



York University
4700 Keele Street
Toronto ON M3J 1P3

Raghvendra Bagla
4090 Living Arts Dr
Unit 2501
Mississauga ON L5B 4M8
Canada

Canada Revenue Agency Agence du revenu du Canada	TUITION, EDUCATION AND TEXTBOOK AMOUNTS CERTIFICATE	T2202A (14) For Student 1																																								
Issue this certificate to a student who was enrolled during the calendar year in a qualifying educational program or a specified educational program at a post-secondary institution, such as a college or university, or at an institution certified by Employment and Social Development Canada (ESDC) (formerly Human Resources and Skills Development Canada (HRSCD)).																																										
Tuition fees paid in respect of the calendar year to any one institution have to be more than \$100. Fees paid to a post-secondary institution have to be for courses taken at the post-secondary level. Fees paid to an institution certified by ESDC have to be for courses taken to get or improve skills in an occupation, and the student has to be 16 years of age or older before the end of the year.																																										
Do not enter the cost of textbooks on this form. Students calculate the education and textbook amounts based on the number of months indicated in Box B or C below on page 2 [below].																																										
Student Name: Raghvendra Bagla	Student No: 213678560	Program or course name: Master of Business Administration																																								
Name and address of educational institution York University 4700 Keele Street Toronto ON M3J 1P3	<table border="1"><thead><tr><th colspan="2">Session periods, part-time and full-time</th><th>A Eligible tuition fees, part-time and full-time sessions</th><th colspan="2">Number of months for:</th></tr><tr><th>From Year/Month</th><th>To Year/Month</th><th></th><th>B Part-time</th><th>C Full-time</th></tr></thead><tbody><tr><td>01 2015</td><td>04 2015</td><td>\$20,302.72</td><td>0.0</td><td>4</td></tr><tr><td>05 2015</td><td>08 2015</td><td>\$0.00</td><td>0.0</td><td>1</td></tr><tr><td>09 2015</td><td>12 2015</td><td>\$21,108.76</td><td>0.0</td><td>4</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>Totals</td><td>\$41,411.48</td><td>0.0</td></tr><tr><td></td><td></td><td></td><td></td><td>9</td></tr></tbody></table>		Session periods, part-time and full-time		A Eligible tuition fees, part-time and full-time sessions	Number of months for:		From Year/Month	To Year/Month		B Part-time	C Full-time	01 2015	04 2015	\$20,302.72	0.0	4	05 2015	08 2015	\$0.00	0.0	1	09 2015	12 2015	\$21,108.76	0.0	4								Totals	\$41,411.48	0.0					9
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For further information-sfs.yorku.ca/fees/taxforms																																										

RC-14-999

Complete Schedule 11, "Tuition, Education, and Textbook Amounts", to calculate the **federal amount** you can claim on line 323 of Schedule 1, "Federal Tax"; the maximum amount you can transfer to a designated individual; and the amount, if any, you can carry forward to a future year.

Also complete provincial or territorial **Schedule (S11)**, if you resided in a province or territory other than Quebec on December 31, to calculate the **provincial or territorial amount** you can claim on line 5856 of Form 428; the maximum amount you can transfer to a designated individual; and the amount, if any, you can carry forward to a future year.

You can claim a **full-time** education amount if you were enrolled in a **qualifying educational program** as a full-time student. Such a program lasts at least three consecutive weeks and requires a minimum of 10 hours of course instruction or work each week in the program (excluding study time). For more information on this and on the **textbook amount**, see Pamphlet P105, "Students and Income Tax", at www.cra.gc.ca/forms.

You can claim a **part-time** education amount if you were enrolled in a **specified educational program**. Such a program lasts at least three consecutive weeks and requires a minimum of 12 hours of instruction or work each month on courses in the program.

You can claim a **full-time** education and textbook amount if you were enrolled as a part-time student in a **qualifying educational program** and you qualify for the disability amount, or you could not be enrolled full time in such a program because of a mental or physical impairment, as certified by a medical doctor, optometrist, audiologist, occupational therapist, psychologist, speech-language pathologist or physiotherapist.

- If you qualified for the part-time education amount for 2013 and you still meet the eligibility requirements in 2014, you do not need to send a new Form T2201, "Disability Tax Credit Certificate", to claim the full-time education amount.
- If this is a new claim, you must submit a completed and certified Form T2201, "Disability Tax Credit Certificate" to claim the full-time education amount.
 - If you could not be enrolled full-time in a qualifying educational program because of a mental or physical impairment, you must submit a signed letter from a medical doctor, optometrist, audiologist, occupational therapist, psychologist, speech-language pathologist or physiotherapist, stating this.
- For information on the **unused current-year** tuition, education, and textbook amounts you can transfer, see line 323 in your "General Income Tax and Benefit Guide" and, if applicable, line 5856 in the provincial or territorial pages of your forms book.

Complete this area if you were enrolled in an institution certified by Employment and Social Development Canada:
I was enrolled in the course(s) titled _____ to get or improve skills in the occupation of _____.

Privacy Act, Personal Information Bank number CRA PPU 005

Protected B when completed / Protégé B une fois rempli



Canada Revenue
Agency

Agence du revenu
du Canada

**TUITION, EDUCATION
AND TEXTBOOK
AMOUNTS
CERTIFICATE**

T2202A (14)
For Student 2

Issue this certificate to a student who was enrolled during the calendar year in a qualifying educational program or a specified educational program at a post-secondary institution, such as a college or university, or at an institution certified by Employment and Social Development Canada (ESDC) (formerly Human Resources and Skills Development Canada (HRSCD)).

Tuition fees paid in respect of the calendar year to any one institution have to be more than \$100. Fees paid to a post-secondary institution have to be for courses taken at the post-secondary level. Fees paid to an institution certified by ESDC have to be for courses taken to get or improve skills in an occupation, and the student has to be 16 years of age or older before the end of the year.

Do not enter the cost of textbooks on this form. Students calculate the education and textbook amounts based on number of months indicated in Box B or C on page 2 [below].

Student Name:

Raghvendra Bagla

Student No:

213678560

Program or course name:

Master of Business Administration

Name and address of educational institution
York University
4700 Keele Street
Toronto ON M3J 1P3

For further information-sfs.yorku.ca/fees/taxforms

Session periods, part-time and full-time		A Eligible tuition fees, part-time and full-time sessions	Number of months for:	
From Year/Month	To Year/Month		B Part-time	C Full-time
01 2015	04 2015	\$20,302.72	0.0	4
05 2015	08 2015	\$0.00	0.0	1
09 2015	12 2015	\$21,108.76	0.0	4
		Totals	\$41,411.48	0.0
				9

RC-14-999

Information for students: See the bottom portion of copy 1. If you want to transfer all or part of your tuition, education, and textbook amounts, complete the bottom portion of copy 2.

You can transfer your unused current-year tuition, education, and textbook amounts to one designated individual. That individual can be either your spouse or common-law partner, your parent or grandparent, or your spouse's or common-law partner's parent or grandparent. You cannot transfer your unused current-year amounts to your parent or grandparent, or your spouse's or common-law partner's parent or grandparent, if your spouse or common-law partner claims the **spouse or common-law partner amount or amounts transferred from your spouse or common-law partner** on his/her tax return.

If you transfer unused amounts to your spouse or common-law partner, he or she has to complete **federal Schedule 2, "Federal Amounts Transferred From Your Spouse or Common-Law Partner"**, and, if applicable, **provincial or territorial Schedule (S2), "Provincial (or Territorial) Amounts Transferred From Your Spouse or Common-Law Partner"**.

"Privacy Act", Personal Information Bank number CRA PPU 005

Designation for the transfer of an amount to a spouse or common-law partner, parent, or grandparent

I designate _____, my _____
(Individual's name) (Relationship to you)

to claim:

(1) \$ _____ on line 324 of his or her **federal Schedule 1**, or on line 360
Federal amount of his or her **federal Schedule 2**, as applicable;

(2) \$ _____ on line 5860 of his or her **provincial or territorial Form 428**,
Provincial or
territorial amount or on line 5909 of his or her **provincial or territorial
Schedule (S2)**, as applicable.

Note 1: Line (1) above cannot be more than line 23 of your **federal Schedule 11**.

Note 2: If you resided in a province or territory other than Quebec on December 31, line (2) above cannot be more than line 19 (line 23 for Yukon and Nunavut) of your **provincial or territorial Schedule (S11)**. If you resided in Quebec on December 31, an entry is not required on line (2) above.

Note 3: If you did not reside in the same province or territory as the designated individual on December 31, special rules may apply. For more details, call **1-800-959-8281**.

Student's name (print) and signature

Social insurance number

Date



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

- The information found on this form corresponds to the tax year indicated on the right.
- Before you fill out this form, read the information and instructions on the back.
- The individual (or legal representative) identified in Part A must sign Part E.
- Part G is to be filled out by your electronic filer once the return has been submitted.
- Give the signed original of this form to your electronic filer and keep a copy for yourself.

Tax year: 2015

Part A - Identification and address as shown on your return (mandatory)

First name RAGHVENDRA	Last name BAGLA	Social insurance number 931-991-715
Mailing address: Apt. No. - Street number and name 2501-4090 LIVING ARTS DR		
PO Box	RR	City MISSISSAUGA
		Prov./Terr. ON
		Postal code L5B 4M8

Part B - Declaration of amounts from your General Income Tax and Benefit Return (mandatory)

Enter the following amounts from your return, if applicable:

Total income (line 150)	19,824 00	Refund (line 484)	
Taxable income (line 260)	19,824 00	or	
Total federal non-refundable tax credits (line 350 of Schedule 1)	2,973 60	Balance owing (line 485) .	

Part C - Alternative address information (optional)

Fill out this part if you want us to mail your notice of assessment and your tax refund, or only your notice of assessment, to you at the address of the electronic filer named in Part F. Tick (X) the appropriate box to tell us which information to mail to the electronic filer's address. This authorization is valid for the current tax year only. **Important: Read the back of this form for more details, especially if you have signed up for the online mail service.**

notice of assessment and tax refund notice of assessment

Part D - Authorizing an electronic filer to represent you (optional)

By filling out and transmitting this part of the T183 form, I authorize the Canada Revenue Agency to deal with the electronic filer named in Part F as my representative for income tax matters on my tax return. This authorization is limited to the specific tax year and does not provide my representative with online access. This authorization will expire on _____
If you do not show an expiry date, this authorization will remain in effect until you, the undersigned, cancel it. Read the back of this form for more details

2016/03/02

Signature (individual identified in Part A or legal representative)

Name and title of legal representative

Date

Part E - Declaration and authorization (mandatory)

I declare that the information entered in Part A and F and the amounts shown above in Part B are correct and complete and fully disclose my income from all sources. I also declare that I have read the information on the back of this form, and that the electronic filer identified in Part F is filing my return. I allow this electronic filer to communicate with the Canada Revenue Agency to correct any errors or omissions.

2016/03/02

Signature (individual identified in Part A or legal representative)

Name and title of legal representative

Date



Sign up for online mail!

Get your CRA mail electronically delivered in My Account, instead of on paper.

Email address (optional) _____

I understand that by providing an email address, I am registering for online mail and I accept the terms and conditions. For more information, refer to the information and instructions on the back of this form.

Part F - Electronic filer identification (mandatory)

By signing Part E above, the individual named in Part A declares that the following person or firm is electronically filing his or her return. Part E must be signed before the return is electronically transmitted.

Name of person or firm: **BHARAT CHAVDA PROFESSIONAL** Electronic filer number: **K8919**

Part G - Document control number or confirmation number (mandatory)

Enter the document control number or confirmation number for the individual's electronic record:

K891915VSU453



Important - If you moved recently, update your address and contact information with the Canada Revenue Agency (CRA) online if you are registered with MyAccount, at www.cra-arc.gc.ca/myaccount, by telephone at 1-800-959-8281, or in writing.

Complete this form to authorize the CRA to deal with another person who would act as your representative for income tax matters or to cancel any existing representatives on your account. Only forms received with a valid account number will be processed.

By registering with MyAccount at www.cra.gc.ca/myaccount, you will be able to provide immediate access to your representative and cancel and manage your representatives through "Authorize my representative." You can also authorize or cancel a representative by completing this form and mailing it to your tax centre. We aim to process this paper form in 20 business days or less from the date it is received at the tax centre. To immediately cancel a representative, call us at 1-800-959-8281.

Part 1 - Taxpayer information

You will need to complete a separate Form T1013 for each account and representative. Complete the line that applies:

SIN, TTN or ITN
931-991-715

First name RAGHVENDRA
Last name BAGLA

Trust account number

Trust name _____

T5 filer identification number

Filer name _____

Part 2 - Representative information and authorization

Name of your representative

(individual or business): BHARAT CHAVDA PROFESSIONAL CORPORATION

Mailing address: 4255 SHERWOODTOWNE BLVD, SUITE 104E MISSISSAUGA ON L4Z1Y5

Do not complete a new form every year if there are no changes. Complete section A or B, as applicable.

A. Authorize online access (includes access by telephone, in person, and in writing)

To grant online access to your representative, your representative must register online through "Represent a Client" at www.cra.gc.ca/representatives and obtain a RepID or GroupID or register their business number (BN). Our online services do not have a year-specific option. Therefore, your representative will have access to all tax years.

By completing this section to authorize a representative for a trust account, the representative will have access to all tax years with no online access.

RepID

First name: _____ **Last name:** _____

GroupID

Name of group: _____

Business number (BN)

829457431 **Name of business:** BHARAT CHAVDA PROFESSIONAL CORPORATION

Enter the level of authorization (level 1 or 2): **Level 2** If you do not specify a level of authorization, we will assign a level 1.

If you authorize your representative for online access and have a "care of" address, you will receive a letter to confirm the authorization.

or

B. Authorize access by telephone, in person, and in writing (no online access)

Enter the full name of the individual or business you are authorizing. If you do not identify a specific representative from that business, you will be authorizing the CRA to deal with any representative from that business.

Individual:

First name: _____ Last name: _____

Name of business:

Telephone: _____ Ext: _____ Fax: _____

Tick the appropriate box and indicate the level of authorization:

All tax years (past, present, and future)

Level of authorization (level 1 or 2) _____

If you do not specify a level of authorization, we will assign a level 1.

or

Enter the applicable tax year or years (past and/or present), and specify the level of authorization (level 1 or 2) for each tax year.

Tax year(s)

Level of authorization _____