

Identification

## Agence du revenu du Canada

## **T1 GENERAL-CONDENSED 2012**

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

**Income Tax and Benefit Return** 

complete all the sections that apply to you. For more information, see the guide	<sup>e.</sup> BC <b>7</b>
dentification	Information about you
Print your name and address below.	Enter your social insurance number (SIN):
First name and initial  SMITA	Year Month Day  Enter your date of birth:    1   9   7   8   0   1   1   2
Last name VADNERE	Your language of correspondence: English Français  Votre langue de correspondance :
Mailing address: Apt. No. – Street No. Street name  C/O 1107-5645 BARKER AVENUE 1107-5645 BARKER AVENUE	Marital status Tick the box that applies to your marital status on December 31, 2012:
PO Box RR  City Prov./Terr. Postal code	1 Married 2 Living common law 3 Widowed 4 Divorced 5 Separated 6 Single
Information about your residence	Information about your spouse or common-law partner (if you ticked box 1 or 2 above)
Enter your province or territory of residence on December 31, 2012: British Columbia	Enter his or her SIN:
f your province or territory of residence Year Month Day changed in 2012, enter the date of //our move:	Enter his or her net income for 2012 to claim certain credits:
s your home address the same as Yes No No	Enter the amount of Universal Child Care Benefit included on line 117 of his or her return:
Enter the province or territory where you <b>currently</b> reside if t is not the same as that shown above for your mailing address:	Enter the amount of Universal Child Care Benefit repayment included on line 213 of his or her return:
f you were self-employed in 2012, enter the province or territory of self-employment:	Check this box if he or she was self-employed in 2012:  1  Person deceased in 2012  If this return is for a deceased Year Month Day

City VANCOUVER	Prov./Terr. Postal code    B   C   V   5   H   3   Z   5
Information ab	out your residence
Enter your province or territory of residence on <b>December 31, 2012</b> :	British Columbia
If your province or territory of residen changed in 2012, enter the date of your move:	ce Year Month Day
Is your home address the same as your mailing address?	Yes No No
Enter the province or territory where it is not the same as that shown above for your mailing address:	you <b>currently</b> reside if
If you were self-employed in 2012, enter the province or territory of self-employment:  If you became or ceased to be a reside	dent of Canada for income tax purposes
in 2012, enter the date of: Month Day entry	Month Day



person, enter the date of death: Do not use this area

Do not 172			171		
use this area			171		

Elections Canada (see the Elections Canada page in the tax guide for details or visit www.elections.ca)  A) Are you a Canadian citizen?  Yes 1 No 2
Answer the following question <b>only if you are a Canadian citizen.</b> B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada for the National Register of Electors? Yes 1 No 2
Your authorization is valid until you file your next return. Your information will only be used for purposes permitted under the Canada Elections Act which include sharing the information with provincial/territorial election agencies, members of parliament and registered political parties, as well as candidates at election time.
Goods and services tax/harmonized sales tax (GST/HST) credit application
See the guide for details.
Are you applying for the GST/HST credit?
Are you applying for the Go 1/1101 dealt:
Ale you applying for the GoT/HoT dealt:
Please answer the following question

## Attach this form inside your return along with any other forms, schedules, information slips, receipts, and documents that you need to include.

T1-2012	T1-KFS
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	income	- £1 (LLOOD)						447	4 000 00
Universa	al Child Care Bene	etit (UCCB)						_ 117	1,200 00
Not in	ncome					This is y	our total income.	150	1,200 00
ivet ii	icome					This is	your <b>net income</b> .	236	1,200 00
Taxa	ble income	)							
						This is your	taxable income.	260	1,200 00
Sched	dules								
Sched	ule 1								
300	10,822 00	303	10,822 00	335	26,026 0	0 338	3,903 90	350	3,903 90
366	2	367	4,382 00						
Provir	ncial and T	erritori	ial forms						
Form 4	428								
5609	1.070.60	5804	11,354 00	5812	9,964 0	O <b>5880</b>	21,318 00	5884	1,078 69
6150	1,078 69								

Do not use

this area

487

488

Net federal tax: enter the amount from line 58 of Schedule 1 420 CPP contributions payable on self-employment and other earnings 421 + Employment in space on self-employment and other eligible earnings 420 + 422 + Provincial or territorial tax 422 + 423 + 424 + 42	Refund or Balance owing		Protected B when completed 3
CPP contributions payable on self-employment and other earnings  421 + Employment Insurance premiums payable on self-employment and other eligible earnings  422 + Provincial or territorial tax  Add ince 420, 421, 430, 422, and 428.  This is your total payable, 435 =  Total income tax deducted (from all information slips)  440 +  CPP overpayment (enter your excess contributions)  Employment Insurance overpayment (enter your excess contributions)  489 +  Employment Insurance overpayment (enter your excess contributions)  451 +  Employment Insurance overpayment (enter your excess contributions)  452 +  Employment Insurance overpayment (enter your excess contributions)  453 +  Employment Insurance overpayment (enter your excess contributions)  454 +  Employment Insurance overpayment (enter your excess contributions)  452 +  Employment Insurance overpayment (enter your excess contributions)  453 +  Employment Insurance overpayment (enter your excess contributions)  454 +  Employment Insurance overpayment (enter your excess contributions)  455 +  Employment Insurance overpayment (enter your excess contributions)  457 +  Employment Gartin Cardit State overpayment (enter your excess contributions)  468 +  Employment Insurance overpayment (enter your excess contributions)  479 +  Employment Insurance overpayment (enter your excess contributions)  479 +  Employment Insurance overpayment (enter your excess contributions)  470 +  Employment Insurance overpayment (enter your excess contribu	Net federal tax: enter the amount from line 58 of Schedule 1		420
Employment Insurance premiums payable on self-employment and other eligible earnings 430 + Social benefits repayment (enter the amount from line 235) 422 + Provincial or territorial tax 478 + Add lines 420, 421, 430, 422, and 428.  Total income tax deducted (from all information slips) 437  Total income tax deducted (from all information slips) 448 + Employment Insurance overpayment (enter your excess contributions) 449 + Employment Insurance overpayment (enter your excess contributions) 448 + Employment Insurance overpayment (enter your excess contributions) 448 + Employment Insurance overpayment (enter your excess contributions) 450 + Endundable medical expenses supplement (use the federal worksheet) 452 + Workshig income tax benefit 453 + Endund of investment tax credit (tox 38 on all T3 slips) 456 + Employment insurance overpayment (enter your excess contributions) 457 + Fax paid by instalments 476 +  Tax paid by instalments  Add lines 437 to 479  These are your total credits.  479 + Add lines 437 to 479  These are your total credits. 482 =  Provincial or territorial credits  Add lines 437 to 479  These are your total credits. 482 =  Fertund a difference of \$2 or less.  Refund 484			
Provincial or territorial tax  Add lines 420, 421, 430, 422, and 428.  This is your total payable, 435 =  Total income tax deducted (from all information slips)  Refundable Quebec abatement  Add + + + + + + + + + + + + + + + + + +		igible earnings	
Total income tax deducted (from all information slips)  Total income tax deducted (from all information slips)  Refundable Quebec abatement  CPP overpayment (enter your excess contributions)  Employment Insurance overpayment (lester your excess contributions)  435 +		<u> </u>	
Total income tax deducted (from all information slips)  Refundable Quebec abatement  A40 +	Provincial or territorial tax		428+
Refundable Quebec abatement  Ad8+  CPP overpayment (enter your excess contributions)  Employment Insurance overpayment (enter your excess contributions)  Employment Insurance overpayment (enter your excess contributions)  Refundable medical expense supplement (use the federal worksheet)  Working income tax benefit  A32+  Refund of investment tax credit (attach Form T2038(IND))  Employee and partner GST/HST rebate (attach Form GST370)  Tax paid by instalments  Provincial or territorial credits  Add lines 437 to 479  These are your total credits. 482=  This is your refund or balance owing.  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 \text{ or less.}  Refund 484  Add lines 437 to 479  These are your total credits. 482=  Line 435 minus line 482  This is your refund or balance owing.  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.  Amount enclosed 486  Direct deposit – Start or change (see line 484 in the guide)  Proud on not have to complete this area every year. Do not complete it this year if your direct deposit information has not changed. Income tax refund, GST/HST credit, WTIB advance payments, and any other deemed overpayment of tax — To start direct deposit or to change account information, complete lines 460, 461, and 462 below.  Notes: To deposit your CCTB payments (including certain related provincial or territorial payments) into the same account, also tick box 483. To deposit your UCCB payments (including certain related provincial or territorial payments) into the same account, also tick box 481.  Branch institution number Account number CCTB UCCB  Af60 (5 digits) (1842 Af61 Af62 (1842 Af63 Af61 Af61 Af62 Af61 Af62 Af61 Af62 Af	Add lines 420, 421, 430, 422, and 428.	This is your total pay	able. 435 = •
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Refundable medical expense supplement (use the federal worksheet)  Working income tax benefit  Refund of investment tax credit (attach Form T2038(IND))  454 +	CPP overpayment (enter your excess contributions)		•
Working income lax benefit  ### Fefund of investment tax credit (attach Form T2038(IND))  ### AT XI I2 trust lax credit (box 36 on all T3 slips)  ### AT6 +  ### Provincial or territorial credits  ### Add lines 437 to 479    These are your total credits. ### Add lines 437 to 499    Amount enclosed 486    Amount	Employment Insurance overpayment (enter your excess contributions)	450 +	•
Refund of investment tax credit (attach Form Ta2038(IND))  Part XII.2 trust tax credit (box 38 on all T3 slips)  Employee and partner GST/HST rebate (attach Form GST370)  Tax paid by instalments  479 +  Add lines 437 to 479  These are your total credits. 482 =  Line 435 minus line 482  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  Attach to page 1 a cheque or money order payable to the Receiver General, or make your payment online (go to www.cra.gc.ca/mypayment). Your payment is due no later than April 30, 2013.  Direct deposit — Start or change (see line 484 in the guide)  You do not have to complete this area every year. Do not complete it this year if your direct deposit information has not changed. Income tax refund, GST/HST credit, WITB advance payments, and any other deemed overpayment of tax — To start direct deposit or to change account information, complete lines 460, 461, and 462 below.  Notes: To deposit your CCTB payments (including certain related provincial or territorial payments) into the same account, also tick box 491.    Branch	Refundable medical expense supplement (use the federal worksheet)	452 +	•
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Employee and partner GST/HST rebate (attach Form GST370)  457+  Tax paid by instalments  Add lines 437 to 479  These are your total credits. 482=  Line 435 minus line 482  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/see line 485 in the guide) 485  Amount enclosed 486  Attach to page 1 a cheque or money order payable to the Receiver General, or make your payment online (go to www.cra.gc.ca/mypayment). Your payment is due no later than April 30, 2013.  Direct deposit – Start or change (see line 484 in the guide)  You do not have to complete this area every year. Do not complete it this year if your direct deposit information has not changed. Income tax refund, GST/HST credit, WITB advance payments, and any other doemed overpayment of tax – To start direct deposit or to change account information, complete lines 480, 481, and 482 below.  Notes: To deposit your CCTB payments (including certain related provincial or territorial payments) into the same account, also tick box 463. To deposit your UCCB payments into the same account, also tick box 491.  Branch Institution Account number		454_+	•
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Refund 484  Generally, we do not charge or refund a difference of \$2 or less.  Amount enclosed 486  Attach to page 1 a cheque or money order payable to the Receiver General, or make your payment online (go to www.cra.gc.ca/mypayment). Your payment is due no later than April 30, 2013.  Direct deposit – Start or change (see line 484 in the guide)  You do not have to complete this area every year. Do not complete it this year if your direct deposit information has not changed. Income tax refund, GST/HST credit, WITB advance payments, and any other deemed overpayment of tax – To start direct deposit or to change account information, complete lines 460, 461, and 462 below.  Notes: To deposit your CCTB payments (including certain related provincial or territorial payments) into the same account, also tick box 463. To deposit your UCCB payments into the same account, also tick box 491.  Branch Institution number Account number CCTB UCCB  460 461 462 462 463 491 491 463 491 491 460 462 462 463 491 491 460 460 461 462 462 462 463 491 491 460 460 461 462 462 463 491 491 490 490 490 490 490 490 490 490 490 490	Line 435 minus line 482 This	s is your refund or balance ow	ving. =
You do not have to complete this area every year. Do not complete it this year if your direct deposit information has not changed. Income tax refund, GST/HST credit, WITB advance payments, and any other deemed overpayment of tax – To start direct deposit or to change account information, complete lines 460, 461, and 462 below.  Notes: To deposit your CCTB payments (including certain related provincial or territorial payments) into the same account, also tick box 463. To deposit your UCCB payments into the same account, also tick box 491.  Branch number Institution number Account number CCTB UCCB 460	Refund 484 Generally, we do not charge Balar  Attach to page 1 a cheque or money of	ge or refund a difference of \$2 or nce owing(see line 485 in the g  Amount enclo	less. uide) 485  psed 486  neral, or make your payment
attached is correct, complete, and fully discloses all my income.  Sign here  It is a serious offence to make a false return.  Complete the following:  Name of preparer:  Telephone:  Tel	You do not have to complete this area every year. Do not complete it th Income tax refund, GST/HST credit, WITB advance payments, and any deposit or to change account information, complete lines 460, 461, and 462  Notes: To deposit your CCTB payments (including certain related provinc box 463. To deposit your UCCB payments into the same account,  Branch Institution number Account number  460 461 462	is year if your direct deposit inform other deemed overpayment of 2 below. ial or territorial payments) into the also tick box 491.  CCTB UCCB	tax – To start direct
Telephone ( 609 )225 -8755 Date EFILE number (if applicable): 489	attached is correct, complete, and fully discloses all my income.  Sign here  It is a serious offence to make a false return.	Complete Name of preparer: Telephone: ( ) —	the following:

Protected B when completed

## T1-2012 Amounts for Spouse or Common-Law Partner and Dependants

Schedule 5

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

Lines 303 and 305				Month Day	$\overline{}$
Has your marital status changed in 2012? If <b>yes</b> , tic	k this box	and enter	the date of the change.		
Make sure you have ticked the box on page 1 of you	r return indicati	ng your marital stat	us on December 31, 2012.		
Line 303 – Spouse or common-law partner ar	mount				
Base amount				10,822	00
If you are entitled to the family caregiver amount, e	nter \$2,000 (se	e page 33 in the gu	ride).	5109 +	
Add lines 1 and 2.				= 10,822	00
Spouse's or common-law partner's net income from p	age 1 of your re	eturn			<u> </u>
Line 3 minus line 4 (if negative, enter "0"). Enter this amount on line 303 of your Schedule 1.				= 10,822	00
Line 305 – Amount for an eligible dependant					
Provide the requested information and complete t	he following c	alculation for this	dependant.		
First and last name:	Year of birth	Relationship to you	Is this dependant physically	or	
Address:			mentally infirm?		
			Yes No No		
Base amount				10,822	00
If you are entitled to the family caregiver amount, enter \$2,00	00 (see page 33 ir	the guide and read the	e note below).	5110 <sub>+</sub>	<u> </u>
Add lines 1 and 2.				=	
Dependant's net income (line 236 of his or her return)	)			<u> 5106 –                                     </u>	<b>├</b> ─^ '
Line 3 minus line 4 (if negative, enter "0"). Enter this amount on line 305 of your Schedule 1.					
Line 306 – Amount for an infirm dependant a Provide the requested information and complete t			arate sheet of paper if you n  dependant.	, ,	
First and last name:	Year of birth	Relationship to you			
Address:					
Base amount				12,822	00
Infirm dependant's net income (line 236 of his or her r	return)				<u> </u>
Allowable amount for this dependant: line 1 minus line	e 2 (if negative,	enter "0")	(maximum \$6,402)	=	;
Enter, on line 306 of your Schedule 1, the <b>total</b> amou <b>Line 315 – Caregiver amount</b> (attach a separate	-				
Provide the requested information and complete t	he following c	alculation for each	n dependant.		
First and last name:	Year of birth	Relationship to you	Is this dependant physically	or	
Address:			mentally infirm? Yes No		
Base amount				19,435	00
If you are entitled to the <b>family caregiver amount</b> , encomplete box 5112 below).	nter \$2,000 (se	e page 33 in the gui	de and	+	
Add lines 1 and 2.				=	$\square$ :
Dependant's net income (line 236 of his or her return)	)			_	<u> </u>
Line 3 minus line 4 (if negative, enter "0"). If you are a maximum amount is \$6,402. If not, the maximum i	41 a al 4a 41a a 4a				
		mily caregiver amou	unt on line 2, the		
	s \$4,402.		unt on line 2, the	=	- 5
If you claimed this dependant on line 305 of Schedule	<b>s \$4,402.</b> e 1, enter the ar	mount you claimed.	unt on line 2, the	=	<b>二</b> (
Allowable amount for this dependant: line 5 minus line Enter, on line 315 of your Schedule 1, the <b>total</b> amou	s \$4,402. e 1, enter the ar e 6 (if negative,	nount you claimed. enter "0")		= - E	_

5112

Enter the total number of dependants for whom you entered \$2,000 on line 2 for this calculation.