

This is "Exhibit A"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "Alison Boyce".

Commissioner for Taking Affidavits

**Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9**



ONTARIO
Superior Court of Justice Family Court Branch
(Name of Court)

Court File Number
FC-15-2492

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

Form 25: Order (General)
 Temporary
 Final

Applicant(s)

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

Darryl Ross
328 Dunlin Ridge
Ottawa, Ontario
K2J 0E3

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

**The Honourable
Master Fortier**

Judge (Print or type name)

October 4, 2017

Date of order

Respondent(s)

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

Cynthia Holmes
925 Caldermill Pvt
Ottawa, Ontario
K2J 0Z8

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

Alison Boyce
Delaney's Law Firm, Professional Corporation
543 Somerset Street West
Ottawa, Ontario
K1R 5J9

Tel: 613-233-7000
Fax: 1-866-846-4191
Email: alison@delaneys.ca

BOX #355

The following persons were in court (*names of parties and lawyers in court*)

Darryl Ross – Applicant

Cynthia Holmes – Respondent

Alison Boyce – Counsel for the Respondent

The court received evidence and heard submissions on behalf of (*name or names*)

Both parties

ON CONSENT, THE COURT ORDERS THAT:

1. The parties shall continue to have joint custody of the children, namely Charlotte Holmes (born September 4, 2011) and Alice Holmes (born March 30, 2014).
2. The children shall maintain their primary residence with the mother, Cynthia Holmes, until further agreement by the parties or further Order of the Court.
3. On an interim, without prejudice basis, until further agreement of the parties or Order of the Court, the father, Darryl Ross, shall have interim supervised access three times per week on a schedule that is mutually agreed upon by the parties, subject to a mutually agreeable supervisor being available.
4. Access will be facilitated by third party supervisors mutually agreed upon by the parents.

5. The father shall not consume alcohol or non-prescription medication for 24 hours prior to exercising access with the children. If the father breaches this provision during any access, that access visit shall not take place.
6. The father shall have uninterrupted access with the children via FaceTime for a minimum of once per week for a maximum duration of fifteen minutes. FaceTime shall be for a shorter duration if the children end the conversation.
7. The father shall provide the following disclosure to the mother within 30 days from the date of this Order:
 - a. A letter from Algonquin College stating his current employment status (full time, part time or sick leave basis);
 - b. A letter from Algonquin College stating his current annual salary and all other benefits;
 - c. A letter from Algonquin College stating any pay and/or employment benefits available to the father while he is on sick leave; and
 - d. All documents relating to the father's car accidents from November 2016 and March 2017 including, but not limited to police reports, accident reports, court documents, photos of the damage and bills for repairs to the car.
8. The mother shall provide the following disclosure to the father within 30 days from the date of this Order:
 - a. An updated Financial Statement; and
 - b. The mother's three most recent paystubs.
9. The parties consent to the release of records of the Children's Aid Society.
10. The mother shall be permitted to amend her pleadings in this proceeding. The amended pleadings are to be served and filed by November 30, 2017. The father may amend his pleadings within 20 days of receipt of the mother's amended pleadings.
11. As of November 1, 2017, the parties shall equally (50/50) share any section 7 extraordinary expenses, including but not limited to daycare costs and dance lessons for the children. The mother shall provide the father with a receipt within 30 days of incurring the cost to the father. The father shall reimburse the mother within 14 days of receiving the receipt.
12. The parties agree that the issue of supervised access is to be addressed at a further Case Conference

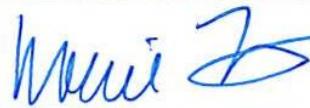
scheduled for January 19, 2018 at 2:00 p.m.

13. Each party shall bear their own legal costs for this Conference.

Put a line through any blank space left on this page.

October 4, 2017

Date of signature



Signature of judge or clerk of the court

This is "Exhibit B"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "Alison Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9



ONTARIO
Superior Court of Justice Family Court Branch
(Name of Court)

Court File Number
FC-15-2492

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

Form 25: Order (General)
 Temporary
 Final

Applicant(s)

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

Darryl Ross
328 Dunlin Ridge
Ottawa, Ontario
K2J 0E3

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

The Honourable

Master Champs Respondent(s)

Judge (Print or type name)

January 19, 2018

Date of order

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

Cynthia Holmes
925 Caldermill Pvt
Ottawa, Ontario
K2J 0Z8

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

Alison Boyce
Delaney's Law Firm, Professional Corporation
543 Somerset Street West
Ottawa, Ontario
K1R 5J9

Tel: 613-233-7000
Fax: 1-866-846-4191
Email: alison@delaneys.ca

BOX #355

The following persons were in court (*names of parties and lawyers in court*)

Cynthia Holmes – Respondent

Alison Boyce – Counsel for the Respondent

The court received evidence and heard submissions on behalf of (*name or names*)

The Respondent – Cynthia Holmes

THIS HONOURABLE COURT ORDERS THAT:

[Signature]

Continue to

1. The children shall maintain their primary residence with the Respondent mother, Cynthia Holmes, until further written agreement by the parties or further Order of the Court.
2. The Applicant, Mr. Ross, shall continue to have interim supervised access with the children, namely Charlotte Holmes (born September 4, 2011) and Alice Holmes (born March 30, 2014) on a schedule that is mutually agreed upon by the parties and subject to a mutually agreeable supervisor being available, until further written agreement by the parties or further Order of the Court.
3. Access will be facilitated by third party supervisors mutually agreed upon by the parties.

- continue*
4. The father, Mr. Ross, shall not consume alcohol or non-prescription medication for 24 hours prior to exercising access with the children. If the Father breaches this provision during any access, that access visit shall not take place.
 5. In addition to the disclosure ordered on October 4, 2017 by the Honourable Master Fortier, the Applicant, Mr. Ross, shall provide the following disclosure to the mother:
 - a. A letter from Algonquin College stating Mr. Ross' current and previous employment status at Algonquin College (full time, part time, or sick leave basis) his salary, and benefits he received or is currently receiving within 15 days of the date of this Order;
 - b. Copies of Mr. Ross's paystubs for December 2017 within 15 days of the date of this Order;
 - c. A copy of Mr. Ross's T4 slip from Algonquin College, when available;
 - d. A copy of Mr. Ross's income tax return for 2017, when filed;
 - e. Complete disclosure and supporting documents pertaining to Mr. Ross's treatment plans, programs or services regarding his alcoholism and/or prescription drug use.
 6. The Respondent, Ms. Holmes, is granted leave of the Court to amend her pleadings and bring a motion for:
 - a. Reimbursement for extraordinary expenses Ms. Holmes' has incurred on behalf of Mr. Ross;
 - b. Interim child support pursuant to the *Child Support Guidelines*;
 - c. Any further Order as counsel may advise or this Honourable Court may deem just.
 7. Mr. Ross is ordered to pay costs to Ms. Holmes for attendance at this Case Conference in the amount of \$ 450.00 which are to be paid by Mr. Ross within 30 days of the Order.

Put a line through any blank space left on this page.

January 19, 2018
Date of signature

D. Holmes
Signature of judge or clerk of the court

This is "Exhibit C"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018



Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9



Income Tax and Benefit Return

Step 1 – Identification and other information

ON **7**

Identification

Print your name and address below.

First name and initial

Darryl

Last name

Ross

Mailing address: Apt No – Street No Street name

768 Mayfly Crescent

PO Box

RR

City

Ottawa

Prov./Terr.

Postal code

O N K 2 J 6 C 7

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 17 of the guide.

Enter an email address: **darrylondunlin@gmail.com**

Information about you

Enter your social insurance number (SIN):

5 0 4 4 4 9 4 2 2

Year Month Day

Enter your date of birth:

1 9 7 9 0 2 0 5

Your language of correspondence:
Votre langue de correspondance :

English

Français

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, 2016:

1 Married 2 Living common-law 3 Widowed4 Divorced 5 Separated 6 Single

Information about your spouse or common-law partner (if you ticked box 1 or 2 above)

Enter his or her SIN:

Enter his or her first name:

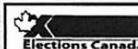
Enter his or her net income for 2016 to claim certain credits:

Enter the amount of universal child care benefit (UCCB) from line 117 of his or her return:

Enter the amount of UCCB repayment from line 213 of his or her return:

Tick this box if he or she was self-employed in 2016:

Do not use this area



Elections Canada (For more information, see page 19 in the guide.)

A) Do you have Canadian citizenship?..... Yes 1 No 2Answer the following question **only if you have Canadian citizenship**.B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors? Yes 1 No 2Your authorization is valid until you file your next tax 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, registered political parties, and candidates at election time.

Do not use this area	172				171			
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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 2016, 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 2016, see "Other foreign property" in the guide.

Step 2 – Total income

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

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

Employment income (box 14 of all T4 slips)	101	75,615	51	
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 +			
UCCB amount designated to a dependant	185	3,051	06	
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 +			
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 +		
Other income		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 =	75,615	51

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

Step 3 – Net income

Enter your total income from line 150.		150	75,615 51
Pension adjustment (box 52 of all T4 slips and box 034 of all T4A slips)			
206	9,247 00		
Registered pension plan deduction (box 20 of all T4 slips and box 032 of all T4A slips)			
207	8,963 62		
RRSP/pooled registered pension plan (PRPP) deduction (see Schedule 7 and attach receipts)			
208 +			
PRPP employer contributions (amount from your PRPP contribution receipts)			
205			
Deduction for elected split-pension amount (attach Form T1032)			
210 +			
Annual union, professional, or like dues (box 44 of all T4 slips, and receipts)			
212 +	1,414 98		
Universal child care benefit repayment (box 12 of all RC62 slips)			
213 +			
Child care expenses (attach Form T778)			
214 +	4,225 00		
Disability supports deduction			
215 +			
Business investment loss		Gross 228	Allowable deduction
217 +			
Moving expenses			
219 +			
Support payments made		Total 230	Allowable deduction
220 +			
Carrying charges and interest expenses (attach Schedule 4)			
221 +			
Deduction for CPP or QPP contributions on self-employment and other earnings (attach Schedule 8 or Form RC381, whichever applies)			
222 +			
Exploration and development expenses (attach Form T1229)			
224 +			
Other employment expenses			
229 +			
Clergy residence deduction			
231 +			
Other deductions			
232 +			
Add lines 207, 208, 210 to 224, 229, 231, and 232.			
233 =	14,603 60	► -	14,603 60
Line 150 minus line 233 (if negative, enter "0")			
This is your net income before adjustments.			
234 =	61,011 91		
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 =	61,011 91		

Step 4 – 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 =	61,011 91		

Step 5 – Federal tax and provincial or territorial tax

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

Step 6 – Refund or balance owing

Net federal tax: enter the amount from line 64 of Schedule 1 (attach Schedule 1, even if the result is "0")	420	6,333	04
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	+	
Social benefits repayment (amount from line 235)	422	+	
Provincial or territorial tax (attach Form 428, even if the result is "0")	428	+	3,479 68
Add lines 420, 421, 430, 422, and 428.	435	=	9,812 72
This is your total payable.			

Total income tax deducted	437	15,394	00
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	x 15% =	459 +
Eligible educator school supply tax credit	Supplies expenses 468	x 15% =	469 +
Tax paid by instalments			476 +
Provincial or territorial credits (attach Form 479 if it applies)			479 +

Add lines 437 to 479.	These are your total credits. 482 =	15,394	00	►	-	15,394	00
Line 435 minus line 482	This is your refund or balance owing.			=		(5,581	28)

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.

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

Refund 484 5,581 28

Balance owing 485

For more information on how to make your payment, see line 485 in the guide or go to cra.gc.ca/payments. Your payment is due no later than April 30, 2017.**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 opportunities fund**

You can help reduce Ontario's debt by completing this area to donate some or all of your 2016 refund to the Ontario opportunities fund. Please see the provincial pages for details.

Amount from line 484 above

5,581 28 1

Your donation to the
Ontario opportunities fund

465 – 2

Net refund (line 1 minus line 2)

466 = 5,581 28 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.

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

Name of preparer:

Telephone:

EFILE number (if applicable):

489

Sign here _____

It is a serious offence to make a false return.

Telephone 613 762-2067

Date

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 cra.gc.ca/gnycy/tp/nfsrc/nfsrc-eng.html, personal information bank CRA PPU 005.**Do not use
this area**487 488

• 486

T1-2016

Federal Tax

Schedule 1

This is **Step 5** in completing your return. Complete this schedule and **attach** a copy to your return.
 For more information, see the related line in the guide.

Step 1 – Federal non-refundable tax credits

Basic personal amount	claim \$11,474	300	11,474	00	1
Age amount (if you were born in 1951 or earlier) (use the federal worksheet)	(maximum \$7,125)	301+		2	
Spouse or common-law partner amount (attach Schedule 5)		303+		3	
Amount for an eligible dependant (attach Schedule 5)		305+	8,422	94	4
Family caregiver amount for infirm children under 18 years of age					
Number of children for whom you are claiming the family caregiver amount	352	x \$2,121	= 367+		5
Amount for infirm dependants age 18 or older (attach Schedule 5)		306+		6	
CPP or QPP contributions: through employment from box 16 and box 17 of all T4 slips (attach Schedule 8 or Form RC381, whichever applies)		308+	2,544	30	• 7
on self-employment and other earnings (attach Schedule 8 or Form RC381, whichever applies)		310+			• 8
Employment insurance premiums: through employment from box 18 and box 55 of all T4 slips (maximum \$955.04)	312+	955	04	• 9	
on self-employment and other eligible earnings (attach Schedule 13)	317+				• 10
Volunteer firefighters' amount	362+				11
Search and rescue volunteers' amount	395+				12
Canada employment amount (If you reported employment income on line 101 or line 104, see line 363 in the guide.) (maximum \$1,161)	363+	1,161	00	13	
Public transit amount	364+				14
Children's arts amount	370+				15
Home accessibility expenses (attach Schedule 12)	398+				16
Home buyers' amount	369+				17
Adoption expenses	313+				18
Pension income amount (use the federal worksheet)	(maximum \$2,000)	314+			19
Caregiver amount (attach Schedule 5)	315+				20
Disability amount (for self) (claim \$8,001, or if you were under 18 years of age, use the federal worksheet)	316+				21
Disability amount transferred from a dependant (use the federal worksheet)	318+				22
Interest paid on your student loans	319+				23
Your tuition, education, and textbook amounts (attach Schedule 11)	323+				24
Tuition, education, and textbook amounts transferred from a child	324+				25
Amounts transferred from your spouse or common-law partner (attach Schedule 2)	326+				26
Medical expenses for self, spouse or common-law partner, and your dependent children born in 1999 or later	330			27	
Enter \$2,237 or 3% of line 236 of your return, whichever is less.	-	1,830	36	28	
Line 27 minus line 28 (if negative, enter "0")	=		29		
Allowable amount of medical expenses for other dependants (do the calculation at line 361 in the guide)	331+	30			
Add lines 29 and 30.	=		332+		31
Add lines 1 to 26, and line 31.	335=	24,557	28	32	
Federal non-refundable tax credit rate	x	15%		33	
Multiply line 32 by line 33.	338=	3,683	59	34	
Donations and gifts (attach Schedule 9)	349+			35	
Add lines 34 and 35.					
Enter this amount on line 48 on the next page.	Total federal non-refundable tax credits 350=	3,683	59	36	

Continue on the next page.

Step 2 – Federal tax on taxable income

Enter your taxable income from line 260 of your return.

61,011 | 91 | 37

Complete the appropriate column depending on the amount on line 37.	Line 37 is \$45,282 or less	Line 37 is more than \$45,282 but not more than \$90,563	Line 37 is more than \$90,563 but not more than \$140,388	Line 37 is more than \$140,388 but not more than \$200,000	Line 37 is more than \$200,000
Enter the amount from line 37.	61,011 91	90,563 00	140,388 00	200,000 00	38
Line 38 minus line 39 (cannot be negative)	- 0 00	- 45,282 00	- 90,563 00	- 140,388 00	39
Multiply line 40 by line 41.	= 15%	= 20.5%	= 26%	= 29%	40
	x 15%	x 20.5%	x 26%	x 29%	41
	= 3,224 63	= 6,792 00	= 16,075 00	= 29,029 00	42
Add lines 42 and 43.	+ 0 00	+ 6,792 00	+ 16,075 00	+ 29,029 00	43
	= 10,016 63				44

Step 3 – Net federal tax

Enter the amount from line 44.

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

Add lines 45 and 46.

424+ 10,016 | 63 | 45
404= 10,016 | 63 ► 10,016 | 63 | 47

Enter your total federal non-refundable tax credits from line 36 on the previous page.

Federal dividend tax credit

Minimum tax carryover (attach Form T691)

Add lines 48, 49, and 50.

350 3,683 | 59 | 48
425+ •49
427+ •50
= 3,683 | 59 ► - 3,683 | 59 | 51

Line 47 minus line 51 (if negative, enter "0")

Basic federal tax 429 = 6,333 | 04 | 52

Federal foreign tax credit (attach Form T2209)

405- 53

Line 52 minus line 53 (if negative, enter "0")

Federal tax 406 = 6,333 | 04 | 54

Total federal political contributions (attach receipts)

55

Federal political contribution tax credit (use the federal worksheet)

(maximum \$650) 410

•56

Investment tax credit (attach Form T2038(ND))

412+

•57

Labour-sponsored funds tax credit (see lines 413, 414, 411 and 419 in the guide)

Net cost of shares of a federally registered fund

411

Allowable credit 419+

•58

Net cost of shares of a provincially registered fund

413

Allowable credit 414+

•59

Add lines 56 to 59.

416=

► -

60

Line 54 minus line 60 (if negative, enter "0")

If you have an amount on line 46 above, see Form T1206.

417= 6,333 | 04 | 61

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 = 6,333 | 04 | 64

T1-2016

Capital Gains (or Losses) in 2016

Schedule 3

For more information, see line 127 in the *General Income Tax and Benefit Guide* and Guide T4037, *Capital Gains*.
Attach a copy of this schedule to your return.

Note: If you have a business investment loss, see line 217 in the guide.	(1) Year of acquisition	(2) Proceeds of disposition	(3) Adjusted cost base	(4) Outlays and expenses (from dispositions)	(5) Gain (or loss) (column 2 minus columns 3 and 4)
---	----------------------------	--------------------------------	---------------------------	---	--

1. Qualified small business corporation shares (report, in 3 below, publicly traded shares, mutual fund units, deferral of eligible small business corporation shares, and other shares.)

From T3/T5013 slips

Total **106**

Gain (or loss) **107**

2. Qualified farm or fishing property

Address or legal description	Prov./Terr.							

From T3/T5013 slips

Total **109**

Gain (or loss)

From T5013 slips

Total 123

Gain (or loss) **124+**

3. Publicly traded shares, mutual fund units, deferral of eligible small business corporation shares, and other shares
(Report capital gains (or losses) shown on T5, T5013, T4PS and T3 information slips on line 174 or line 176)

SEE SCHEDULE F ON PAGE 3

From T5008 slips

From T1170

Total **131**

Gain (or loss) **132k**

4 Real estate, depreciable property, and other properties

Schedule 3 - Supplementary Statement

S3-SUPP

Publicly traded shares, mutual fund units, deferral of eligible small business corporation shares, and other shares (continued)

Capital Gains (or Losses)

Principal residence

You must complete this section if you disposed of a property (or properties) in 2016 for which you are claiming a principal residence exemption. Generally, you can only designate one property as your principal residence for any specific year, except where you sell a principal residence and buy another in the same year. For information about designating a principal residence and what qualifies as a principal residence, go to cra.gc.ca/capitalgains/ and select "Principal residence and other real estate", or see Chapter 6 of Guide T4037, *Capital Gains*, or Income Tax Folio S1-F3-C2, *Principal residence*.

For information on how to report the gain or loss on a part of your principal residence you used to produce income, see the section "Real estate, depreciable property and other properties" in Chapter 2 of Guide 4037, *Capital Gains*, and Income Tax Folio S1-F3-C2, *Principal Residence*.

If you were not a resident of Canada for the entire time you owned the designated property, your period of non-residence may reduce or eliminate the availability of the principal residence exemption. For more information contact us.

Principal residence designation

Tick the box that applies, complete the chart below and enter the full amount of the proceeds of disposition for the property.

- [179]**
- 1 I designate the property described below to have been my principal residence for all years owned.
 - 2 I designate the property described below to have been my principal residence for some, but not all, years owned (see note below).
 - 3 I designate the properties described below to have been my principal residences for some or all of the years owned (see note below).

Note: To calculate your capital gain for the years that a property was not designated to be your principal residence, complete Form T2091(IND), *Designation of a property as a principal residence by an individual*.

Address		Year of acquisition	Proceeds of disposition
Street No Street name 328 Dunlin Ridge	City Ottawa		
Prov./Terr. ON	Postal code K2J 0Z3	Country Canada	181 2015 270,000 00
Street No Street name	City		
Prov./Terr.	Postal code	Country	+
Street No Street name	City		
Prov./Terr.	Postal code	Country	+
Total		182F	270,000 00

If you need more space, attach a separate sheet paper.

T1-2016

**Amounts for Spouse or Common-Law Partner
and Dependents**

Protected B when completed

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.

Line 303 - Spouse or common-law partner amount

Did your marital status change to other than married or common-law in 2016?

If yes, tick this box 5522 and enter the date of the change. ►	Month/Day
Base amount 11,474 00 1	
If you are entitled to the family caregiver amount, enter \$2,121 (see page 35 in the guide). 5109+ 2	
Add lines 1 and 2. = 11,474 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"). [] 5	
Enter this amount on line 303 of your Schedule 1.	

Line 305 - Amount for an eligible dependant

Did your marital status change to married or common-law in 2016?

If yes, tick this box 5529 and enter the date of the change. ►	Month/Day		
Provide the requested information and complete the following calculation for this dependant.			
First and last name: Charlotte Holmes	Year of birth	Relationship to you	Is this dependant physically or mentally infirm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address: 768 Mayfly Crescent, Ottawa ON K2J6C7	2011	Daughter	
Base amount 11,474 00 1			
If you are entitled to the family caregiver amount, enter \$2,121 (see page 35 in the guide and read the note below). 5110+ 2			
Add lines 1 and 2. = 11,474 00 3			
Dependant's net income (line 236 of his or her return) 5106- 4			
Line 3 minus line 4 (if negative, enter "0"). [] 5			
Enter this amount on line 305 of your Schedule 1.			
Note: if you are entitled to the family caregiver amount for this dependant and he or she is a child under 18 years of age, you must claim the family caregiver amount on line 367, and not on this line.			

Line 306 – Amount for an infirm dependant aged 18 or older

Provide the requested information and complete the following calculation for each dependant.

First and last name:	Year of birth	Relationship to you
Address:		
Base amount 1		
Infirm dependant's net income (line 236 of his or her return) - 2		
Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0") [] 3 (maximum \$6,788)		
First and last name:	Year of birth	Relationship to you
Address:		
Base amount 1		
Infirm dependant's net income (line 236 of his or her return) - 2		
Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0") [] 3 (maximum \$6,788)		
First and last name:	Year of birth	Relationship to you
Address:		
Base amount 1		
Infirm dependant's net income (line 236 of his or her return) - 2		
Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0") [] 3 (maximum \$6,788)		

Enter, on line 306 of your Schedule 1, the total amount you are claiming for all dependants.

T1-2016

**Amounts for Spouse or Common-Law Partner
and Dependents**

Protected B when completed

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.

Line 303 - Spouse or common-law partner amount

Did your marital status change to other than married or common-law in 2016?

If yes, tick this box **5522** and enter the date of the change. ►

Month/Day

Base amount

11,474 00 1

If you are entitled to the family caregiver amount, enter \$2,121 (see page 35 in the guide).

5109+ 2

Add lines 1 and 2.

= 11,474 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").

F 5

Enter this amount on line 303 of your Schedule 1.

Line 305 - Amount for an eligible dependant

Did your marital status change to married or common-law in 2016?

If yes, tick this box **5529** and enter the date of the change. ►

Month/Day

Provide the requested information and complete the following calculation for this dependant.

First and last name: Charlotte Holmes	Year of birth	Relationship to you	Is this dependant physically or mentally infirm?
Address: 768 Mayfly Crescent, Ottawa ON K2J6C7	2011	Daughter	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Base amount

11,474 00 1

If you are entitled to the family caregiver amount, enter \$2,121 (see page 35 in the guide and read the note below).

5110+ 2

Add lines 1 and 2.

= 11,474 00 3

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

5106- 3,051 06 4

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

= 8,422 94 5

Enter this amount on line 305 of your Schedule 1.

Note: if you are entitled to the family caregiver amount for this dependant and he or she is a child under 18 years of age, you must claim the family caregiver amount on line 367, and not on this line.

Line 306 – Amount for an infirm dependant aged 18 or older

Provide the requested information and complete the following calculation for each dependant.

First and last name:	Year of birth	Relationship to you
Address:		

Base amount

1

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

- 2

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0") (maximum \$6,788)

= 3

First and last name:	Year of birth	Relationship to you
Address:		

Base amount

1

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

- 2

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0") (maximum \$6,788)

= 3

First and last name:	Year of birth	Relationship to you
Address:		

Base amount

1

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

- 2

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0") (maximum \$6,788)

= 3

Enter, on line 306 of your Schedule 1, the total amount you are claiming for all dependants.

Amounts for Spouse or Common-Law Partner and Dependents

Line 315 – Caregiver amount

Provide the requested information and complete the following calculation for each dependant.

First and last name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Address:			

Base amount

If you are entitled to the family caregiver amount, enter \$2,121 (see page 35 in the guide and complete box 5112 below).

Add lines 1 and 2.

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

Line 3 minus line 4 (if negative, enter "0"). If you are entitled to the family caregiver amount on line 2, the maximum amount is \$6,701. If not, the maximum is \$4,667.

If you claimed this dependant on line 305 of Schedule 1, enter the amount you claimed.

Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0").

1
+
=
-
4
=
-
6
=
7

First and last name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Address:			

Base amount

If you are entitled to the family caregiver amount, enter \$2,121 (see page 35 in the guide and complete box 5112 below).

Add lines 1 and 2.

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

Line 3 minus line 4 (if negative, enter "0"). If you are entitled to the family caregiver amount on line 2, the maximum amount is \$6,701. If not, the maximum is \$4,667.

If you claimed this dependant on line 305 of Schedule 1, enter the amount you claimed.

Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0").

1
+
=
-
4
=
-
6
=
7

First and last name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Address:			

Base amount

If you are entitled to the family caregiver amount, enter \$2,121 (see page 35 in the guide and complete box 5112 below).

Add lines 1 and 2.

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

Line 3 minus line 4 (if negative, enter "0"). If you are entitled to the family caregiver amount on line 2, the maximum amount is \$6,701. If not, the maximum is \$4,667.

If you claimed this dependant on line 305 of Schedule 1, enter the amount you claimed.

Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0").

1
+
=
-
4
=
-
6
=
7

First and last name:	Year of birth	Relationship to you	Is this dependant physically or mentally infirm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Address:			

Base amount

If you are entitled to the family caregiver amount, enter \$2,121 (see page 35 in the guide and complete box 5112 below).

Add lines 1 and 2.

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

Line 3 minus line 4 (if negative, enter "0"). If you are entitled to the family caregiver amount on line 2, the maximum amount is \$6,701. If not, the maximum is \$4,667.

If you claimed this dependant on line 305 of Schedule 1, enter the amount you claimed.

Allowable amount for this dependant: line 5 minus line 6 (if negative, enter "0").

1
+
=
-
4
=
-
6
=
7

Enter, on line 315 of your Schedule 1, the total amount you are claiming for all dependants.

Enter the total number of dependants for whom you entered \$2,121 on line 2 for this calculation.

5112

OtherDeduct

Other deductions

Stock option and shares deductions - line 249

T4 Box 39 - 110(1)(d) deduction

T4 Box 41 - 110(1)(d.1) deduction

Form T1212 deduction

RC310 (line 2)

Additional deduction for donation of shares acquired under a stock-option plan

Deduction for shares received as a prospect or grubstaker

Deduction related to subsection 147(10.4) income inclusion for disposition of DPSP shares

Total

Additional deductions - line 256

15% of U.S. social security benefits reported on line 115

50% of U.S. social security benefits that started before 1996 and reported on line 115

Other foreign pensions exempt under a tax treaty

Foreign support payments reported on line 128

T5013/T5013A - income exempt under a tax treaty

Foreign capital gains exempt from Canadian tax

Other income exempt under a tax treaty

Employment with a prescribed international organization

Vow of perpetual poverty

Adult basic education tuition assistance

Deduction for foreign farm workers

T1-2016

Canada Pension Plan Contributions and Overpayment for 2016

Complete this schedule to calculate your required Canada Pension Plan (CPP) contributions or overpayment for 2016 if you were a resident of a province or territory other than Quebec on December 31, 2016, and have no earned income from the province of Quebec.

Do not use this schedule if any of your T4 slips have Quebec Pension Plan (QPP) contributions. Instead complete Form RC381, *Inter-provincial calculation for CPP and QPP contributions and overpayments for 2016*.

Part 1 – If you were 60 to 70 years of age, you received a CPP or QPP retirement pension, and you had employment and/or self-employment income, you were considered a CPP working beneficiary and had to make CPP contributions. However, if you were at least 65 years of age but under 70, you can elect to stop paying CPP contributions. Read Part 1 of this schedule.

Part 2 – Complete this part to determine the number of months for the CPP calculation.

Part 3 – Complete this part to calculate your CPP contributions and any overpayment of CPP made through employment. If you are reporting self-employment or elective income and employment income, you must complete Part 5.

Part 4 or Part 5 – Complete one of these parts to calculate your CPP contributions if:

- you reported self-employment income on lines 135 to 143 of your return;
- you reported business or professional income from a partnership on line 122 of your return; or
- you made an election on Form CPT20 to pay additional CPP contributions on other earnings.

For more information, see line 222 in the guide.

Complete Part 4 if you are reporting only self-employment or elective income.

Complete Part 5 if you are reporting self-employment or elective income and employment income. You must first complete Part 3.

Attach a copy of this schedule to your return.

— Part 1 – Election to stop contributing to the Canada Pension Plan or revocation of a prior election —

If in 2016 you were 60 to 70 years of age, you received a CPP or QPP retirement pension, and you had employment and/or self-employment income, you were considered a CPP working beneficiary and you were required to make CPP contributions. However, if you were at least 65 years of age but under 70, you can elect to stop paying CPP contributions.

If you have employment income for 2016 and elected in 2016 to stop paying CPP contributions or revoked in 2016 an election made in a prior year, you should have already completed Form CPT30, *Election to Stop Contributing to the Canada Pension Plan, or Revocation of a Prior Election*, and sent it to us and your employer(s).

If you had only self-employment income for 2016 and elect in 2016 to stop paying CPP contributions on your self-employment earnings, enter the month in 2016 for which you choose to start this election in box 372 below. The date cannot be earlier than the month you turn 65 and you are receiving a CPP or QPP retirement pension. For example, if you turn 65 in June, you can choose any month from June to December. If you choose the month of June, enter 06 in box 372 because June is the sixth month of the year. If in 2016 you are revoking an election made in a prior year on contributions on self-employment earnings, enter the month in 2016 for which you choose to revoke this election in box 374 below. Your election remains valid until you revoke it or you turn 70. If you start receiving employment income (other than employment income earned in Quebec) in a future year, you will have to complete Form CPT30 in that year for your election to remain valid.

If you had both employment income and self-employment income in 2016 and wanted to elect to stop paying CPP contributions in 2016, or to revoke in 2016 an election made in a prior year, you should have completed Form CPT30 in 2016. An election filed using Form CPT30 applies to all income from pensionable earnings, including self-employment earnings, as of the first day of the month after the date you gave this form to your employer. If you completed and submitted Form CPT30 when you became employed in 2016 but your intent was to elect in 2016 to stop paying CPP contributions or revoke an election made in a prior year on your self-employment income before you became employed, enter the month you want to stop contributing in box 372 below, or if you want to revoke in 2016 an election made in a prior year, enter the month you want to resume contributing in box 374 below. If you did not complete and submit Form CPT30 for 2016 when you became employed, you cannot elect to stop paying CPP contributions or revoke an election made in a prior year on your self-employment earnings for 2016 on this schedule. To be valid, an election or revocation that begins in 2016 must be filed on or before June 15, 2018.

I elect to stop contributing to the Canada Pension Plan on my self-employment earnings on the first day of the month that I entered in box 372.

Month
372

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

Month
374

Part 2 – Determine the number of months for the CPP calculation

Enter 12 in box A unless one or more of the situations below apply.

- If you turned 18 years of age in 2016, enter the number of months in the year after the month you turned 18.
- If for all of 2016 you were receiving a CPP or QPP disability pension, enter "0". If you started or stopped receiving a CPP or QPP disability pension in 2016, enter the number of months during which you were not receiving a disability pension.
- If you were 65 to 70 years of age in 2016, you were receiving a CPP or QPP retirement pension, and you elected to stop paying CPP contributions in 2016, enter the number of months in the year up to and including the month you made the election. If you had self-employment income in 2016 and have an entry in box 372, enter the number of months in the year prior to the month you entered in box 372.
- If you were 65 to 70 years of age in 2016, you were receiving a CPP or QPP retirement pension, you elected to stop paying CPP contributions in a prior year, and you have not revoked that election, enter "0".
- If you were 65 to 70 years of age in 2016, you were receiving a CPP or QPP retirement pension, you elected to stop paying CPP contributions in a prior year, and you revoked that election in 2016, enter the number of months in the year after the month you revoked the election. If you had self-employment income in 2016 and have an entry in box 374, enter the number of months in the year after and including the month you entered in box 374.
- If you turned 70 years of age in 2016 and you did not elect to stop paying CPP contributions, enter the number of months in the year up to and including the month you turned 70 years of age.
- If for all of 2016 you were 70 years of age or older, enter "0".
- If the individual died in 2016, enter the number of months in the year up to and including the month the individual died.

Enter the number of months during which the CPP applies in 2016.

12

Part 3 – Calculating your CPP contributions and overpayment on employment income

Enter your yearly maximum CPP pensionable earnings
(see the monthly proration table below to find the amount
that corresponds to the number of months entered in box A of Part 2).

(maximum \$54,900)

54,900 00 1

Total CPP pensionable earnings

Enter the total of box 26 of all your T4 slips (maximum \$54,900 per slip).
If box 26 is blank, use box 14.

5549

54,900 00 2

Enter the amount from line 1 or the amount from line 2, whichever is less.

(maximum \$54,900)

54,900 00 3

Enter your maximum basic CPP exemption

(see the monthly proration table below to find the amount
that corresponds to the number of months entered in box A of Part 2).

(maximum \$3,500)

- 3,500 00 4

Earnings subject to CPP contributions: Line 3 minus line 4 (if negative, enter "0") (maximum \$51,400)

= 51,400 00 5

Actual CPP contributions: Enter the total CPP contributions deducted from box 16 of all your T4 slips.

5034

2,544 30 • 6

Required contributions on CPP pensionable earnings:

Multiply the amount from line 5 by 4.95%.

(maximum \$2,544.30)

- 2,544 30 7

Line 6 minus line 7 (if negative, enter "0")

CPP overpayment

= 8

If you are self-employed and/or you are electing to pay additional CPP contributions on other earnings, enter the amount from line 6 on line 308 of your Schedule 1 and, if applicable, on line 5824 of Form 428. Then continue with Part 5.

Otherwise, enter the amount from line 6 or line 7, whichever is less, on line 308 of your Schedule 1 and, if applicable, on line 5824 of Form 428. If the amount from line 8 is positive, enter it on line 448 of your return. If the amount from line 8 is negative, you may be able to make additional CPP contributions; see "Making additional CPP contributions" on page 48 of the General Income Tax and Benefit Guide.

Monthly proration table for 2016

Part 3		Part 3 continued	
Applicable number of months	Line 1 Maximum CPP pensionable earnings	Applicable number of months	Line 1 Maximum CPP pensionable earnings
1	\$4,575	7	\$32,025
2	\$9,150	8	\$36,600
3	\$13,725	9	\$41,175
4	\$18,300	10	\$45,750
5	\$22,875	11	\$50,325
6	\$27,450	12	\$54,900
			Line 4 Maximum basic CPP exemption*
			\$2,041.67
			\$2,333.33
			\$2,625.00
			\$2,916.67
			\$3,208.33
			\$3,500.00

* If you started receiving CPP retirement benefits in 2016, your basic exemption may be prorated by the CRA.

Part 4 – CPP contributions on self-employment and other earnings ONLY (no employment income)

Pensionable net self-employment earnings* (amounts from line 122 and lines 135 to 143 of your return)	1	
Employment earnings not shown on a T4 slip on which you elect to pay additional CPP contributions (attach Form CPT20)	373 +	2
Add lines 1 and 2 (if negative enter "0").	=	3
Basic exemption	(maximum \$3,500)*	4
Line 3 minus line 4	(maximum \$51,400)	5
CPP rate	x 9.9%	6
CPP contributions payable on self-employment and other earnings: Multiply line 5 by line 6. Enter this amount on line 421 of your return.	=	7
Deduction and tax credit for CPP contributions on self-employment and other earnings: Multiply the amount from line 7 by 50%.	=	8

Enter the amount from line 8 on line 222 of your return and on line 310 of Schedule 1.

* Self-employment earnings, CPP pensionable earnings, and the basic exemption should be prorated according to the number of months entered in box A of Part 2 (do not prorate the self-employment earnings if the individual died in 2016).

Part 5 – CPP contributions on self-employment and other earnings when you have employment income

Pensionable net self-employment earnings* (amounts from line 122 and lines 135 to 143 of your return)	1		
Employment earnings not shown on a T4 slip on which you elect to pay additional CPP contributions (attach Form CPT20)	373 +	2	
Employment earnings shown on a T4 slip on which you elect to pay additional CPP contributions, line 12 of Form CPT20 (attach Form CPT20)	399 +	3	
Add lines 1, 2, and 3.	=	4	
Enter the amount from line 6 of Part 3. If the amount on line 8 of Part 3 is positive, complete lines 6 to 8. Otherwise, enter "0" on line 8 and continue on line 9.	Actual CPP contributions	5	
Enter the amount from line 5 above.	6		
Enter the amount from line 7 of Part 3.	-	7	
Line 6 minus line 7 (if negative, enter "0")	=	8	
Line 5 minus line 8 (if negative, enter "0")	=	9	
Multiply the amount from line 9 by 20.202.	=	10	
Enter the amount from line 1 of Part 3.	CPP pensionable earnings (maximum \$54,900)	11	
Enter the amount from line 4 of Part 3.	Basic exemption (maximum \$3,500)	12	
Line 11 minus line 12 (if negative, enter "0")	(maximum \$51,400)	13	
Enter the amount from line 10.	=	14	
Line 13 minus line 14 (if negative, enter "0")	=	15	
Enter the amount from line 4 or line 15, whichever is less.	=	16	
If the amount on line 2 of Part 3 is less than the amount on line 4 of Part 3, complete lines 17 to 19. Otherwise, enter "0" on line 19 and continue on line 20.			
Line 4 of Part 3 minus line 2 of Part 3	17		
Line 4 minus line 13 (if negative, enter "0")	-	18	
Line 17 minus line 18 (if negative, enter "0")	=	► -	19
Earnings subject to contributions: line 16 minus line 19 (if negative, enter "0")	=	20	
Multiply the amount from line 20 by 9.9%.	=	21	
Multiply the amount from line 8 of Part 3 (if positive only) by 2.	-	22	
CPP contributions payable on self-employment and other earnings: Line 21 minus line 22 (if negative, enter "0"). Enter this amount on line 421 of your return. **	=	23	
Deduction and tax credit for CPP contributions on self-employment and other earnings: Multiply the amount from line 23 by 50%.	=	24	

Enter the amount from line 24 on line 222 of your return and on line 310 of Schedule 1.

* Self-employment earnings should be prorated according to the number of months entered in box A of Part 2 (do not prorate the self-employment earnings if the individual died in 2016).

** If the result on line 23 is negative, you may have an overpayment. If so, we will calculate it for you.



Application for the 2017 Ontario Trillium Benefit and Ontario Senior Homeowners' Property Tax Grant

ON-BEN

T1 General – 2016

Read the information about each of the payments in the Ontario forms book (pages 13 to 16) to see if you are eligible.

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 cra.gc.ca/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, 2016, 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, 2016, that spouse or common-law partner has to apply for these credits and the grant for both of you.

Read page 14 of the Ontario forms book for a description of principal residence for the Ontario energy and property tax credit and Northern Ontario energy credit.

Read page 16 of the Ontario forms book for a description of principal residence for the Ontario senior homeowners' property tax grant.

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, 2016, you resided in Ontario, and:

- rent or property tax for your principal residence was paid by or for you for 2016;
- you lived in a student residence;
- you lived in a long-term care home; or
- you lived on a reserve and home energy costs were paid by or for you for your principal residence on the reserve for 2016.

If you meet these conditions and are applying for the 2017 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, 2016, you resided in Northern Ontario (see the definition in the forms book), and:

- rent or property tax for your principal residence in Northern Ontario was paid by or for you for 2016;
- you lived in a long-term care home in Northern Ontario; or
- 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 2016.

If you meet these conditions and are applying for the 2017 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 choose to wait until June 2018 to get my 2017 OTB entitlement. This means I will get my OTB in one payment at the end of the benefit year (June 2018) instead of receiving it monthly from July 2017 to June 2018.

6109

Application for the Ontario senior homeowners' property tax grant (OSHPTG)

You may qualify for the OSHPTG if on December 31, 2016:

- you were 64 years of age or older; and
- you owned and occupied a principal residence in Ontario, for which you or someone on your behalf paid property tax for 2016.

If you meet these conditions and are applying for the 2017 OSHPTG, tick this box.

6113

Enter the total amount of property tax paid beside box 6112 in Part A and complete Part B on the back of this form.

Continue on the next page.

Part A – Amount paid for a principal residence for 2016

If, on December 31, 2016, 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 his or her address in Part C below.

6108

Enter the total amount of rent paid for your principal residence (including a private long-term care home) in Ontario for 2016.

6110 14,000 00

Enter the total amount of property tax paid for your principal residence in Ontario for 2016.

6112

Did you reside in a designated student residence in Ontario in 2016? If yes, tick this box.

6114

Enter the total amount of home energy costs paid for your principal residence on a reserve in Ontario for 2016.

6121

Enter the total amount paid for your accommodation in a public long-term care home or non-profit long-term care home in Ontario for 2016.

6123

Complete Part B if you are applying for the OEPTC, the NOEC, or the OSHPTG.

Part B – Declaration

In the column "Amount paid for 2016", enter the amount(s) paid for rent, property tax, home energy costs on a reserve, and/or accommodation in a public long-term care home or a non-profit long-term care home.

I declare the following information about my principal residence(s) in Ontario during 2016:

(If you need more space, attach a separate sheet of paper.)

Address	Postal code	Number of months resident in 2016	Amount paid for 2016	Check this box if this is a long-term care home" (see page 15 of the guide.)	Name of landlord, municipality, or supplier to whom payment was made, as applicable
768 Mayfly Cres. Ottawa, ON		9	14,000.00	<input type="checkbox"/>	Ottawa-Carleton
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If on December 31, 2016, 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, enter his or her address below.

Part C – Involuntary separation

Enter the address of your spouse or common-law partner.

See the privacy notice on your return.



Ontario Tax

ON428

T1 General – 2016

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	claim \$10,011	5804	10,011	00	1
Basic personal amount							
Age amount (if born in 1951 or earlier) (use the <i>Provincial Worksheet</i>)			(maximum \$4,888)	5808	+		2
Spouse or common-law partner amount							
Base amount	9,350	00					
Minus: his or her net income from page 1 of your return	-						
Result: (if negative, enter "0")	=		(maximum \$8,500) ►	5812	+		3
Amount for an eligible dependant							
Base amount	9,350	00					
Minus: his or her net income from line 236 of his or her return	-	3,051	06				
Result: (if negative, enter "0")	=	6,298	94	(maximum \$8,500) ►	5816	4	4
Amount for infirm dependants age 18 or older (use the <i>Provincial Worksheet</i>)				5816	4	6,298	94
CPP or QPP contributions:				5820	+		5
(amount from line 308 of your federal Schedule 1)				5824	+	2,544	30
(amount from line 310 of your federal Schedule 1)				5828	+		6
Employment insurance premiums:							
(amount from line 312 of your federal Schedule 1)				5832	+	955	04
(amount from line 317 of your federal Schedule 1)				5829	+		7
Adoption expenses			(maximum \$12,214)	5833	+		10
Pension income amount			(maximum \$1,384)	5836	+		11
Caregiver amount (use the <i>Provincial Worksheet</i>)				5840	+		12
Disability amount (for self)							
(Claim \$8,088, or if you were under 18 years of age, use the <i>Provincial Worksheet</i> .)				5844	+		13
Disability amount transferred from a dependant (use the <i>Provincial Worksheet</i>)				5848	+		14
Interest paid on your student loans (amount from line 319 of your federal Schedule 1)				5852	+		15
Your tuition and education amounts (use and attach Schedule ON(S11))				5856	+		16
Tuition and education amounts transferred from a child				5860	+		17
Amounts transferred from your spouse or common-law partner (use and attach Schedule ON(S2))				5864	+		18
Medical expenses:							
(Read line 5868 in the forms book.)				5868		19	
Enter \$2,266 or 3% of line 236 of your return, whichever is less.				-	1,830	36	20
Line 19 minus line 20 (if negative, enter "0")				=			21
Allowable amount of medical expenses for other dependants (use the <i>Provincial Worksheet</i>)				5872	+		22
Add lines 21 and 22.				5876	=		23
Add lines 1 to 18, and line 23.				5880	=	19,809	28
Ontario non-refundable tax credit rate				x		5.05%	24
Multiply line 24 by line 25.				5884	=	1,000	37
Donations and gifts:							
Amount from line 16 of your federal Schedule 9			x 5.05% =			27	
Amount from line 17 of your federal Schedule 9			x 11.16% =			28	
Add lines 27 and 28.			5896 =				29
Add lines 26 and 29.							
Enter this amount on line 42.			Ontario non-refundable tax credits 6150 =		1,000	37	30

Continue on the next page.

Step 2 – Ontario tax on taxable income

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.

61,011 | 91 | 31

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

	Line 31 is \$41,536 or less	Line 31 is more than \$41,536 but not more than \$83,075	Line 31 is more than \$83,075 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		61,011 91				32
Line 32 minus line 33 (cannot be negative)	– 0 00	– 41,536 00	– 83,075 00	– 150,000 00	– 220,000 00	33
	=	= 19,475 91	=	=	=	34
	× 5.05%	× 9.15%	× 11.16%	× 12.16%	× 13.16%	35
Multiply line 34 by line 35.	=	= 1,782 05	=	=	=	36
Add lines 36 and 37.	+ 0 00	+ 2,098 00	+ 5,898 00	+ 13,367 00	+ 21,879 00	37
Ontario tax on taxable income	=	= 3,880 05	=	=	=	38

Step 3 – Ontario tax

Enter your Ontario tax on taxable income from line 38.

3,880 | 05 | 39

Enter your Ontario tax on split income from Form T1206.

6151 + • 40

Add lines 39 and 40.

= 3,880 | 05 | 41

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

– 1,000 | 37 | 42

Line 41 minus line 42 (if negative, enter "0")

= 2,879 | 68 | 43

Ontario minimum tax carryover:

Enter the amount from line 43.

2,879 | 68 | 44

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

– 45

Line 44 minus line 45 (if negative, enter "0").

= 2,879 | 68 | 46

Amount from line 427 of your federal Schedule 1

× 39.67% = 47

Enter the amount from line 46 or 47, whichever is less.

6154 – • 48

Line 43 minus line 48 (if negative, enter "0")

= 2,879 | 68 | 49

Ontario surtax

Enter the amount from line 49.

2,879 | 68 | 50

Enter the amount from line 40.

– 51

Line 50 minus line 51 (if negative, enter "0")

= 2,879 | 68 | 52

Complete lines 53 to 55 only if the amount on line 52 is more than \$4,484.

Otherwise, enter "0" on line 55 and continue completing the form.

(Line 52 2,879 | 68 minus \$4,484) × 20% (if negative, enter "0") = 53

(Line 52 2,879 | 68 minus \$5,739) × 36% (if negative, enter "0") = 54

Add lines 53 and 54.

= ► + 55

Add lines 49 and 55.

= 2,879 | 68 | 56

Ontario dividend tax credit:

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

6152 – • 57

Line 56 minus line 57 (if negative, enter "0")

= 2,879 | 68 | 58

Ontario additional tax for minimum tax purposes:

If you entered an amount other than "0" on line 95 of Form T691, enter your Ontario additional tax for minimum tax purposes from line 59 of the Provincial Worksheet.

+ 59

Add lines 58 and 59.

= 2,879 | 68 | 60

Continue on the next page.

Enter the amount from line 60 on the previous page.

2,879 | 68 | 61

If you are not claiming an Ontario tax reduction, there is an amount on line 59, or the amount on line 61 is "0", enter the amount from line 61 on line 69 and continue completing the form. Otherwise, complete lines 62 to 68 to calculate the Ontario tax reduction.

Step 4 – Ontario tax reduction

Basic reduction

231 | 00 | 62

If you had a spouse or common-law partner on December 31, 2016, only the individual with the higher net income can claim the amounts on lines 63 and 64.

Reduction for dependent children born in 1998 or later

Number of dependent children 6269 | 1 × \$427 =

+ 427 | 00 | 63

Reduction for dependants with a mental or physical impairment

Number of dependants 6097 | × \$427 =

+ | 64

Add lines 62, 63, and 64.

= 658 | 00 | 65

Enter the amount from line 65.

658 | 00 | × 2 =

+ 1,316 | 00 | 66

Enter the amount from line 61.

- 2,879 | 68 | 67

Line 66 minus line 67 (if negative, enter "0")

Ontario tax reduction claimed

= | 68

Line 61 minus line 68 (if negative, enter "0")

= 2,879 | 68 | 69

Step 5 – Ontario foreign tax credit

Enter the Ontario foreign tax credit from Form T2036.

- | 70

Line 69 minus line 70 (if negative, enter "0")

= 2,879 | 68 | 71

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 | × 25% =

- | 72

Line 71 minus line 72 (if negative, enter "0")

= 2,879 | 68 | 73

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

► + 600 | 00 | 74
= 3,479 | 68 | 75

Add lines 73 and 74.

Enter the result on line 428 of your return.

Continue on the next page.

Ontario Health Premium

Enter your taxable income from line 31.

61,011 | 91 1

Go to the line that corresponds to your taxable income.

- If there is an Ontario health premium amount on that line, enter that amount on line 74.
- Otherwise, enter your taxable income in the first box, complete the calculation, and enter the result on line 74.

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	[] - \$36,000 = [] × 6% = [] + \$300 = []
more than \$38,500, but not more than \$48,000	► ► ► \$450
more than \$48,000, but not more than \$48,600	[] - \$48,000 = [] × 25% = [] + \$450 = []
more than \$48,600, but not more than \$72,000	► ► ► \$600
more than \$72,000, but not more than \$72,600	[] - \$72,000 = [] × 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.

DUPLICATE - DO NOT FILE

Child Care Expenses Deduction for 2016

Protected B
when completed.

Before you fill out this form, read the attached information sheet.

Part A – Total child care expenses

First and last name and date of birth of all your eligible children, even if you did not pay child care expenses for all of them.

Charlotte, Holmes

Alice, Holmes

Year	Month	Day
2 0 1 1	0 9 0 4	
2 0 1 4	0 3 3 1	

First name of each eligible child for whom payments were made	Child care expenses paid (read note below)	Name of the child care organization or name and social insurance number of the individual who received the payments	Number of weeks for boarding schools or overnight camps
Alice	4,225 00	Laura Thompson 526 629 019	
+		Peter Hicks 472 839 323	
+		Peter Hicks 472 839 323	
+		Peter Hicks 472 839 323	
Total	6795 = 4,225 00		

Note

The maximum you can claim for expenses that relate to a stay in a boarding school (other than education costs) or an overnight camp (including an overnight sports school) is:

- \$200 per week for a child included on line 1 in Part B;
- \$275 per week for a child included on line 2; and
- \$125 per week for a child included on line 3.

Enter the amount of expenses included above that were incurred in 2016 for a child who was 6 or younger at the end of the year.

6794 4,225 | 00

Part B – Basic limit for child care expenses

Number of eligible children born in 2010 or later, for whom the disability amount cannot be claimed

2 × \$8,000 = 16,000 | 00 1

Number of eligible children born in 2016 or earlier, for whom the disability amount can be claimed *

× \$11,000 = 6796 + 2

Number of eligible children born in 2000 to 2009, (and born in 1999 or earlier, with a mental or physical impairment, for whom the disability amount cannot be claimed)

× \$5,000 = + 3

Add lines 1, 2, and 3.

= 16,000 | 00 4

Enter the amount from line 6795 in Part A.

4,225 | 00 5

Enter your earned income.

75,615 | 51 × 2 / 3 = 50,410 | 34 6

Enter the amount from line 4, 5, or 6, whichever is least.

4,225 | 00 7

If you are the person with the higher net income, go to Part C. Leave lines 8 and 9 blank.

Enter the amount that the other person with the higher net income deducted on line 214 of his or her 2016 return.

- 8

Line 7 minus line 8. If you attended school in 2016 and you are the only person making a claim, also go to Part D. Otherwise, enter this amount on line 214 of your return.

Allowable deduction

= 4,225 | 00 9

* Attach Form T2201, *Disability Tax Credit Certificate*. If this form has already been filed for the child, attach a note to your return showing the name and social insurance number of the person who filed the form and the tax year for which it was filed.

Part C – Are you the person with the higher net income?

Fill out this part and tick the boxes that apply if, in 2016, another person with lower net income was in a situation described below.

Name of person with lower net income	Social insurance number	Net income
--------------------------------------	-------------------------	------------

- a) The other person attended school and was enrolled in a **part-time** educational program.
- b) The other person attended school and was enrolled in a **full-time** educational program.
- c) The other person was not capable of caring for children because of a mental or physical infirmity. That person must have been confined for a period of at least two weeks to a bed or wheelchair, or as a patient in a hospital, or other similar institution. Attach a statement from the attending physician certifying this information.
- d) The other person was not capable of caring for children because of a mental or physical infirmity, and this situation is likely to continue for an indefinite period. Attach a statement from the attending physician certifying this information.
- e) The other person was confined to a prison or similar institution for a period of at least two weeks.
- f) You and your spouse or common-law partner were, due to a breakdown in your relationship, living separate and apart at the end of 2016 and for a period of at least 90 days beginning in 2016, but you reconciled before March 1, 2017.

Enter the amount from line 4 in Part B.

Multiply the amount on line 10 by the number of months in 2016 that the situation in a) existed (other than a month that includes a week that any of the situations in b) to f) existed).

Multiply the amount on line 10 by the number of weeks in 2016 that any of the situations in b) to f) existed.

Add lines 11 and 12.

Enter the amount from line 7 in Part B or line 13, whichever is less.

If you attended school in 2016, go to Part D.

Otherwise, enter this amount on line 214 of your return.

 $\times 2.5\% =$ 10

11

12

6798 = 13

14

Allowable deduction

Part D – Were you enrolled in an educational program in 2016?

Fill out this part if, at any time in 2016, either of the following situations applied to you:

- You were the **only person supporting the eligible child**, line 7 equals line 6 in Part B, and you were enrolled in an educational program.
- You were the **person with the higher net income**, line 7 equals line 6 in Part B, and, at the same time in 2016, you and another person were enrolled in an educational program. **But first, fill out Part C.**

Part D does not apply to the person with the lower net income, since the other person will claim this part of the deduction for both of them.

Enter the amount from line 4 in Part B. 16,000 | 00 $\times 2.5\% =$ 400 | 00 15Multiply the amount on line 15 by the number of weeks in 2016 during which you were enrolled in a full-time educational program. If there was **another person**, he or she must also have been enrolled in a full-time educational program during the **same weeks**.

Multiply the amount on line 15 by the number of months (other than any month that includes a week used to calculate the amount on line 16) in 2016 during which:

- there was **no other person** and you were enrolled in a **part-time** educational program; or
- you and the other person were enrolled in a **full-time or part-time** educational program during the **same months**.

Add lines 16 and 17. 6801 = 18

Line 4 in Part B minus line 9 in Part B or line 14 in Part C, whichever applies to you 11,775 | 00 19

Line 5 in Part B minus line 9 in Part B or line 14 in Part C, whichever applies to you 20

Enter your net income (not including amounts on lines 214 and 235). 65,236 | 91 $\times \frac{2}{3} =$ 43,491 | 27 21

If you filled out Part C: Line 13 in Part C minus line 6 in Part B 22

Enter the amount from line 18, 19, 20, 21, or (if it applies) 22, whichever is least. 23

Enter the amount from line 9 in Part B or the amount from line 14 in Part C, whichever applies to you. 24

Add lines 23 and 24. Enter this amount on line 214 of your return. Allowable deduction 25

Other credits

Age amount - line 301

Maximum claim

Your net income from line 236 of your return

Base amount

Line 2 minus line 3 (if negative, enter "0")

Multiply line 4 by 15%

Line 1 minus line 5 (if negative, enter "0"). Enter this amount on line 301 of Schedule 1.

1	
2	
3	35,927 00
4	
5	
6	

Adoption expenses - line 313

Name of child

Fees paid to an adoption agency licensed by a provincial or territorial government

Court, legal and administrative expenses

Reasonable travel and living expenses:

Travel expenses of a child

Travel and living expenses of the adoptive parents

Travel expenses of an escort, if the adoptive parents did not accompany the child

Document translation fees

Mandatory expenses paid for the child's immigration

Expenses arising from a requirement imposed by government authority respecting the adoption of a child

Other expenses

Total adoption expenses (maximum : \$15,453 per child)

Amount claimed by the other adoptive parent

Subtract line 11 from line 10.

Carry the result to line 313 of your Schedule 1.

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Pension income amount - line 314

Amount from line 115 of your return

Foreign pension income included on line 115 and deducted on line 256

Income from a U.S. individual retirement account (IRA) included on line 115

Amounts from a RRIF or PRPP included on line 115 and transferred to an RRSP, RRIF, PRPP or an annuity

Add lines 2, 3, 4.

Line 1 minus line 5

Annuity payments from line 129 of your return (box 16 of your T4RSP slip) only if you were age 65 or older on December 31, 2016, or you received the payments because of the death of your spouse or common-law partner.

Add lines 6 and 7.

Enter on line 314 of Schedule 1, \$2,000 or the amount on line A, whichever is less. However, if you and your spouse or common-law partner are electing to split your eligible pension income, enter the amount from line A on line A of Form T1032, Joint Election to Split Pension Income. Follow the instructions at Step 4 on Form T1032 to calculate the pension income amount to enter on line 314 of your and your spouse's or common-law partner's Schedule 1.

1	
2	
3	
4	
5	
6	
7	
A	

Disability amount - line 316

(supplement calculation if you were under 18 years of age on December 31, 2016)

Maximum supplement

Total expenses for child care and attendant care claimed for you by anyone

Base amount

Line 2 minus line 3 (if negative, enter "0")

Line 1 minus line 4 (if negative, enter "0")

Enter, on line 316 of Schedule 1, \$8,001 plus the amount on line 5 (maximum claim \$12,668), unless you are completing this chart to calculate the amount at line 318.

1	
2	
3	- 2,734 00
4	
5	=

Volunteer firefighters' amount – line 362

Do you wish to claim this credit?

Yes

No

Volunteer firefighters' amount

NU residents only: claim the NU volunteer firefighters' tax credit?

Yes

No

Nova Scotia volunteer firefighters and ground search and rescue tax credit

Do you wish to claim the credit?

Yes

No

Public transit passes amount - line 364

Amounts for public transit passes from your T4 slips

1
2

Amounts for public transit passes from your spouse or common law partner's T4 slips

3
4
5

Amounts for public transit passes not included on your or your spouse or common-law partner's T4

6
7

Amounts for public transit passes from your dependant children (under age 19)

8
9

Total of lines 1, 2, 3 and 4

10
11

Amount claimed by your spouse or common-law partner _____ %

Enter this amount on line 364 of Schedule 1

Home buyers' amount - line 369

Do you qualify for the home buyers' amount?

Yes

No

Home buyers' credit

Saskatchewan
Federal

Amount claimed by another individual

1
2

Home buyers' amount

3
4

Search and rescue volunteers' amount – line 395

Do you wish to claim this credit?

Yes

No

Search and rescue volunteers' amount

5
6

Federal political contribution tax credit - lines 409/410

Federal political contributions from T5013

1
2
3

Other federal political contributions

4
5
6

Total of lines 1 and 2 (Enter on line 409 of your return)

7

Available credit:

75% of the first \$400

50% of the next \$350

33.33% of contributions over \$750

Available credit to a maximum of \$650

Enter this amount on line 410 of Schedule 1.

Total income tax deducted - line 437

T4 slips	15,394 00
T4A slips	
T4A (OAS) slip	
T4A (P) slip	
T4A (RCA) slip	
T4E slip	
T4RIF slips	
T4RSP slips	
T5013 slips	
T1032 line P - Pension Transferee	
Québec tax deducted (if not filing Québec return)	
Subtotal	15,394 00
Less: T1032 line P - Pensioner	
Total	15,394 00

OtherDeduct

Other deductions**Annual union, professional or like dues - line 212**

Union dues reported on T4 slips

1,414 98

Professional liability insurance

Total

1,414 98

Other employment expenses - line 229

Legal expenses to obtain/collect salary or wages

Repayments of worker's compensation benefits

Employment expenses for forestry workers

Employment expenses reported on Form T777

Meals and lodging expenses reported on Form TL2

T4PS Box 36 - forfeited amounts

Reimbursement of salaries, wages or wage loss insurance benefits

RC359 Line 7 - Excess EPSP

Total

Clergy residence deduction - line 231

Clergy residence deduction

Other deductions - line 232

Refund of undeducted RRSP contributions - withdrawal made using Form T3012A

Refund of undeducted RRSP contributions - withdrawal made without Form T3012A

Legal expenses to appeal a tax assessment

*Legal expenses to make child-support non-taxable

Legal expenses to obtain/collect a retiring allowance or pension

Repayments of Employment Insurance benefits

Repayments of Old Age Security

Repayment of research grants, scholarships or any similar financial assistance

Repayment of the apprenticeship incentive research grant

Repayment of income from a RDSP

Repayments of CPP/QPP benefits received in a previous year

Repayments of shareholder loans

Foreign tax deduction under subsection 20(11)

Foreign tax deduction under subsection 20(12)

Split income

T4RIF Box 22 - other deductions

T4RIF Box 24 - excess amount transferred to a RRIF

T4RSP Box 22 - commutation payments transferred to a RRIF

T4RSP Box 28 - other deductions

RRSP / RRIF losses after death (on deceased return)

CCA on Canadian certified films and productions

RCA deductions under subsection 60(t) and 60(u)

Depletion allowances

Deduction for amounts transferred to a registered disability savings plan (RDSP)

Status Indian T4A(P) exempt income

Total

* Legal fees paid to collect late support payments, to establish the amount of support payments or to try to get an increase in support payments should be claimed on line 221. Please see Schedule 4 to enter these amounts.

OtherDeduct

Other deductions

Stock option and shares deductions - line 249

T4 Box 39 - 110(1)(d) deduction

T4 Box 41 - 110(1)(d.1) deduction

Form T1212 deduction

Additional deduction for donation of shares acquired under a stock-option plan

Deduction for shares received as a prospect or grubstaker

Deduction related to subsection 147(10.4) income inclusion for disposition of DPSP shares

Total

Additional deductions - line 256

15% of U.S. social security benefits reported on line 115

50% of U.S. social security benefits that started before 1996 and reported on line 115

Other foreign pensions exempt under a tax treaty

Foreign support payments reported on line 128

T5013/T5013A - income exempt under a tax treaty

Foreign capital gains exempt from Canadian tax

Other income exempt under a tax treaty

Employment with a prescribed international organization

Vow of perpetual poverty

Adult basic education tuition assistance (T4A box 196 and T4E box 21)

Deduction for foreign farm workers

Total: _____ x 50% =

Total

This is "Exhibit D"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A.B." followed by a stylized surname.

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9

Calculation Input		Annual \$
Cynthia	F, 41, Resident of ON	
Income		
Employment income	94,848	
Darryl	M, 39, Resident of ON	
Income		
Employment income	75,615	
Children	Age Lives with	Table Amt Claimed by
Charlotte Holmes	6 Cynthia	Yes Cynthia
Alice Holmes	3 Cynthia	Yes Cynthia
Dependant credit claimed by Cynthia.		
Special Expenses	Cynthia paid/claimed	Darryl paid/claimed
No Special Expenses.		

Relationship Dates

Date of marriage/cohabitation	Nov 12, 2010
Date of separation	Nov 6, 2015

Support Scenarios

	SSAG Low		SSAG Mid		SSAG High	
	Cynthia	Darryl	Cynthia	Darryl	Cynthia	Darryl
Gross Income	7,904	6,301	7,904	6,301	7,904	6,301
Taxes and Deductions	(1,904)	(1,614)	(1,899)	(1,617)	(1,895)	(1,620)
Benefits and Credits	452	0	452	0	453	0
Cash Flow Adjustments	0	0	0	0	0	0
Spousal Support	(65)	65	(76)	76	(87)	87
Child Support (Table)	1,148	(1,148)	1,148	(1,148)	1,148	(1,148)
Child Support (s.7 Payment)	0	0	0	0	0	0
Net Disposable Income	7,535	3,604	7,529	3,612	7,523	3,620
adult in household						
child in household						
shared/summer child						
Percent of NDI	67.6%	32.4%	67.6%	32.4%	67.5%	32.5%
CSG Special Expenses Apportioning %	55.2%	44.8%	55.1%	44.9%	55.0%	45.0%
After-Tax Cost/Benefit of Spousal Support	(39)	46	(46)	54	(52)	61

Child Support Guidelines (CSG)		Cynthia	Darryl
Annual Guidelines Income		94,848	75,615
CSG Table Amount (Current)		0	1,148
Child Support (Table)		0	1,148

Spousal Support Advisory Guidelines		Monthly
Length of marriage/cohabitation: 5 years		
Recipient's age at separation: 36 years		

'Custodial Payor' Formula

Low \$65	Mid \$76	High \$87
-------------	-------------	--------------

The formula results in a range for spousal support of \$65 to \$87 per month for a duration of 2.5 to 5 years from the date of separation, subject to variation and possibly review.

SSAG Considerations: The results of the SSAG formula must be interpreted with regard to: Entitlement; Location within the Ranges; Restructuring; Ceilings and Floors; and Exceptions.

This is "Exhibit E"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A. Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9

Government
of CanadaGouvernement
du Canada

Canada

DIRECT DEPOSIT
PAYMENT STATEMENTRELEVÉ DE PAIEMENT
DÉPÔT DIRECT

36AGR0307
C HOLMES
 441 HOLLAND AVENUE
 OTTAWA
 ON

Date

2016-01-27

NON NEGOTIABLE - NON NÉGOCEABLE

FINANCIAL INSTITUTION AND ACCOUNT NO.
 INSTITUTION FINANCIÈRE ET N° DE COMPTE

*****9256

Payment Reference No. - N° de référence du paiement

3631-59007155

STATEMENT OF EARNINGS - ÉTAT DES GAINS

P.O. B.P.	DEPT. MIN.	P/L L/P	PRI	CIDP	NAME - NOM	INIT.	GROSS - BRUT	TOTAL DEDUCTIONS TOTAL DES RETENUES	NET PAY	REM NETTE
36	AGR	0307	48	014	HOLMES	C	3180 43	1325 57	1854 86	3774 60

STANDARD DEDUCTIONS (-) unless (+) indicated - RETENUES COURANTES (-) sauf si (+) est

TAXES - IMPÔTS		SUPER- ANNUATION	PENSION DE RETRAITE	C.P.P. Q.P.P.	R.P.C. R.R.Q.	E.I.	A.E.	DEATH BENEFITS	PREST. DÉCES	DISABILITY INS.	ASS. INVALIDITÉ	PROV. PROV. OF DEF WORK TRAV.	WORK HEURES WEEK DE HOURS TRAV.
FED. - FÉD.													
540 96		284 97	150 77	59 79		24 90		24 03		35	37 50		
1093 13		836 04	301 54	119 58									
MED. INS. PLAN - RÉGIME D'ASS. MÉD	CHARITABLE DONATIONS	DONS DE CHARITÉ	SAVINGS BONDS OBLIGATIONS D'ÉPARGNE CANADA	P.P.I.P. R.P.A.P.	CREDIT UNION	COOP DE CRÉDIT	ASSOC. DUES	COTISATIONS SYNDICALES					
HEALTH - SANTÉ	GROUP GROUPE								120 22				
									143 49				

ENTITLEMENTS AND OTHER DEDUCTIONS - ALLOCATIONS ET AUTRES RETENUES

FROM/DU	TO/AU	NO. - N°	RATE - TAUX	AMOUNT - MONTANT
31/12/15 BASIC PAY	13/01/16 TRAIT DE BASE		82171 000 A	3149 76+
FROM/DU 31/12/15 LINGUISTIC	TO/AU 13/01/16 PRIME BILINGUISME		800 000 A	30 67+
DEDN ADJUSTMENT	RAJUST RETENUE			92 82+
PSSA2 LWOP DEFX1 HI	LPFP2 CNP ARREX1 TS		133 980 N	133 98-
DEATH BENEFIT DEFIC	PREST DECES-IMP		12 680 M	12 68-
DISABILITY INS-DEF REF. NO./NO. REF.:	ASSR-INVALIDITE IMP 1		24 030 M	24 03-
PSSA2 DEFX1 HI	LPFP2 ARREX1 TS		11 950 N	11 95-

Current payment information

Paiement actuel

Year to date information

Total cumulatif, année en cours

H - Hour/Heure

D - Day/Jour

W - Week/Semaine

B - Bi wkly/Quinzaine

M - Month/Mois

A - Annual/Annuel

L - Lump sum/Mont. forf.

N - Number/Nombre

P - Percent/Pourcent

NOTICE TO PAYEE ON DIRECT DEPOSIT:

Your net earnings will be credited at the start of business on the date shown and to the bank account that you have specified, of which the last four digits are listed on the reverse side of this statement.

Contact your Compensation Office for the instructions when you wish to change the financial institution, branch or account number, or if allowable, to cancel this type of payment.

If you are changing from one account number to another, do NOT close the old account number until the new account number appears on this statement.

**AVIS AUX BÉNÉFICIAIRES
CONCERNANT LE DÉPÔT DIRECT:**

Vos gains nets seront crédités à l'heure d'ouverture des bureaux de la date indiquée, dans le compte bancaire que vous avez précisé. Les quatres derniers chiffres de ce compte figurent à l'endos du présent relevé.

Veuillez communiquer avec votre bureau des services de rémunération pour prendre connaissance de la marche à suivre pour modifier votre institution financière, votre succursale ou votre numéro de compte ou, s'il vous est permis de le faire, pour annuler ce mode de paiement.

Si vous changez le numéro de compte dans lequel votre paie doit être déposée, NE fermez PAS votre ancien compte avant que le nouveau numéro de compte n'apparaisse sur le présent relevé.

ENTITLEMENTS AND OTHER DEDUCTIONS - ALLOCATIONS ET AUTRES RETENUES

		NO. - N°	RATE - TAUX		AMOUNT - MONTANT
PSAC ARREARS	AFPC-IMPAYE		23	270 N	23 27-
ONT RETL SALES TAX	TAXE VENTE DETL ONT				6 84-

Payment Reference No. - N° de référence du paiement

3631-59007155

H - Hour/Heure

D - Day/Jour

W - Week/Semaine

B - Bi wkly/Quinzaine

M - Month/Mois

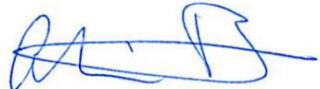
A - Annual/Annuel

L - Lump sum/Mont. forf.

N - Number/Nombre

P - Percent/Pourcent

This is "Exhibit F"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018



Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9

For:

Cynthia Holmes
 328 Dunlin Ridge
 Ottawa, Ontario K2J0e3

Students:

Charlotte Holmes (09/04/11)

This statement only reflects transactions between 1Jan2016 - 31Dec2016 to be used for tax purposes.

Account Summary

Previous Balance as of January 01, 2016	155.58
+ Fees	630.96
- Payments	- 305.00
Balance as of December 31, 2016	481.54

Transaction Summary January 01, 2016 - December 31, 2016

Date	Type	Payment Method	Student	Class/Event	Orig Amt	Discount	HST	Amount	Paid	Balance
01/01/16	Previous Balance									155.58
02/01/16	Payment	Cheque 661						-157.00	02/01/16	-1.42
09/16/16	Tuition Fee	Interac Transfer	Charlotte Holmes	5-6 Years Ballet	275.00	35.75	310.75			309.33
				Note: Auto-post from portal						
09/19/16	Fee - Registration Fee		Charlotte Holmes		25.00			25.00		334.33
10/11/16	Tuition Fee	Interac Transfer	Charlotte Holmes	5-6 Years Tap	275.00	13.75	33.96	295.21		629.54
				Note: 5% 2nd class discount						
12/14/16	Payment	Interac Transfer						-148.00	12/14/16	481.54
				Note: November & December						

This is "Exhibit G"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A. Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9

Balance: 828.20

Showing last 20 transactions

Date	Type	Student	Class	Session	Note	Payment Method	Check #	HST	Fee	Payment	Unpaid Amt	Balance
12/01/2017	Payment				December	Cheque	034		-212.44		828.20	
11/01/2017	Payment				November class fees	Cheque	033		-212.44		1,040.64	
10/17/2017	Payment				October Fees + costume	Cheque	032		-212.44		1,253.08	
09/21/2017	Payment				Sept class + costume dep	Cheque	028		-434.00		1,465.52	
09/18/2017	Fee	Alice Holmes		DR 2017/2018	2017/2018 recital costume deposit x1 class	Cheque	028		50.00	0.00	1,899.52	
09/18/2017	Fee	Charlotte Holmes		DR 2017/2018	2017/2018 recital costume deposit x3 classes	Cheque	028		150.00	0.00	1,849.52	
09/18/2017	Fee			DR 2017/2018	2017/18 registration fee waived				0.00	0.00	1,699.52	
09/15/2017	Tuition Fee	Alice Holmes	Princesses & Pirates	DR 2017/2018	10% Family Discount	Cheque	028	38.02	330.52	96.52	1,699.52	
09/15/2017	Tuition Fee	Charlotte Holmes	Jr. 1 Jazz	DR 2017/2018					0.00	0.00	1,369.00	
09/15/2017	Tuition Fee	Charlotte Holmes	Jr. 1 Tap	DR 2017/2018					0.00	0.00	1,369.00	
09/15/2017	Tuition Fee	Charlotte Holmes	Grade 1 Ballet	DR 2017/2018	Grade 1 Foundations Package	Cheque	034	169.00	1,469.00	831.68	1,369.00	
06/29/2017	Payment				2017/18 early registration	Cheque	010		-100.00		-100.00	

paid to date
1,111.32
-100.00
1,021.32

This is "Exhibit H"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A. Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9



[Order your uniform](#)

OFFICIAL RECEIPT
GIRL GUIDES OF CANADA ONLINE REGISTRATION

Girl Guides of Canada
50 Merton St
Toronto, ON
1-800-565-8111

Billing Date: 2017/08/18
Receipt Number: 4NB82671XT5149625

FAMILY ACCOUNT

Parent/Guardian: Cynthia M. Holmes
Family Account ID: cynthmholm@gmail.com
221 BRAZILING WAY

OTTAWA ON K2J 0E4

REGISTRATION

CYNTHIA M. MICHELLE - 1553576 (2011/09/04)

198th Nepean Spark Unit

Wednesday - 6:30 PM-7:30 PM - Weekly

Larkin House Hall A 76 Larkin Rd Ottawa, ON K2J 1A9 ([View Map](#))

Registered

Unit Start Date: September 20, 2017

\$175.00

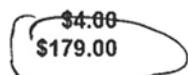
Fees for Guiding Program year September 01, 2017 to August 31, 2018. Note: While the Guiding Year runs until August 31st each year, most units hold their weekly meetings and special outings during the school year (approximately September to May) and close for the summer.

Handling Fee

\$4.00

Total Fees

\$179.00



NOTE: Unit location, daytime, and start date are subject to change. These details will be confirmed by a Unit Guilder.

* Paid successfully by credit card on August 18, 2017.

[Refund Information](#)

This is "Exhibit I"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A. Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9



Holmes, Cynthia
328 Dunlyn Ridge DR
Ottawa, ON K2J 0E3 Canada

Receipt #: 9792296
Issued: Fri 16 Sep 16 08:25 AM

Description	Amount
Previous Balance	\$0.00
Registration: Alic Holmes #1045960 : HPGIDUFFER - FALL 2016 - 017 GI-Play, Create and Explore-Duffer Doo Classes: 11 Hours: 22:00 Days: Wed Starts: Wed 28 Sep 16 09:15 AM - 11:15 AM Ends: Wed 07 Dec 16 09:15 AM - 11:15 AM Location: Chapman Mills Community Building - Multi Purpose Room Orientation for participants is on Friday, Sept. 23rd , 2016. Surnames A to L is from 9:15 to 10:00 am. Surnames M to Z is 10:15 to 11:00 am. Parents and child(ren) are encouraged to meet the staff and see the program. Registration is ongoing for the Fall, Winter and Spring as of August 10th, 2016. More info 613-580-2424 ext 41243. Once the program begins all registration must be in person at a City of Ottawa Client Service Centre.	Birth Year: 2014 Eligible for Child Tax Credit? Yes \$119.00
Payment: Visa Card	(\$119.00)
Balance	\$0.00

For any Parks, Recreation and Cultural Services inquiries, call 311.

Visit www.ottawa.ca for a full listing of Registration/Refund Terms and Conditions.

Credit card payments totalling \$5,000 or greater (within a one month period) will be charged a fee of 1.99%, as authorized by City of Ottawa By-Law 2013-191.

Personal information is collected on this form pursuant to s. 10(1) of the Municipal Act, 2001, S.O. 2001, c.25, and will be used for the purposes of processing your application and management of the City of Ottawa recreation and culture programs. Questions regarding the collection of this information may be addressed by calling a Client Service Centre Agent at 3-1-1.

THE UNDERSIGNED AGREES TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED HEREIN AND ATTACHED HERETO.

Signature

Date

Signature of Official

Date

This is "Exhibit J"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A. Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9



Receipt Ottawa

Printed: 11 Aug 2017 04:14 PM

Holmes, Cynthia
221 Brambling WAY
Ottawa, ON K2J 0E4 Canada

Receipt #: 10015737
Issued: Mon 09 Jan 17 10:12 AM

Description	Amount
Previous Balance	(\$110.00)
Registration:	
Alice Holmes #1046582 : HPGIDUFFER - WINTER 2017 - 002 GI-Play, Create and Explore-Duffer Doo Classes: 11 Hours: 22:00 Days: Wed Starts: Wed 04 Jan 17 09:15 AM - 11:15 AM Ends: Wed 22 Mar 17 09:15 AM - 11:15 AM Location: Chapman Mills Community Building - Multi Purpose Room	Birth Year: 2014 Eligible for Child Tax Credit? Yes \$108.18
Newly registered participants for the Winter session are encouraged to arrange an Orientation prior to the end of the Fall session (Dec. 05, 2016) .Please call the Program Supervisor 580-2424 Ext. 41243 to set up an appointment. Registration has been ongoing since Aug.10th 2016.for the Fall,Winter and Spring Sessions.No program during the March Break (March 13th to 17th 2017 inclusive.) No program on Feb. 20th 2017.	
Balance	(\$1.82)

THE UNDERSIGNED AGREES TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED HEREIN AND ATTACHED HERETO.

Signature

Date

Signature of Official

Date



Ottawa Receipt

Printed: 03 Mar 2017 12:56 PM

Holmes, Cynthia
221 Brambling WAY
Ottawa, ON K2J 0E4 Canada

Receipt #: 10127014
Issued: Fri 03 Mar 17 12:55 PM

Description	Amount
Previous Balance	(\$1.82)
Registration: Alice Holmes #1050953 : HPGIDUFFER - SPRING 2017 - 002 GI-Play, Create and Explore-Duffer Doo Classes: 11 Hours: 22:00 Days: Wed Starts: Wed 29 Mar 17 09:15 AM - 11:15 AM Ends: Wed 07 Jun 17 09:15 AM - 11:15 AM Location: Chapman Mills Community Building - Multi Purpose Room	Birth Year: 2014 Eligible for Child Tax Credit? Yes \$119.00
Newly registered participants for the Spring session are encouraged (optional) to arrange an Orientation prior to the end of the Winter session (Mar. 5th, 2017). Please call the Program Supervisor to set up an appointment(580-2424 Ext. 41243). Registration has been ongoing since Aug.10th 2016.for the Fall,Winter and Spring Sessions. No Program Friday, April 14, 2017; Monday, April 17th, 2017 and Monday May 22nd 2017.	
Payment: Visa Card	(\$117.18)
Balance	\$0.00

For any Parks, Recreation and Cultural Services inquiries, call 311.

Visit www.ottawa.ca for a full listing of Registration/Refund Terms and Conditions.

Credit card payments **totalling \$5,000 or greater** (within a one month period) will be charged a fee of 1.99%, as authorized by City of Ottawa By-Law 2013-191.

Personal information is collected on this form pursuant to s. 10(1) of the Municipal Act, 2001, S.O. 2001, c.25, and will be used for the purposes of processing your application and management of the City of Ottawa recreation and culture programs. Questions regarding the collection of this information may be addressed by calling a Client Service Centre Agent at 3-1-1.

THE UNDERSIGNED AGREES TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED HEREIN AND ATTACHED HERETO.

Signature	Date
Signature of Official	Date



Holmes, Cynthia
221 Brambling WAY
Ottawa, ON K2J 0E4 Canada

Receipt #: 10508811
Issued: Thu 17 Aug 17 10:23 AM

Description	Amount	
Previous Balance	\$0.00	
Registration:	Alice Holmes #1116026 : HPGIDUFFER - FALL 2017 - 014 GI-Play, Create and Explore-Duffer Doo Classes: 11 Hours: 22:00 Days: Tue Starts: Tue 26 Sep 17 09:15 AM - 11:15 AM Ends: Tue 05 Dec 17 09:15 AM - 11:15 AM Location: Minto Recreation Complex - Barrhaven - Black Leaf Room Participants are to be toilet trained at beginning of session. Please bring a nut-free snack and water.	Birth Year: 2014 Eligible for Child Tax Credit? No \$123.50
Payment:	Visa Card (\$123.50)	
Balance	\$0.00	

For any Parks, Recreation and Cultural Services inquiries, call 311.

Use up your credits! The City is moving to a new registration, booking and payment system and is asking for your assistance. You can help by applying your credits to your next purchase. For more information, visit ottawa.ca/recreation.

Visit www.ottawa.ca for a full listing of Registration/Refund Terms and Conditions.

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Personal information is collected on this form pursuant to s. 10(1) of the Municipal Act, 2001, S.O. 2001, c.25, and will be used for the purposes of processing your application and management of the City of Ottawa recreation and culture programs. Questions regarding the collection of this information may be addressed by calling a Client Service Centre Agent at 3-1-1.

THE UNDERSIGNED AGREES TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED HEREIN AND ATTACHED HERETO.

Signature	Date
Signature of Official	Date

This is "Exhibit K"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "Alison Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9

Received from Cynthia Holmes for caring for Alice Holmes and Charlotte Holmes
in the sum of \$2,200 for the period from September 5, 2017 to December 1, 2017.

Services provided by: Roxanne Peppin

Address: 530 Dundonald Drive, Ottawa, ON K2J0E4

SIN:

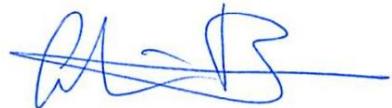
Received from Cynthia Holmes for caring for Alice Holmes and Charlotte Holmes
in the sum of \$1,342. 50 for the period from June 26, 2017 to December 1, 2017.

Services provided by: Dawn Kathleen

Address: 3152 Foxhound way, Ottawa, ON K2J 0S8

SIN:

This is "Exhibit L"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "Alison Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9

[Imprimer](#)

Sainte-Kateri

2450 River Mist Rd, Nepean (ON) K2J5W5

(613) 741-6754

<http://sainte-kateri.ecolecatholique.ca/>

Client: Cynthia Holmes

Adresse: 221 Brambling Way
Ottawa (ON)
K2J0E4

Numéro de commande: 1418-6126-7411-5091

Détails de la commande

ENR	ARTICLE	ATTRIBUTS	DATE	POLIS	QUANTITÉ	PRIX	TOTAL
00020678	Cotisation scolaire 2017-2018 1ère année			Holmes, Charlotte	1	40,00\$	40,00\$
00021051- Pepperoni	Pizza du 21 septembre 2017 au 1er février 2018	Choix de pizza: Pepperoni	21 sept. 17-01 févr. 18	Holmes, Charlotte	1	40,50\$	40,50\$
Total							80,50\$

Transactions

DATE	TYPE	MÉTHODE	STATUT	NO. D'AUTORISATION	NO. CONFIRMATION	MONTANT
2017-09-11 14:39:07	Achat	VISA - 6355	APPROUVÉE	071841	7342560054	80,50\$

Numéro de TVH: 122864804RR0001

This is "Exhibit M"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A. Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9



Holmes, Cynthia
221 Brambling WAY
Ottawa, ON K2J 0E4 Canada

Receipt #: 10513421
Issued: Fri 18 Aug 17 11:10 AM

Description	Amount
Previous Balance	\$0.00
Registration: Alice Holmes #1120640 : HPSPLAYG - FALL 2017 - 008 Gymnastics-Playgym - Preschool Classes: 12 Hours: 9:00 Days: Sun Starts: Sun 17 Sep 17 09:00 AM - 09:45 AM Ends: Sun 10 Dec 17 09:00 AM - 09:45 AM Location: Minto Recreation Complex - Barrhaven - Gymnasium Parental participation is required for this program. Children must be barefoot with long hair tied back. No Class on October 8th	Birth Year: 2014 Eligible for Child Tax Credit? No \$63.25
Payment: Visa Card	(\$63.25)
Balance	\$0.00

For any Parks, Recreation and Cultural Services inquiries, call 311.

Use up your credits! The City is moving to a new registration, booking and payment system and is asking for your assistance. You can help by applying your credits to your next purchase. For more information, visit ottawa.ca/recreation.

Visit www.ottawa.ca for a full listing of Registration/Refund Terms and Conditions.

Credit card payments totalling \$5,000 or greater (within a one month period) will be charged a fee of 1.99%, as authorized by City of Ottawa By-Law 2013-191.

Personal information is collected on this form pursuant to s. 10(1) of the Municipal Act, 2001, S.O. 2001, c.25, and will be used for the purposes of processing your application and management of the City of Ottawa recreation and culture programs. Questions regarding the collection of this information may be addressed by calling a Client Service Centre Agent at 3-1-1.

THE UNDERSIGNED AGREES TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED HEREIN AND ATTACHED HERETO.

Signature

Date

Signature of Official

Date

This is "Exhibit N"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A - B".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9

From: Alison Boyce alison@delaneys.ca
Subject: Holmes v. Ross - Follow up from Case Conference
Date: December 19, 2017 at 1:09 PM
To: Darryl Ross rossd1@algonquincollege.com, Darryl Ross darrylondunlin@gmail.com
Bcc: cynthmholm@gmail.com

AB

Dear Mr. Ross,

The Consent Order of the Honourable Master Fortier dated October 4, 2017 required you to provide all of the following disclosure by November 3, 2017:

1. A letter from Algonquin College stating your current employment status (full time, part time or sick leave basis);
2. A letter from Algonquin College stating your current annual salary and all other benefits;
3. A letter from Algonquin College stating what pay and/or employment benefits are available to you during periods when you are on sick leave; and
4. All documents relating to your car accidents from November 2016 and March 2017 including, but not limited to police reports, accident reports, court documents, photos of the damage and all bills for repair to the car.

I am still waiting for this disclosure. It is imperative that I receive the information as quickly as possible so we may have a productive Case Conference in January.

Further, please provide me with an update on your progress, and supporting documents, regarding the treatment you are receiving for your alcoholism and/or substance abuse? You had mentioned your participation with Smart Recovery Canada. Also kindly advise whether you are seeking any additional help from private counsellors or any other rehabilitation facilities.

Finally, I am advised that you have not been paying for your half of the extraordinary expenses. Kindly let me know when you will reimburse Ms. Holmes for your half of the children's extraordinary expenses, which she has been paying on your behalf. She has sent you copies of the receipts regarding same.

Sincerely,
Alison

Alison Boyce
Barrister & Solicitor

Delaney's Law Firm
Professional Corporation
543 Somerset St W
Ottawa, ON K1R 5J9

Tel: [613-233-7000](tel:613-233-7000)
Toll-Free Tel: [1-866-976-3396](tel:1-866-976-3396)
Fax: [1-866-846-4191](tel:1-866-846-4191)
email: alison@delaneys.ca

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From: Alison Boyce alison@delaneys.ca
Subject: Re: Holmes v. Ross - Follow up from Case Conference
Date: January 3, 2018 at 11:34 AM
To: Darryl Ross darrylondunlin@gmail.com
Bcc: cynthmholm@gmail.com

AB

Dear Darryl,

Just following up to see when I may expect the court ordered disclosure (see below).

Additionally, kindly forward me your year end pay stub for 2017 at your earliest convenience.

Sincerely,
Alison

Alison Boyce
Barrister & Solicitor

Delaney's Law Firm
Professional Corporation
543 Somerset St W
Ottawa, ON K1R 5J9

Tel: 613-233-7000

Toll-Free Tel: 1-866-976-3396

Fax: 1-866-846-4191

email: alison@delaneys.ca

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On Dec 21, 2017, at 12:26 PM, Darryl Ross <darrylondunlin@gmail.com> wrote:

Hi Alison,

I've been meaning to get in touch with you, and forward the documents listed below. However, with the strike at Algonquin, and moving, I've been tied up. I will get them to you as soon as I can, now that both are settled.

Best,

Darryl

On Dec 19, 2017, at 1:09 PM, Alison Boyce <alison@delaneys.ca> wrote:

Dear Mr. Ross,

The Consent Order of the Honourable Master Fortier dated October 4, 2017 required you to provide all of the following disclosure by November 3, 2017:

1. A letter from Algonquin College stating your current employment status (full time, part time or sick leave basis);
2. A letter from Algonquin College stating your current annual salary and all other benefits;
3. A letter from Algonquin College stating what pay and/or employment benefits are available to you during periods when you are on sick leave; and
4. All documents relating to your car accidents from November 2016 and March 2017 including, but not limited to police reports, accident reports, court documents, photos of the damage and all bills for repair to the car.

AB

From: Alison Boyce alison@delaneys.ca
Subject: Fwd: Holmes v. Ross - Follow up from Case Conference
Date: January 9, 2018 at 1:12 PM
To: Darryl Ross darrylondunlin@gmail.com, Darryl Ross rossd1@algonquincollege.com
Bcc: Alison Boyce alison@delaneys.ca, Cynthia Holmes cynthholm@gmail.com

Darryl,

Kindly advise when we may expect to receive the court ordered disclosure which was due November 3, 2017 and the other disclosure requested (see below). To date, we have not received anything. It is imperative that I receive all of the information as quickly as possible so we may have a productive Case Conference.

Finally, kindly confirm that you will serve and file your case conference brief by January 15, 2018.

Sincerely,

Alison

----- Forwarded message -----

From: Alison Boyce <alison@delaneys.ca>
Date: Wed, Jan 3, 2018 at 11:34 AM
Subject: Re: Holmes v. Ross - Follow up from Case Conference
To: Darryl Ross <darrylondunlin@gmail.com>

Dear Darryl,

Just following up to see when I may expect the court ordered disclosure (see below).

Additionally, kindly forward me your year end pay stub for 2017 at your earliest convenience.

Sincerely,
Alison

Alison Boyce
Barrister & Solicitor

Delaney's Law Firm
Professional Corporation
543 Somerset St W
Ottawa, ON K1R 5J9

Tel: [613-233-7000](tel:613-233-7000)
Toll-Free Tel: [1-866-976-3396](tel:1-866-976-3396)
Fax: [1-866-846-4191](tel:1-866-846-4191)
email: alison@delaneys.ca

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On Dec 21, 2017, at 12:26 PM, Darryl Ross <darrylondunlin@gmail.com> wrote:

Hi Alison,

I've been meaning to get in touch with you, and forward the documents listed below. However, with the strike at Algonquin, and moving, I've been tied up. I will get them to you as soon as I can, now that both are settled.

Best

From: Alison Boyce alison@delaneys.ca 
Subject: Holmes v. Ross - Follow up from Case Conference
Date: January 22, 2018 at 12:35 PM
To: Darryl Ross darrylondunlin@gmail.com, Darryl Ross rossd1@algonquincollege.com
Bcc: cynthmholm@gmail.com

AB

Dear Mr. Ross,

Attached, please find a copy of the Endorsement from the Case Conference held on January 19, 2018. Kindly note that there will be an Order to go issued by the Court, which I will send you upon receipt.

I would ask that you note that there have been costs awarded against you in the amount of \$450, payable within 30 of the date of the Endorsement. You are required to pay these costs to Ms. Holmes, preferably through my office, within the next thirty days.

I would also remind you that you are still required to provide the disclosure ordered pursuant to the Order of Master Fortier dated October 4, 2017. Additionally, further disclosure with respect to your 2017 income is required from you and has been ordered.

Further, I intend to bring a motion for child support and repayment of section 7 extraordinary expenses. Kindly let me know your availability for the following dates in March and April 2018:

March 13th, 15th, 20th, 22nd, 27th, 29th

April 10th, 19th, 24th, 26th

If I do not hear from you by **noon on Friday, January 26th** then I will go ahead and book a date without further consulting you for your availability.

I would encourage you to contact me to negotiate settlement of the above-noted issues, in writing. Should you fail to do so, and Ms. Holmes is required to proceed to the motion, I will be seeking further costs against you.

You may contact me in writing should you have any further questions.

Sincerely,
Alison

Alison Boyce
Barrister & Solicitor

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Ottawa, ON K1R 5J9

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From: Alison Boyce alison@delaneys.ca 
Subject: Re: Holmes v. Ross - Follow up from Case Conference
Date: January 25, 2018 at 2:20 PM
To: Darryl Ross darrylondunlin@gmail.com
Bcc: cynthmholm@gmail.com

AB

Dear Mr. Ross,

Thank you for your email. I will keep your availability in mind when I book the motion.

Enclosed, please find a copy of the Order that we received from the Honourable Master Champagne at the Case Conference.

Sincerely,
Alison

Alison Boyce
Barrister & Solicitor

**Delaney's Law Firm
Professional Corporation**
543 Somerset St W
Ottawa, ON K1R 5J9

Tel: 613-233-7000
Toll-Free Tel: 1-866-976-3396
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email: alison@delaneys.ca

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On Jan 25, 2018, at 2:10 PM, Darryl Ross <darrylondunlin@gmail.com> wrote:

Hi Alison,

I apologize for not being in touch, but with the strike, course prep and teaching has me swamped. The best dates for me would be March 29th or April 10th, after the semester ends.

I teach today and tomorrow, but I will address your emails this weekend. I will also ensure to pay the amount owing within the time frame.

Best,

Darryl

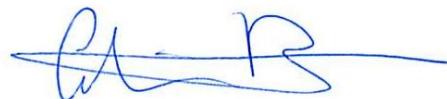
p.s. Please use this email address exclusively, rather than my work address.

On Jan 22, 2018, at 12:35 PM, Alison Boyce <alison@delaneys.ca> wrote:

Dear Mr. Ross,

Attached, please find a copy of the Endorsement from the Case Conference held on January 19, 2018. Kindly note that there will be an Order to go issued by the Court, which I will send you upon receipt.

This is "Exhibit O"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018



Commissioner for Taking Affidavits

**Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9**

From: Darryl Ross darrylondunlin@gmail.com
Subject: Re: Holmes v. Ross - Follow up from Case Conference
Date: December 21, 2017 at 12:26 PM
To: Alison Boyce alison@delaneys.ca

DR

Hi Alison,

I've been meaning to get in touch with you, and forward the documents listed below. However, with the strike at Algonquin, and moving, I've been tied up. I will get them to you as soon as I can, now that both are settled.

Best,

Darryl

On Dec 19, 2017, at 1:09 PM, Alison Boyce <alison@delaneys.ca> wrote:

Dear Mr. Ross,

The Consent Order of the Honourable Master Fortier dated October 4, 2017 required you to provide all of the following disclosure by November 3, 2017:

1. A letter from Algonquin College stating your current employment status (full time, part time or sick leave basis);
2. A letter from Algonquin College stating your current annual salary and all other benefits;
3. A letter from Algonquin College stating what pay and/or employment benefits are available to you during periods when you are on sick leave; and
4. All documents relating to your car accidents from November 2016 and March 2017 including, but not limited to police reports, accident reports, court documents, photos of the damage and all bills for repair to the car.

I am still waiting for this disclosure. It is imperative that I receive the information as quickly as possible so we may have a productive Case Conference in January.

Further, please provide me with an update on your progress, and supporting documents, regarding the treatment you are receiving for your alcoholism and/or substance abuse? You had mentioned your participation with Smart Recovery Canada. Also kindly advise whether you are seeking any additional help from private counsellors or any other rehabilitation facilities.

Finally, I am advised that you have not been paying for your half of the extraordinary expenses. Kindly let me know when you will reimburse Ms. Holmes for your half of the children's extraordinary expenses, which she has been paying on your behalf. She has sent you copies of the receipts regarding same.

Sincerely,
Alison

Alison Boyce
Barrister & Solicitor

Delaney's Law Firm
Professional Corporation
543 Somerset St W
Ottawa, ON K1R 5J9

Tel: [613-233-7000](tel:613-233-7000)
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Fax: [1-866-846-4191](tel:1-866-846-4191)
email: alison@delaneys.ca

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From: Darryl Ross darrylondunlin@gmail.com
Subject: Re: Holmes v. Ross - Follow up from Case Conference
Date: January 25, 2018 at 2:10 PM
To: Alison Boyce alison@delaneys.ca

DR

Hi Alison,

I apologize for not being in touch, but with the strike, course prep and teaching has me swamped. The best dates for me would be March 29th or April 10th, after the semester ends.

I teach today and tomorrow, but I will address your emails this weekend. I will also ensure to pay the amount owing within the time frame.

Best,

Darryl

p.s. Please use this email address exclusively, rather than my work address.

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Dear Mr. Ross,

Attached, please find a copy of the Endorsement from the Case Conference held on January 19, 2018. Kindly note that there will be an Order to go issued by the Court, which I will send you upon receipt.

I would ask that you note that there have been costs awarded against you in the amount of \$450, payable within 30 of the date of the Endorsement. You are required to pay these costs to Ms. Holmes, preferably through my office, within the next thirty days.

I would also remind you that you are still required to provide the disclosure ordered pursuant to the Order of Master Fortier dated October 4, 2017. Additionally, further disclosure with respect to your 2017 income is required from you and has been ordered.

Further, I intend to bring a motion for child support and repayment of section 7 extraordinary expenses. Kindly let me know your availability for the following dates in March and April 2018:

March 13th, 15th, 20th, 22nd, 27th, 29th

April 10th, 19th, 24th, 26th

If I do not hear from you by **noon on Friday, January 26th** then I will go ahead and book a date without further consulting you for your availability.

I would encourage you to contact me to negotiate settlement of the above-noted issues, in writing. Should you fail to do so, and Ms. Holmes is required to proceed to the motion, I will be seeking further costs against you.

You may contact me in writing should you have any further questions.

Sincerely,
Alison

Alison Boyce
Barrister & Solicitor

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Ottawa, ON K1R 5J9

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email: alison@delaneys.ca

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This is "Exhibit P"
in support of the Affidavit of Cynthia Holmes
Sworn before me this 27th of March, 2018

A handwritten signature in blue ink, appearing to read "A. Boyce".

Commissioner for Taking Affidavits

Alison Boyce
Barrister & Solicitor
Delaney's Law Firm
543 Somerset St W
Ottawa, ON, K1R 5J9

RELEASE/DIRECTION FORM

To: Algonquin College – Human Resources
C Block – Room 426
1385 Woodroffe Avenue
Ottawa, Ontario
K2G 1V8

Re: **Darryl Ross**
DOB: February 5, 1979
SIN: 504 449 422

I, Darryl Ross, hereby authorize Algonquin College to provide Alison Boyce of Delaney's Law Firm with any and all information or documents requested by her relating to the following:

- My current and previous employment status at Algonquin College (full time, part-time, or sick leave, etc.);
- Copies of my paystubs for December 2017;
- Copies of my T4 slip, when available; and
- Copies of my employment benefits and statements available while I was away on sick leave.

I further agree to release you from any and all liabilities, which may be occasioned, by the release of such documents, records, or information.

Without limiting the generality of the foregoing, you may provide Ms. Boyce or any other lawyer and staff member at Delaney's Law Firm will all information regarding the information listed above.

Dated at Ottawa this th of , 2018.

Darryl Ross

RELEASE/DIRECTION FORM

To: SMART RECOVERY
1489 Merivale Road – Suite 200
Ottawa, Ontario
K2E 5P3

Re: Darryl Ross
DOB: February 5, 1979

I, Darryl Ross, hereby authorize Smart Recovery to provide Alison Boyce of Delaney's Law Firm with any and all information or documents requested by her relating to the following:

- A schedule of my attendance at meetings;
- An update and/or report on my progress through the program.

I further agree to release you from any and all liabilities, which may be occasioned, by the release of such documents, records, or information.

Without limiting the generality of the foregoing, you may provide Ms. Boyce or any other lawyer and staff member at Delaney's Law Firm will all information regarding the information listed above.

Dated at Ottawa this th of , 2018.

Darryl Ross

RELEASE/DIRECTION FORM

To: Ottawa Police Association – Records
141 Catherine Street
Ottawa, Ontario
K2P 1C3

**Re: Darryl Ross
DOB: February 5, 1979**

I, Darryl Ross, hereby authorize the Ottawa Police Association to provide Alison Boyce of Delaney's Law Firm with any and all information or documents requested by her relating to the following:

- My criminal record;
- My probation terms;
- Documents relating to my car accidents from November 2016 and March 2017 including, but not limited to, police reports, accident reports, photos of the damage.

I further agree to release you from any and all liabilities, which may be occasioned, by the release of such documents, records, or information.

Without limiting the generality of the foregoing, you may provide Ms. Boyce or any other lawyer and staff member at Delaney's Law Firm will all information regarding the information listed above.

Dated at Ottawa this th of , 2018.

Darryl Ross