

Canada Revenue Agency
Agence du revenu du Canada**T1 GENERAL –
Income Tax and Benefit Return CONDENSED 2016****Step 1 – Identification and other information****7****Identification****Print your name and address below.**

First name and initial

**Ms
Xiaoyun**

Last name

Ji

Mailing address: Apt No – Street No Street name

89-935 Ewen Ave

PO Box

RR

City

New Westminster

Prov./Terr.

BC

Postal code

V3M 0A1**Information about you**Enter your social insurance
number (SIN):**740-289-376**

Year Month Day

Enter your date of birth:

1997-04-15

Your language of correspondence:

English

Français

Votre langue de correspondance :

☒☐**Is this return for a deceased person?**If this **return** is for a **deceased
person**, enter the date of death:

Year Month Day

Marital statusTick the box that applies to your marital status on
December 31, 2016:

- 1 ☐ Married 2 ☐ Living common-law 3 ☐ Widowed
4 ☐ Divorced 5 ☐ Separated 6 ☒ Single

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

Enter an email address: _____

Information about your residenceEnter your province or territory of
residence on **December 31, 2016**:**British Columbia**If your province or territory of residence
changed in 2016, enter the date of
your move:

Year Month Day

Is your home address the same as
your mailing address?Yes ☐ No ☒Enter the province or territory where
you **currently** reside if it is not the
same as your mailing address above:If you were self-employed in 2016,
enter the province or territory of
self-employment:If you **became** or **ceased** to be a **resident of Canada** for income tax purposes
in **2016**, enter the date of:

entry Month Day

or

departure Month Day

**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:

1 ☐**Do not use this area****Do not use
this area****172****171****CRA Version**

Step 1 – Identification and other information (continued)

Residency information for tax administration agreements (For more information, see page 18 in the guide.)

Did you reside on **Nisga'a Lands** on December 31, 2016? Yes ☐ 1 No ☐ 2

If **yes**, are you a citizen of the **Nisga'a Nation**? Yes ☐ 1 No ☐ 2



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

A) Do you have Canadian citizenship? Yes ☒ 1 No ☐ 2

Answer 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 ☐ 2

Your 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.

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.

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

T1-2016

T1-KFS

Total income

Employment income	101	10 107	70
Other income	130	500	00
This is your total income. 150		10 607	70

Net income

This is your **net income.** 236 10 607 70

Taxable income

This is your **taxable income.** 260 10 607 70

Federal schedules

Schedule 1									
300	11,474.00	308	327.08 •	312	190.02 •	335	13,468.10	338	2,020.22
350	2,020.22	363	1,161.00	364	316.00				
Schedule 6									
381	2	382	2	383	500.00	391	1	392	2
Schedule 8									
5034	406.49 •	5549	10,107.70						

Provincial and territorial forms

Form 428									
5609		5804	10,027.00	5824	327.08 •	5832	190.02 •	5856	63.60
5880	10,607.70	5884	536.75	6150	536.75				
Form 479									
6033	75.00								

Protected B when completed

Enter the amount below on whichever line applies.

Balance owing 485

i2016.2014

**Employee Overpayment of 2016 Employment Insurance Premiums**

Complete this form to calculate any overpayment of employment insurance (EI) premiums paid through **employment**.

To be refunded, the amount of the EI overpayment has to be more than \$1.

If you have **self-employment** and other eligible earnings and have entered into an agreement with the Canada Employment Insurance Commission through Service Canada to participate in the EI program for access to EI special benefits, complete Schedule 13, then complete this form.

Do not complete this form if you were a resident of Quebec on December 31, 2016, and you have to complete Schedule 10.

Calculating your employment insurance overpayment

Total EI insurable earnings (box 24 or, if blank, box 14 of your T4 slips) (read ^(a) below)		10,107	51	1
Total self-employment and other earnings eligible for the EI program for access to EI special benefits	+			2
Add lines 1 and 2.		(maximum \$50,800)	= 10,107	51 3
Total premiums deducted:				
Residents of other than Quebec (box 18 and box 55 ^(b) of your T4 slips)				
Quebec residents (box 18 of your T4 slips)		190	03	4
Total premiums payable: enter the amount from line 10 of Schedule 13	+			5
Add lines 4 and 5.	=	190	03	6
Line 3 minus \$2,000 (if negative, enter "0")	-		8,107	51 7
Line 6 minus line 7 (if negative, enter "0")	=		0	00 8
Total premiums deducted:				
Residents of other than Quebec (box 18 and box 55 ^(b) of your T4 slips)				
Quebec residents (from box 18 of your T4 slips)			190	03 9
Required premium:				
Residents of other than Quebec (multiply line 1 by 1.88%)		(maximum \$955.04)		
Quebec residents (multiply line 1 by 1.52%)		(maximum \$772.16)	- 190	02 10
Line 9 minus line 10 (if negative, enter "0")	=		0	01 11
Enter the amount from line 8 or line 11, whichever is greater .		Employment insurance overpayment	0	01 12

Enter the amount from line 12 on **line 450** of your return only if it is more than \$1. However, if the amount on line 12 is greater than the amount on line 9, enter instead the amount from line 9 on line 450.

Enter the amount from line 7, 9, or 10, whichever is least, on **line 312** of Schedule 1 and, if it applies, on **line 5832** of Form 428. We may adjust your claim if there is an amount on line 2 and the amount on line 3 is less than \$2,038 (\$2,030 if you were a resident of Quebec).

- (a) If you have **no** self-employment earnings and your total EI insurable earnings on your T4 slips are **less than \$2,000**, enter "0". However, if you have self-employment earnings and have entered into an agreement with the Canada Employment Insurance Commission through Service Canada to participate in the EI program for access to EI special benefits, enter the total EI insurable earnings from your T4 slips.
- (b) If you received EI-exempt employment income as stated in box 28 of your T4 slip and there is an amount in box 55 of your T4 slip, do not claim the amount shown in box 55 of that slip on this line. In this case, contact Revenu Québec for a refund of your Provincial parental insurance plan (PPIP) premiums paid. However, if you are an employee who controls more than 40% of the voting shares of a corporation and you have entered into an agreement with the Canada Employment Insurance Commission through Service Canada in 2016 to participate in the EI program for access to EI special benefits, claim the amount shown in box 55 on this line.