									
Enter the total amount of prope				Part B below.					
<u> </u>	, ,		'						
– Part A – Amount paid	d for a pri	ncipal residence	e for 2018 —						
If, on December 31, 2018, you and your spouse or common-law partner occupied separate principal residences for medical reasons and you are choosing to apply individually for the OEPTC, the NOEC, or the OSHPTG, tick box 6108 and enter your spouse's or common-law partner's address in Part C below.									
Ontario for 2018. (Do not enter	Enter the total amount of rent paid for your principal residence (including a private long-term care home) in Ontario for 2018. (Do not enter rent paid for a principal residence that was not subject to property tax. If you lived in a subsidized housing unit, you should check with your landlord to find out if property tax was								
Enter the total amount of prope (If your municipality let you def only the amount of property tax	er all or some	of your 2018 property	tax, you should	r 2018. enter	6112				
Did you reside in a designated				s box.	6114				
Enter the total amount of home	energy costs	paid for your principal r	esidence on a res	erve in Ontario for 2018.	6121				
Enter the total amount paid for long-term care home in Ontario		nodation in a public lo	ng-term care hon	ne or non-profit	6123				
Complete Part B if you are apply	ing for the OE	EPTC, the NOEC, or tr	ne OSHPTG.						
- Part B - Declaration -	r 2010" ontor	the emount(e) noid for	r rant proporty to	y hama anaray aasta an	o rocenia and/or				
In the column "Amount paid for accommodation in a public lon					a reserve, and/or				
I declare the following inform			ce(s) in Ontario	during 2018:					
(If you need more space, attac	h a separate :	sheet of paper.)							
Address	Postal code	Number of months resident in 2018	Amount paid for 2018	Check this box if this is a "long-term care home"	Name of landlord, municipality, or supplier to whom payment was made, as applicable				
 Part C – Involuntary 	separatio	n ———							
If, on December 31, 2018, you reasons and you are choosing partner's address below.									
Address of your spouse or con	nmon-law part	tner:							
-									

Protected B when completed

T1-2018 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, 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 - Opouse of Common-law partite amount	aw partner amount
--	-------------------

	Did your marital status change to other than married or common-law in 2018? If yes , tick this box 5522 and enter the date of the change (MMDD)				
	Base amount		11,809	00	1
	If you are entitled to the family caregiver amount, enter \$2,182	+ —	11,000		_ 2
	Add lines 1 and 2.	=	11,809	00	_ 3
	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")	=	11,809	00	— 5
	Enter this amount on line 303 of your Schedule 1.		·		
Liı	ne 304 - Canada caregiver amount for spouse or common-law partner, or your eligible dependant age 1	8 or 0	older		
	Complete this calculation only if you entered \$2,182 on line 5109 or line 5110 of this schedule for a person				
	whose net income is between \$7,005 and \$23,391		_		
	Base amount				1
	Net income of this person (line 236 of his or her return)				2
	Line 1 minus line 2 (if negative, enter "0"). (maximum \$6,986)	= _			3
	If you claimed this person on line 303 or 305 of Schedule 1, enter the amount you claimed.				4
	Allowable amount for this person: line 3 minus line 4 (if negative, enter "0")	=			5
	Enter this amount on line 304 of your Schedule 1.				_
Liı	ne 305 - Amount for an eligible dependant				
	Did your marital status change to other than married or common-law in 2018?				
	If yes , tick this box 5529 and enter the date of the change (MMDD)				
	provide the requested information and complete the following calculation for this dependant.				
	First name: Year of birth Relationship to you Is this depe	endana	at physica	lly or	

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.

Last name:

Base amount

Add lines 1 and 2.

If you are entitled to the family caregiver amount, enter \$2,182

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

Enter this amount on line 305 of your Schedule 1.

Line 3 minus line 4 (if negative, enter "0")

Address:

3

4

5

mentally infirm?

Yes

5110

5106

Line 307 – Canada caregiver amount for other infirm dependants age 18 or older Provide the requested information and complete the following calculation for

	Provide the requested information and comp	plete the following calcul	ation for each dependant.				
1)	First name:	Year of birth	Relationship to you				
	Last name:						
	Address:						
	Base amount			_	23,391	00	1
	Infirm dependant's net income (line 236 of his of	or her return)					_2
	Allowable amount for this dependant: line 1 mir	nus line 2 (if negative, ente	"0")(maximum \$6,986)	= -			_3
2)	First name:	Year of birth	Relationship to you				
	Last name:						
	Address:						
	Base amount			_	23,391	00	_ 1
	Infirm dependant's net income (line 236 of his of	or her return)					_2
	Allowable amount for this dependant: line 1 mir	nus line 2 (if negative, ente	"0")(maximum \$6,986)	= -			_3
3)	First name:	Year of birth	Relationship to you				
	Last name:						
	Address:						
	Base amount			_	23,391	00	1
	Infirm dependant's net income (line 236 of his of	or her return)					_2
	Allowable amount for this dependant: line 1 mir	nus line 2 (if negative, ente	"0")(maximum \$6,986)	= _			_3
Ad	d amount 3 from above calculation, enter the res	sult on line 307 of Schedule	÷ 1.	_			
Fn	ter the total number of dependants for whom you	ı are claiming an amount a	t line 307 of schedule 1	F	5112		