CUFile 2014

Tax return for 2014 prepared for Yingxu Rong by *UFile.ca*

Executive summary for 2014 taxation year



Taxpayer

Name	Yingxu Rong	Hongyu Ji
Social insurance number	738-423-219	738-423-185
Date of birth	06/03/1969	18/05/1969
Province of residence	British Columbia	British Columbia
Street	89-935 Ewen Ave	89-935 Ewen Ave
City	New Westminster	New Westminster
Province	British Columbia	British Columbia
Postal code	V3M 0A1	V3M 0A1
Home phone number	6042533858	6042533858
Work phone number		7788878868

Federal return

		Taxpayer	Spouse	Total for the couple
Total income	150	37,425	242	37,667
Net income	236	37,425	242	37,667
Taxable income	260	37,425	242	37,667
Marginal tax rate		20%	0%	
Average tax rate (total income taxes paid ÷ total	al income)	4.7%	0.0%	
Total tax payable	435	1,773		1,773
Balance due (refund)	484 or 485	(2,665)		(2,665)
Child tax benefit				
GST/HST credit			577	577
Alternative minimum tax				
Total AMT credit to carry over				
Total RRSP deduction limit - 2015		41,695	0	41,696
Unused RRSP contributions				
Capital gain exemption available		400,000	400,000	800,000
Cumulative net investment loss (CNIL)				
Total instalments payable in 2015				

Tax return Summary - Combined for 2014 taxation year



Name Yingxu Rong Spocial Insurance number 738-432-191 738-432-195 738-432-			Тахра	yer	Spo	ouse
Date of birth	Name	Yingxu Ron	g		Hongyu Ji	
Province of residence British Columbia Work phone number Work phone numbe	Social insurance number	738-423-219)		738-423-185	
Street	Date of birth	06/03/1969			18/05/1969	
New Westminster British Columbia V3M OA1 V	Province of residence	British Colur	nbia		British Columbia	
Province Prostal code V3M OA1 6042533858 V3M OA1 V3M	Street	89-935 Ewe	n Ave		89-935 Ewen Ave	
Name phone number Name phone phone number Name phone number Name phone number Name phone phone number Name phone phone number Name phone phone phone number Name phone	City	New Westm	inster		New Westminster	
Form Federal return	•	British Colur	nbia		British Columbia	
Total income	Postal code	V3M 0A1			V3M 0A1	
Total income		6042533858	3			
Total income		00.20000				
Total income Employment income Employment income Employment income Interest and other investment income Add lines 101, 104 to 143, and 147. This is your total income. Interest and other investment income Add lines 301, 104 to 143, and 147. This is your total income. Interest and other investment income Interest and other interest income Interest and other investment income Interest and other interest income Interest and	Tom provide names	Federal re	aturn	<u> </u>		
Employment income	Total income	T CUCIAITE	tuii			
Interest and other investment income 121 Add lines 101, 104 to 143, and 147. This is your total income. 150 37,425 (02					Spouse	1
Net income				37,425 02		
This is your total income 150 37,425 02 241 60 37,666 62	Interest and other investment incor	ne	121		+ 241 60	= 241 60
Net income	Add lines 101, 104 to 143, and 147					
Line 150 minus line 233 (if negative, enter "0")		This is your total income.	150	37,425 02	+ 241 60	<u>= 37,666 62</u>
This is your net income before adjustments. 234 37,425 02 + 241 60 = 37,666 62 Taxable income Line 236 minus line 257 (if negative, enter "0") This is your taxable income. 260 37,425 02 + 241 60 = 37,666 62 Taxable income Line 236 minus line 257 (if negative, enter "0") This is your taxable income. 260 37,425 02 + 241 60 = 37,666 62 Step 1 - Federal non-refundable tax credits Basic personal amount 300 11,138 00 + 11,138 00 = 22,276 00 Spouse or common-law partner amount 303 10,896 40 + = 10,896 40 Amount for children born in 1997 or later 367 2,255 00 + = 2,255 00 CPP or QPP contributions: through employment 308 1,673 09 + = 1,673 09 Employment Insurance premiums 312 692 31 + = 692 31 Canada employment amount 363 1,127 00 + = 1,127 00 Public transit amount 364 1,505 00 + = 1,127 00 Public transit amount 364 1,647 71 + = 1,467 71 Medical expenses for self, spouse or common-law partner, and your child Minus: \$2,152 or 3% of line 236, whichever is less 4d lines 300 to 332 335 Multiply the amount on line 335 by 15% 330, 30, 354 51 11,138 00 + 11,138 00 = 1,265 00 Minus: \$2,152 or 3% of line 236, whichever is less 4d lines 338 and 349 30, 354 51 11,138 00 + 11,138 00 = 1,265 00 Add lines 338 and 349 56 64 + = 5,66 64 Minus: \$2,152 or 3% of line 236, whichever is less 4d lines 338 and 349 56 64 + = 5,66 64 Minus: \$2,152 or 3% of line 236, whichever is less 4d lines 338 and 349 56 64 + = 1,670 70 = 6,283 88 Step 3 - Net federal tax Tax on taxable income (C) 5,613 75 + 36 24 = 5,649 99 Add lines 350 to 427 4,613 18 + 1,670 70 = 6,283 88 Step 3 - Net federal tax (if negative, enter "0") 429 1,000 57 + = 1,000 57 + = 1,000 57 Line 406 minus line 416 (if negative, enter "0") 417 1,000 57 + = 1,000 57 + = 1,000 57	Net income					
This is your net income. 236 (if negative, enter "0") This is your taxable income. 260 37,425 02				ı	1	1
Taxable income Line 236 minus line 257 (if negative, enter "0") This is your taxable income. Basic personal amount Spouse or common-law partner amount Amount for children born in 1997 or later CPP or QPP contributions: through employment Basic personal amount Spouse or common-law partner amount amoun	This is y	our net income before adjustments.	234	37,425 02	+ 241 60	= 37,666 62
Line 236 minus line 257 (if negative, enter "0")	Line 234 minus line 235 (if negative					
Step 1 - Federal non-refundable tax credits Step 2 - Federal non-refundable tax credits Step 3 - Net federal non-refundable tax credits Step 3 - Net federal non-refundable tax credits Step 3 - Net federal tax Step 2 - Step 2 - Step 3 Step 3 - Step 4 - Step 3 - St		This is your net income.	236	37,425 02	+ 241 60	= 37,666 62
Step 1 - Federal non-refundable tax credits	Taxable income					
Step 1 - Federal non-refundable tax credits	Line 236 minus line 257 (if negative					
Basic personal amount 300 11,138 00 + 11,138 00 = 22,276 00		_	260	37,425 02	<u>+ 241 60</u>]	<u>= 37,666 62</u>
Spouse or common-law partner amount 303 10,896 40 +	Step 1 - Federal non-refu	indable tax credits				
Amount for children born in 1997 or later CPP or QPP contributions: through employment 308 1,673 09 Employment Insurance premiums 312 692 31 692 31 4 = 692 31 Canada employment amount 363 1,127 00 Public transit amount 709 00 Public transit amount 700 00 Public transit amount 701 00 Public transit amount 701 00 Public transit amount 702 00 Public transit amount 703 00 Public transit amount 703 00 Public transit amount 704 00 Public transit amount 705 00 Public transit amount 706 00 Public transit amount 707 00 Public transit amount 708 00 Public transit amount 708 00 Public transit amount 709 00 Public transit amount 700 00 Public transit amount 700 00 Public transit amount 701 00 Public t	Basic personal amount		300	11,138 00	+ 11,138 00	= 22,276 00
Amount for children born in 1997 or later CPP or CPP contributions: through employment 308 1,673 09 2,255 00 4 = 2,255 00 CPP or CPP contributions: through employment 308 1,673 09 4 = 1,673 09 5 = 1,127 00 2,525 00 CPP contributions: through employment 312 692 31 Canada employment amount 363 1,127 00 Public transit amount 364 1,505 00 Tuition, education, and textbook amounts transferred from a child 324 Medical expenses for self, spouse or common-law partner, and your child 330 56 64 Minus: \$2,152 or 3% of line 236, whichever is less Add lines 300 to 332. Add lines 300 to 332. 335 30,754 51 Multiply the amount on line 335 by 15%. 338 Total federal non-refundable tax credits: add lines 338 and 349. Step 3 - Net federal tax Tax on taxable income (C) Add lines (C) and 424. 404 5,613 18 Add lines 350 to 427. Add lines 350 to 427. Add lines 350 to 427. Basic federal tax (if negative, enter "0") Federal tax 406 1,000 57 Federal tax 406 1,000 57 1,000 57 1,000 57 1,000 57 Provincial or territorial tax 428 772 81 Tax on territorial tax 428 772 81	Spouse or common-law partner am	nount	303	10,896 40	+	= 10,896 40
Employment Insurance premiums 312 692 31 + = 692 31 Canada employment amount 363 1,127 00 + = 1,127 00 Public transit amount 364 1,505 00 + = 1,505 00 Tuition, education, and textbook amounts transferred from a child 324 1,467 71 + = 1,605 00 Tuition, education, and textbook amounts transferred from a child 324 1,467 71 + = 566 64 Minus: \$2,152 or 3% of line 236, whichever is less 330 56 64 + = 56 64 Minus: \$2,152 or 3% of line 236, whichever is less 335 30,754 51 + 11,138 00 = 41,892 51	Amount for children born in 1997 o	r later	367	2,255 00	+	
Canada employment amount 363 1,127 00 +	CPP or QPP contributions: through	employment	308	1,673 09	+	= 1,673 09
Public transit amount Tuition, education, and textbook amounts transferred from a child Add lines 300 to 332. Add lines 330 to 332. Add lines 338 and 349. Step 3 - Net federal tax Tax on taxable income Add lines 350 to 427. Enter the amount from line 350. Add lines 350 to 427. Basic federal tax (if negative, enter "0") Add lines 416 (if negative, enter "0") Refund or Balance owing Net federal tax: add lines 417, 415 and 418. Agout 1,467 71 +	Employment Insurance premiums		312	692 31	+	= 692 31
Public transit amount Tuition, education, and textbook amounts transferred from a child Add lines 300 to 332. Step 3 - Net federal tax Tax on taxable income Add lines 350 to 427. Enter the amount from line 350. Add lines 350 to 427. Add lines 350 to 427. Enter the amount from line 350. Add lines 350 to 427. Add lines 350 to 427. Enter the amount from line 350. Add lines 350 to 427. Add lines 350 to 427. Enter the amount from line 350. Add lines 350 to 427. Add lines 350 to 427. Add lines 350 to 427. Enter the amount from line 350. Add lines 350 to 427.	Canada employment amount		363	1,127 00	+	
Medical expenses for self, spouse or common-law partner, and your child Minus: \$2,152 or 3% of line 236, whichever is less Add lines 300 to 332. 335 Multiply the amount on line 335 by 15%. 338 Total federal non-refundable tax credits: add lines 338 and 349. 350 Step 3 - Net federal tax Tax on taxable income (C) Add lines (C) and 424. 404 Enter the amount from line 350. 350 Add lines 350 to 427. Add lines 350 to 427. Basic federal tax (if negative, enter "0") 429 Basic federal tax (if negative, enter "0") 429 Line 406 minus line 416 (if negative, enter "0") 477 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 Provincial or territorial tax 330 56 64 +	Public transit amount		364	1,505 00	+	
Medical expenses for self, spouse or common-law partner, and your child Minus: \$2,152 or 3% of line 236, whichever is less Add lines 300 to 332. 335 Multiply the amount on line 335 by 15%. 338 Total federal non-refundable tax credits: add lines 338 and 349. 350 Step 3 - Net federal tax Tax on taxable income (C) Add lines (C) and 424. 404 Enter the amount from line 350. 350 Add lines 350 to 427. Add lines 350 to 427. Basic federal tax (if negative, enter "0") 429 Basic federal tax (if negative, enter "0") 429 Line 406 minus line 416 (if negative, enter "0") 477 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 Provincial or territorial tax 330 56 64 +	Tuition, education, and textbook an	nounts transferred from a child	324	1,467 71	+	
Minus: \$2,152 or 3% of line 236, whichever is less						
Minus: \$2,152 or 3% of line 236, whichever is less Add lines 300 to 332. 335 Multiply the amount on line 335 by 15%. 338 Total federal non-refundable tax credits: add lines 338 and 349. 350 Step 3 - Net federal tax Tax on taxable income (C) 5,613 75 + 36 24 = 5,649 99 Add lines (C) and 424. 404 Enter the amount from line 350. 350 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Basic federal tax (if negative, enter "0") 429 1,000 57 + = 1,000 57 Federal tax 406 1,000 57 + = 1,000 57 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 1,000 57 + 0 00 = 1,000 57 Provincial or territorial tax 428 772 81 + 0 00 = 772 81			330	56 64	+	= 56 64
Add lines 300 to 332. 335 Multiply the amount on line 335 by 15%. 338 Total federal non-refundable tax credits: add lines 338 and 349. 350 Step 3 - Net federal tax Tax on taxable income (C) 5,613 75 + 36 24 = 5,649 99 Add lines (C) and 424. 404 Enter the amount from line 350. Add lines 350 to 427. Basic federal tax (if negative, enter "0") 429 Line 406 minus line 416 (if negative, enter "0") 417 Refund or Balance owing Net federal tax: add lines 300 to 332. 335 30,754 51 + 11,138 00 = 41,892 51 + 11,138 00 = 41,892 51 + 11,138 00 = 41,892 51 + 11,138 00 = 41,892 51 + 11,138 00 = 41,892 51 + 11,670 70 = 6,283 88 + 1,670 70 = 6,283 88 + 1,670 70 = 6,283 88 - 1,000 57 + = 1,000 57 - 1,000 57 + = 1,000 57 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 Provincial or territorial tax 428 772 81 + 0 00 = 772 81	Minus: \$2,152 or 3% of line 236, w	hichever is less			+	
Total federal non-refundable tax credits: add lines 338 and 349. 350		Add lines 300 to 332.	335		+ 11,138 00	
Total federal non-refundable tax credits: add lines 338 and 349. 350 Step 3 - Net federal tax Tax on taxable income (C) 5,613 75 + 36 24 = 5,649 99 Add lines (C) and 424. 404 5,613 75 + 36 24 = 5,649 99 Enter the amount from line 350. 350 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Basic federal tax (if negative, enter "0") 429 1,000 57 + = 1,000 57 Federal tax 406 1,000 57 + = 1,000 57 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 1,000 57 + 0 00 = 1,000 57 Provincial or territorial tax 428 772 81 + 0 00 = 772 81	Mult	tiply the amount on line 335 by 15%.				
add lines 338 and 349. 350 4,613 18 + 1,670 70 = 6,283 88 Step 3 - Net federal tax Tax on taxable income (C) 5,613 75 + 36 24 = 5,649 99 Add lines (C) and 424. 404 5,613 75 + 36 24 = 5,649 99 Enter the amount from line 350. 350 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Basic federal tax (if negative, enter "0") 429 1,000 57 + = 1,000 57 Federal tax 406 1,000 57 + = 1,000 57 = 1,000 57 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 1,000 57 + 0 00 = 1,000 57 Provincial or territorial tax 428 772 81 + 0 00 = 772 81		• •				
Tax on taxable income (C) 5,613 75 + 36 24 = 5,649 99 Add lines (C) and 424. 404 5,613 75 + 36 24 = 5,649 99 Enter the amount from line 350. 350 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Basic federal tax (if negative, enter "0") 429 1,000 57 + = 1,000 57 Federal tax 406 1,000 57 + = 1,000 57 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 1,000 57 + 0 00 = 1,000 57 Provincial or territorial tax 428 772 81 + 0 00 = 772 81			350	4,613 18	+ 1,670 70	= 6,283 88
Tax on taxable income (C) 5,613 75 + 36 24 = 5,649 99 Add lines (C) and 424. 404 5,613 75 + 36 24 = 5,649 99 Enter the amount from line 350. 350 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Basic federal tax (if negative, enter "0") 429 1,000 57 + = 1,000 57 Federal tax 406 1,000 57 + = 1,000 57 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 1,000 57 + 0 00 = 1,000 57 Provincial or territorial tax 428 772 81 + 0 00 = 772 81	Step 3 - Net federal tax					
Add lines (C) and 424. 404 5,613 75 + 36 24 = 5,649 99 Enter the amount from line 350. 350 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Basic federal tax (if negative, enter "0") 429	•		(C)	5 613 75	± 36 24	- 5 649 99
Enter the amount from line 350. 350 4,613 18 + 1,670 70 = 6,283 88 Add lines 350 to 427. 4,613 18 + 1,670 70 = 6,283 88 Basic federal tax (if negative, enter "0") 429 1,000 57 + = 1,000 57 Federal tax 406 1,000 57 + = 1,000 57 Line 406 minus line 416 (if negative, enter "0") 417 1,000 57 + = 1,000 57 Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 1,000 57 + 0 00 = 1,000 57 Provincial or territorial tax 428 772 81 + 0 00 = 772 81	Tax off taxable income	Add lines (C) and 424				
Add lines 350 to 427.	Enter the amount from line 350	Add lines (C) and 424.				
Basic federal tax (if negative, enter "0") 429 $1,000 57 + = 1,000 57$ Federal tax 406 $1,000 57 + = 1,000 57$ Line 406 minus line 416 (if negative, enter "0") 417 $1,000 57 + = 1,000 57$ Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 $1,000 57 + = 1,000 57$ Provincial or territorial tax 428 $772 81 + = 1,000 57$	Litter the amount from line 350.	Add lines 250 to 427	330			
Federal tax 406			420			
Line 406 minus line 416 (if negative, enter "0") 417 $1,000 57 $ + = $1,000 57$ Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 $1,000 57 $ + $0 00 $ = $1,000 57 $ Provincial or territorial tax 428 $772 81 $ + $0 00 $ = $772 81 $		·				
Refund or Balance owing Net federal tax: add lines 417, 415 and 418. 420 1,000 57 + 0 00 = 1,000 57 Provincial or territorial tax 428 772 81 + 0 00 = 772 81	Line 400					
Net federal tax: add lines 417, 415 and 418. 420 $1,000 57 $ + $0 00 $ = $1,000 57 $ Provincial or territorial tax 428 772 81 + $0 00 $ = 772 81			417	1,000 37	<u> </u>	_ 1,000 37
Provincial or territorial tax 428 $\frac{772}{81} + \frac{000}{90} = \frac{772}{81}$				1	I	I
		add lines 417, 415 and 418.				
This is your total payable. 435	Provincial or territorial tax		_		$\overline{}$	
		This is your total payable.	435	1,773 38	<u>+ 0 00</u>	<u>⊨ 1,773 38</u>

Tax return Summary - Combined for 2014 taxation year

		Taxpayer	Spouse		Т	otal
Total income tax deducted	437	4,438 59	+		=	4,438 59
These are your total credits.	482	4,438 59	<u>+</u>	:	=	4,438 59
Line 435 minus line 482		(2,665 21)	+		=	(2,665 21)
Refund	484	2,665 21	+	0 00	=	2,665 21
Balance owing	485	0 00	+	0 00	=	0 00
Additional information						
Marginal tax rate		20%		0%		
Average tax rate (total income taxes paid ÷ total income)		4.7%	0.	0%		
GST/HST credit			+ 5	76 92	=	576 92
Total RRSP deduction limit - 2015		41,695 48	+	0 34	=	41,695 82
Capital gain exemption available		400,000 00	+ 400,0	00 00	=	800,000 00

Tax return Summary for 2014 taxation year



101 2014 taxation year			
	20	Taxpay	er
Name	Yingxu		
Social insurance number	738-423	_	
Date of birth	06/03/19		
Province of residence	British C		
Street		Ewen Ave	
City		stminster	
Province	British C		
Postal code	V3M 0A	-	
Home phone number	6042533	8858	
Work phone number			
Fed	leral return		
Total income			Taxpayer
Employment income		101	37,425 02
Add lines 101, 104 to 143, and 147.	This is your total incom	e. 150 = _	37,425 02
Net income			
Line 150 minus line 233 (if negative, enter "0")	This is your net income before adjustment	s. 234 = _	37,425 02
Line 234 minus line 235 (if negative, enter "0")	This is your net incom	e. 236 =	37,425 02
Taxable income			
Line 236 minus line 257 (if negative, enter "0")	This is your taxable incom	e. 260 =	37,425 02
Step 1 - Federal non-refundable tax credits	•		
Basic personal amount		300 _	11,138 00
Spouse or common-law partner amount			10,896 40
Amount for children born in 1997 or later			2,255 00
CPP or QPP contributions: through employment			1,673 09
Employment Insurance premiums			692 31
Canada employment amount		363 +_	
Public transit amount	1.1	364 +_	
Tuition, education, and textbook amounts transferred from a chi Medical expenses for self, spouse or common-law partner, and		324 + _	1,467 71
Minus: \$2,152 or 3% of line 236, whichever is less	- 1.122		
Willias. ψ2, 102 of 070 of fine 230, Willonever is less	Add lines 300 to 33		30,754 51
	Multiply the amount on line 335 by 159		4,613 18
Total federal non-refundable tax credits:	add lines 338 and 34		4,613 18
Step 3 - Net federal tax		_	
Tax on taxable income	(C) 5,613	75	
Tax of taxable income	Add lines (C) and 42		5,613 75
Enter the amount from line 350.	350 4,613		
	Add lines 350 to 42		4,613 18
	Basic federal tax (if negative, enter "C	") 429 =	1,000 57
	Federal ta	_	1,000 57
	Line 406 minus line 416 (if negative, enter "C	") 417 = _	1,000 57
Refund or Balance owing			
Net federal tax:	add lines 417, 415 and 41	8. 420 = _	1,000 57
Provincial or territorial tax		428 + _	772 81
	This is your total payabl		1,773 38
Total income tax deducted	4374,438		1
	These are your total credit	_	4,438 59
	Line 435 minus line 48	=_	(2,665 21)
	Refur	d 484	2,665 21
Additional information	Balance owir	g 485	0 00
Additional information Marginal tax rate			20%
marginar tax rato			20 /0

Tax return Summary for 2014 taxation year

	raxpayer
Average tax rate (total income taxes paid ÷ total income)	4.7%
Total RRSP deduction limit - 2015	41,695 48
Capital gain exemption available	400,000 00

■ T1 comparative summary - 2014

CUFile

Name Yingxu Rong

2014	SIN 738-423-219	Date of birth	06-03-1969				
Other incomponent income		-				2014	2013
Od date search yearsion		37,425	32,144	-			
Comparison of supperministion 15	, ,					1,673	1,413
Cheb persions or superamutation 15	**						
Electrical pick promision amount 16 PPP promisions pagabale on english, marking the Vertical Programme pagabale on english, marking the Vertical Programme pagabale on self-employment 376						692	604
Universital district care brankfit							
JUCCS amount of despendent 155							
Employment resurance and other benefits 150 Search and reseave outstream amount 362 1.127 1.117 1.128 1.128 1.127 1.128							
Tasable amount of dividences one training 180 Canada employment amount 363 1,127 1,117 Interest and other investment income 121 Public translat amount 364 1,505 1,720 Registered disability savings plan income 122 Children's area amount 370 500 Registered disability savings plan income 126 Children's area amount 370 500 Trauble coasti garne 127 Adoption expenses 313 Trauble coasti garne 128 Children's area amount 314 Trauble coasti garne 130 Person income amount 314 Trauble coasti garne 130 Children's area amount 315 Trauble coasti garne 130 Describity amount from self property amount 130 Net bursses income 130 Describity amount from self property amount 130 Net bursses income 137 Trauble amount 130 Describity amount from self property amount 130 Net bursses income 137 Trauble amount 130 Trauble							
Tabable amount of dividends other families 190				<u> </u>			
Interest and other investment income						4 407	4 4 4 7
Nep patriorating income 122 Children's tifness amount 365 9.55	S .						
Registered disability savings plan income 126 Home buyers' amount 369 Taxable capital gares 127 Adoption expenses 313 Adoption expenses 315 Adoption 316						1,505	
Net metal ioncome 126							
Adoption expenses 313							
Persion income amount 314 Start				-			
Caregiver amount 128 Caregiver amount 315	The state of the s						
Debailing mount (for self) Debailing mount (for self) Se	* * * * *						
Disability amount transferred from a dependant 318				9			
Interest paid on your student bans 319							
Net commission income 139				The state of the s			
Net fairing income 144 Tuition, education, and technok amounts transf. 224 1,468 280							855
Net fishing income						1 468	
Workers Compensation benefits 144 Medical expenses 330 57 248	_					1,400	
Social assistance payments 145	5					57	248
Net federal supplements	•						240
Total income	. ,			·			
Pension adjustment		27.425	22 144			30.755	30.701
Donations and gifts 349		37,425	32,144				
Total federal non-refundable tax credits \$50	•					1,010	
Pamily tax out						4.613	4.605
Pederal dividend tax credit 425							
Universal child care benefit repayment 213							
Child care expenses 214				Minimum tax carryover			
Disability supports deduction 215				-	405	0	
Allowable deduction of business investment loss 217 Social benefits repayment smade 220 Labour-sponsored funds tax credit Line 406-416 Line 406-41	•			Federal tax	406	1,001	215
Moving expenses 219				Federal political contribution tax credit	410		
Allowable deduction of support payments made 220 Labour-sponsored funds tax credit 414 Line 406 - 416 417 1,001 215				Investment tax credit	412		
Line 406 - 416	5 1			Labour-sponsored funds tax credit	414		
Deduction for CPP or QPP contributions 222				Line 406 - 416	417	1,001	215
Deduction for PPIP premiums 223 Exploration and development expenses 224 CPP contributions payable on self-employment 421 CPP contributions payable on self-employment 421 CPP contributions payable on self-employment 420 CPP contributions payable on self-employment 430 CPP contributions payable on self-employment 430 CPP contributions 430 CPP contributions payable on self-employment 422 CPP contributions 428 CPP contributions 428 CPP contributions 430	, , , , , , , , , , , , , , , , , , , ,			WITB advance payments received	415		
Exploration and development expenses 224 CHP contributions payable on self-employment 421 El premiums payable on self-employment 430 Cher deductions 231 Social benefits repayment 422 Total payable Cher deductions 232 Provincial or termtorial tax 428 773 511 Total payable Cher deductions 235 Total payable 236 37,425 32,135 Total payable 236 23				Net federal tax	420	1,001	215
El premiums payable on self-employment 430				CPP contributions payable on self-employment	421		
Social benefits repayment 422				El premiums payable on self-employment	430		
Detect deductions 232 Social benefits repayment 235 Social benefits repayment 235 Social benefits repayment 236 37,425 32,135 Social benefits repayment 236 37,425 32,135 Social benefits repayment 236 37,425 32,135 Social benefits repayment 236 37,425 Social benefits repayment 248 Social benefits repayment 249 Social benefits r	, , ,			Social benefits repayment	422		
Social benefits repayment 235				Provincial or territorial tax	428	773	511
Net income 236 37,425 32,135					432		
Canadian Forces personnel and police deduc. Employee home relocation loan deduction Security options deductions Other payments deduction Limited partnership losses of other years Non capital loss of other years Set apital gains deduction Northern residents deductions Additional deductions 256 Taxable income 260 37,425 Basic personal amount Age amount Spousal or common-law partner amount Age amount for an eligible dependant Amount for an eligible dependant Age amount Age amount Spousal or common-law partner amount 305 Amount for an eligible dependant Age affile Amount for an eligible dependant Age affile Amount for an eligible dependant Age affile	Net income	37 425	32 135	Total payable	435	1,773	727
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Northern residents deductions 255 Additional deductions 256 Taxable income 260 37,425 32,135 Basic personal amount 300 11,138 11,038 Age amount Spousal or common-law partner amount 303 10,896 10,846 Amount for an eligible dependant 305 Amount for children 367 Additional deductions 256 Refund of investment tax credit 454 Part XII.2 trust tax credit 456 Employee and partner GST/HST rebate 457 Tax paid by instalments 476 Provincial or territorial credits 479 Total credits 482 4,439 3,018 Refund 484 2,665 2,292	•						
Additional deductions 256 Taxable income 260 37,425 32,135 Basic personal amount 300 11,138 11,038 Age amount 301 Spousal or common-law partner amount 303 10,896 10,846 Amount for an eligible dependant 305 Amount for children 367 2,255 32,344 Amount for children 367 2,355 32,344 Refund of investment tax credit 454 Part XII.2 trust tax credit 456 Employee and partner GST/HST rebate 457 Tax paid by instalments 476 Provincial or territorial credits 479 Total credits 482 4,439 3,018 Refund 484 2,665 2,292				9			
Taxable income 260 37,425 32,135 Part XII.2 trust tax credit 456 Basic personal amount 300 11,138 11,038 11,038 476 Age amount 301 10,896 10,846 Provincial or territorial credits 479 Spousal or common-law partner amount for an eligible dependant 305 482 4,439 3,018 Amount for a hildren 367 2,255 3,234		-					
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Spousal or common-law partner amount 303 10,896 10,846 Amount for an eligible dependant 305 7 2,255 2,234 Amount for children 367 2,255 2,234	•	11,130	11,030				
Amount for an eligible dependant 305	-	10 896	10 846				
Amount for children 267 2.255 2.234 Return 464 2,000 2,292	·	10,000	10,040				
Balance owing 485		2.255	2 234			2,665	2,292
	,	 		Baiance owing	485		





Agency

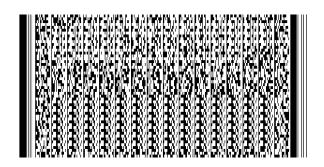
Canada Revenue Agence du revenu Agency du Canada

Income Tax and Benefit Return

T1 GENERAL -**CONDENSED 2014**

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

Identification			7			
Print your name a	and address below	Information about you				
First name and initial Mrs. Yingxu		Enter your social insurance number (SIN):	738-423-219 Year Month Day			
Last name		Enter your date of birth:	1969-03-06			
Rong Mailing address: Apt No – Street No Str	eet name	Your language of correspondence: Votre langue de correspondance :	English Français			
89-935 Ewen Ave						
PO Box	RR	Is this return for a d	eceased person?			
City New Westminster	Prov./Terr. Postal code BC V3M 0A1	If this return is for a deceased person, enter the date of death:	Year Month Day			
I understand that by providing an email mail and I accept the terms and condi		Marital s Tick the box that applies to your marit	tatus al status on December 31, 2014:			
Enter an email address:		1 X Married 2 Living co	<u> </u>			
Information abou	ut your residence	4 Divorced 5 Separate	ed 6 Single			
Enter your province or territory of residence on December 31, 2014:	British Columbia					
If your province or territory of residence changed in 2014, enter the date of your move:	Year Month Day	Information about common-law partner (if you				
Is your home address the same as		Enter his or her SIN:	738-423-185			
your mailing address?	Yes No X	Enter his or her first name:	Hongyu			
Enter the province or territory where you currently reside if it is not the same as your mailing address above:		Enter his or her net income for 2014 to claim certain credits:	241 60			
If you were self-employed in 2014, enter the province or territory of		Enter the amount of universal child can benefit (UCCB) from line 117 of his or her return:				
self-employment: If you became or ceased to be a reside in 2014, enter the date of:	ent of Canada for income tax purposes	Enter the amount of UCCB repayment from line 213 of his or her return:	: 			
Month Day	Month Day	Tick this box if he or she was self-emp	loyed in 2014: 1 X			
entry or	departure	Do not use this area				



Do not	172					171		
use this area	172					171		



Residency information for tax administration agreements	
For more information, see Information Sheet T1-BC10(E), Residency information for tax administration agreements, included in this package.	
Did you reside within Nisga'a Lands on December 31, 2014?	No 🗌 2
If yes , are you a citizen of the Nisga'a Nation ?	No 2
A) Are you a Canadian citizen?	No
Please answer the following question:	
Did you own or hold foreign property at any time in 2014 with a total cost of more than CAN\$100,000? See "Foreign proper" in the guide for more information. 266 Yes 1 No X :	2
CAN\$100,000? See "Foreign income" in the guide for more information	-
If you had dealings with a non-resident trust or corporation in 2014, see "Foreign income" in the guide.	



300

330

364

Total income

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

10,896.40

30,754.51

1

308

338

367

T1-2014 T1-KFS

Employment income	101 37,425.02
	This is your total income. 150 37,425.02
Net income	
	This is your net income. 236 37,425.02
Tavahla ina ama	
Taxable income	This is your taxable income. 260 37,425.02
Federal schedules	
Schedule 1	

1,673.09 •

4,613.18

2,255.00

312

350

692.31 •

4,613.18

324

363

1,467.71

1,127.00

D		4	
Provincial	ı and	territoria	i torms

303

335

366

11,138.00

1,505.00

56.64

Form 428									
5609 5860	1,467.71	5804 5868	9,869.00 56.64	5812 5880	8,450.00 22,152.11	5824 5884	1,673.09 • 1,120.90	5832 6150	692.31 • 1,120.90
Form 479									
6033	75.00	6035	75.00						

<i>VFile</i>						Rong, Yingx		8 423 219 31 ected B whe		
Refund or ba	lance owin	ıg								3
Net federal tax: ente	er the amount fro	m line 66 of Sche	edule 1				420		1,000	57
CPP contributions p				s			 421			
Employment insura	nce premiums pa	yable on self-em	ployment an	d other eligible ea	arnings		430	+		
Social benefits repa	yment (amount f	rom line 235)		·	Ť		422	+		
Provincial or terri	itorial tax						428	+	772 8	<u>81</u>
Add lines 420, 421,	430, 422, and 42	28.			This is your	total payab	<u>le.</u> 435	=	1,773	38
Total income tax de	ducted				437	4,438	59 •			
Refundable Quebec						-	<u>50</u>			
CPP overpayment (_ `			
Employment insura	•						_ `			
Refundable medical		•		•		-	_ `			
Working income tax			dorar Worner	 		-	_ `			
Refund of investment		ch Form T2038(IND))				_ `			
Part XII.2 trust tax o							_ ·			
Employee and partner	•	• • •				-	_ `			
Tax paid by instalm		attaon i omi co i	510)			-	— <u> </u>			
Provincial or terri						-	— .			
Add lines 437 to 479			TI	hese are your tota			— • 59 ►	- 4	4,438	59
	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						$\tilde{\Box}$
<u>Line 435 minus line</u>	482				s your refund or				2,665	
		If the r	esult is nega	itive, you have a r	efund. If the res	ult is positive, y	you hav	e a balan	ice ow	ing
				_	Enter the	e amount belov	v on whi	ichever lir	ne app	lies
								<u> </u>		
				o not charge or re	fund a difference	of \$2 or less.		•		
F	Refund 484	2,665 21	•			Balance owi	ng 485			
		1								
			For more	e information on h	ow to make your	payment, see	line 485	5 in the gu	uide or	go
		\	to wv	ww.cra.gc.ca/pay	ments. Your pag	yment is due n	o later t	han April	30, 20	15.
Direct descrit	Ennel en en el	4-1 11 1-11								
Direct deposit -				1 4 2 4 1 2						
You do not have t	o complete this	area every yea	r. Do not con	npiete it this year i	it your airect aep	osit informatioi	n nas no	ot change	d.	
To enrol for direct of	denosit or to und	ate vour account	information	complete lines 46	SO 461 and 462	helow				
By providing my ba	•	•		•			owo bole	ow onv		
amounts payable										
previous direct dep	•	•	o notined by i	no. i dildorstand t	inat tino authoriz	ation will replace	oc an or	iiiy		
Branch number	460		on number	461 (2 digita)	Account number		avimarima (10 diaita\	_	
	(5 dig	118)		(3 digits)		(ma	aximum	12 digits)		
I certify that the info	ormation given o	n this return and	in any docun	nents	490 If a fee	was charged for	or prepa	ring this r	eturn,	
attached is correct	and complete ar	d fully discloses	all my incom	e.		complete t	he follov	ving:		
					Name of prep	arer				
Sign here						arer.				—
		s offence to mak		ırn.	Telephone:	// P 11	, ,	20		
· · · · · · · · · · · · · · · · · · ·	604) 253-3858	Date 31-0				er (if applicable	,	89		
Personal information, government and the	, including the socia	al insurance numbe	er, is collected	under the <i>Income T</i>	ax Act to assess in	ndividual income	tax for the	ne federal	ı	
and provincial/territor	ial government inst	itutions. Failure to	provide the inf	ormation may result	in interest payable	e, penalties, or o	ther actic	ons. Under		
the <i>Privacy Act</i> , indivito InfoSource (www.ii	iduals have a right	to and shall, on red	quest, be giver	n access to their per PU 005	sonal information a	and to request co	orrection	of it: refer		
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RC-14-119



T1-2014

Rong, Yingxu SIN: 738 423 219 31 Mar 2015 CRA

Schedule 5

Amounts for Spouse or Common-Law Partner and Dependants

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

Lines 303 and 305					Month Da
Has your marital status changed in 2014? If yes, tick t	this box 5522	and enter the d	ate of the change.		▶
Make sure you have ticked the box on page 1 of your	return indicating yo	ur marital status on	December 31, 2014.		
Line 303 – Spouse or common-law partner am	ount				
Base amount	iount				11,138 00
f you are entitled to the family caregiver amount , ent	er \$2 058 (see pag	e 35 in the guide)		5109 ±	11,136,00
Add lines 1 and 2.	.c. ψ2,000 (3cc pag	c oo in the galac).		=	11,138 00
Spouse's or common-law partner's net income from pa	ge 1 of your return				241 60
Line 3 minus line 4 (if negative, enter "0").	,				
Enter this amount on line 303 of your Schedule 1.				. 崖	10,896 40
Line 305 – Amount for an eligible dependant					
Provide the requested information and complete th	e following calcul	ation for this depe	ndant.		
First and last name:	Year of birth	Relationship to you	Is this dependant physic	ally or	
Address:			mentally infirm?	_	
			Yes No No		
Base amount					11,138 00
f you are entitled to the family caregiver amount, enter \$2,0)58 (see page 35 in th	e guide and read the i	note below).	<u>5110</u> +	
Add lines 1 and 2.				<u>=</u>	
Dependant's net income (line 236 of his or her return)				5106 -	
Line 3 minus line 4 (if negative, enter "0").					
Enter this amount on line 305 of your Schedule 1.				. =	
line 367 for the same dependant, you must cla	aim the family care	giver amount on line	e 367, and not on this	s line.	ore space)
Note: if you are entitled to the family caregiver amo line 367 for the same dependant, you must class time 306 – Amount for an infirm dependant agrovide the requested information and complete the	aim the family cared	giver amount on line	367, and not on this	s line.	ore space)
line 367 for the same dependant, you must cla	aim the family cared	giver amount on line	367, and not on this	s line.	ore space)
line 367 for the same dependant, you must classine 306 – Amount for an infirm dependant ag	ed 18 or older (a	attach a separate	367, and not on this	s line.	ore space)
line 367 for the same dependant, you must class time 306 – Amount for an infirm dependant agree and a complete the First and last name:	ed 18 or older (a	attach a separate	367, and not on this	s line.	
line 367 for the same dependant, you must class Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount	eaim the family cared ged 18 or older (and the following calculated and the following cared and the following calculated and the fo	attach a separate	367, and not on this	s line.	ore space)
Line 367 for the same dependant, you must class Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount nfirm dependant's net income (line 236 of his or her research)	eim the family cared led 18 or older (and the following calculation of birth leturn)	attach a separate	e 367, and not on this sheet of paper if yo endant.	s line. ou need m	
line 367 for the same dependant, you must class Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if new line 2 minus line 2 minus line 2 minus line 2 (if new line 2 minus line 2 min	eim the family cared ged 18 or older (and the following calculation of birth eturn) egative, enter "0")	attach a separate station for each dep	367, and not on this	s line. ou need m	
Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount nfirm dependant's net income (line 236 of his or her reallowable amount for this dependant: line 1 minus line 2 (if neallowable amount 1, the total 2, the total 3,	eaim the family cared and 18 or older (and 18 or older (attach a separate attach for each dep Relationship to you or all dependants.	e 367, and not on this sheet of paper if you endant.	s line. ou need m	
Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if nee Enter, on line 306 of your Schedule 1, the total amount line 315 – Caregiver amount (attach a separate)	eim the family cared ged 18 or older (and the following calculation of birth esturn) egative, enter "0") t you are claiming for sheet of paper in	attach a separate attach a separate attach for each dep Relationship to you for all dependants. If you need more separate attach a separa	e 367, and not on this sheet of paper if you endant. (maximum \$6,589)	s line. ou need m	
line 367 for the same dependant, you must class Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if new line 2 minus line 2 minus line 2 minus line 2 (if new line 2 minus line 2 min	eim the family cared ged 18 or older (and the following calculation of birth esturn) egative, enter "0") t you are claiming for sheet of paper in	attach a separate attach a separate attach for each dep Relationship to you for all dependants. If you need more separate attach a separa	e 367, and not on this sheet of paper if you endant. (maximum \$6,589)	s line. ou need m	
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Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if nee Enter, on line 306 of your Schedule 1, the total amount Line 315 – Caregiver amount (attach a separate Provide the requested information and complete the enter and complete the	eturn) egative, enter "0") t you are claiming for sheet of paper in the following calculation.	attach a separate attach a separate attach a separate attach for each department of all dependents. If you need more sation for each department of a separate attach a separa	e 367, and not on this sheet of paper if you endant. (maximum \$6,589) epace) endant.	s line.	
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Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowable amount for this dependant: line 1 minus line 2 (if need allowabl	eaim the family cared ged 18 or older (and the following calculation) exturn) exturn) exturn) exturn) exturn) exturn) exturn) exturn you are claiming for sheet of paper in the following calculation and the following calculations.	attach a separate attach a separate attach a separate atton for each departed Relationship to you for all dependents. If you need more separate atton for each departed Relationship to you	e 367, and not on this sheet of paper if you endant. (maximum \$6,589) epace) endant. Is this dependant physic mentally infirm? Yes No	s line.	13,196 00
Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if need a line and a separate Provide the requested information and complete the Enter, on line 306 of your Schedule 1, the total amount Line 315 – Caregiver amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if need a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant line 1 minus line 2 (if need a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant line 1 minus line 2 (if need a separate Provide the requested information and complete the First and last name: Address:	eaim the family cared ged 18 or older (and the following calculation) exturn) exturn) exturn) exturn) exturn) exturn) exturn) exturn you are claiming for sheet of paper in the following calculation and the following calculations.	attach a separate attach a separate attach a separate atton for each departed Relationship to you for all dependents. If you need more separate atton for each departed Relationship to you	e 367, and not on this sheet of paper if you endant. (maximum \$6,589) epace) endant. Is this dependant physic mentally infirm? Yes No	s line.	13,196 00
Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount Infirm dependant's net income (line 236 of his or her reallowable amount for this dependant: line 1 minus line 2 (if neather, on line 306 of your Schedule 1, the total amount Line 315 – Caregiver amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neather, on line 306 of your Schedule 1, the total amount Line 315 – Caregiver amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant; line 1 minus line 2 (if neather) amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant; line 1 minus line 2 (if neather) amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant; line 1 minus line 2 (if neather) amount (attach a separate Provide the requested information and complete the Provide the Request	eaim the family cared ged 18 or older (and the following calculation) esturn) egative, enter "0") t you are claiming for the sheet of paper it the following calculation Year of birth eer \$2,058 (see page)	attach a separate attach a separate attach a separate attach for each depart Relationship to you attach at a separate attach for each depart attach attach a separate attach for each depart Relationship to you attach at a separate at a separ	e 367, and not on this sheet of paper if you endant. (maximum \$6,589) space) endant. Is this dependant physic mentally infirm? Yes No	s line.	13,196 00
Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount Infirm dependant's net income (line 236 of his or her reallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the Provide the Provide the Provide the Provide the Provide the Provide the Prov	eim the family cared ged 18 or older (and the following calculation) esturn) egative, enter "0") t you are claiming for sheet of paper it the following calculation Year of birth err \$2,058 (see pagential)	attach a separate attach a separate attach a separate attach for each depart Relationship to you attach at a separate attach for each depart attach attach a separate attach for each depart Relationship to you attach at a separate at a separ	e 367, and not on this sheet of paper if you endant. (maximum \$6,589) space) endant. Is this dependant physic mentally infirm? Yes No	s line.	13,196 00
Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount Infirm dependant's net income (line 236 of his or her reallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the Provide the requested inf	eim the family cared led 18 or older (and items of the following calculation) esturn) egative, enter "0") t you are claiming for sheet of paper if the following calculation Year of birth err \$2,058 (see pagential) etr \$2,058 (see pagential)	attach a separate attach a separate attach a separate attach for each depart attach for each depart attach as attach for each depart attach attach as a separate attach attach as a separate attach attach attach as a separate attach atta	e 367, and not on this sheet of paper if you endant. (maximum \$6,589) space) endant. Is this dependant physic mentally infirm? Yes No	s line.	13,196 00
Line 306 – Amount for an infirm dependant age Provide the requested information and complete the First and last name: Address: Base amount Infirm dependant's net income (line 236 of his or her reallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the First and last name: Address: Base amount for this dependant: line 1 minus line 2 (if neallowable amount (attach a separate Provide the requested information and complete the Provide the Provide the Provide the Provide the Provide the Provide the Prov	eim the family cared led 18 or older (and the following calculation) return) regative, enter "0") t you are claiming for sheet of paper if the following calculation Year of birth return (and the family of t	attach a separate station for each dep Relationship to you or all dependants. If you need more station for each dep Relationship to you are 35 in the guide are caregiver amount or tyou claimed.	e 367, and not on this sheet of paper if you endant. (maximum \$6,589) space) endant. Is this dependant physic mentally infirm? Yes No	s line.	13,196 00

Enter the total number of dependants for whom you entered \$2,058 on line 2 for this calculation.

5112



Employee Overpayment of 2014 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, 2014, and you have to complete Schedule 10.

Total EI insurable earnings (box 24 or, if blank, box 14 of your T4 slips) (read the note	e below) 36,825	<u>24</u> 1
Total self-employment and other earnings eligible for the EI program for access to EI s	special benefits +	2
Add lines 1 and 2.	(maximum \$48,600) = 36,825	24 3
Total premiums deducted: Residents of other than Quebec (box 18 and box 55 of your T4 slips) Quebec residents (box 18 of your T4 slips)	692 36 4	
Total premiums payable: enter the amount from line 10 of Schedule 13	+ 5	
Add lines 4 and 5.	= 692 36 ► 692	36 6
Line 3 minus \$2,000 (if negative, enter "0")	- 34,825	24 7
Line 6 minus line 7 (if negative, enter "0")	= (00 8
Residents of other than Quebec (box 18 and box 55 of your T4 slips) Quebec residents (from box 18 of your T4 slips) Required premium: Residents of other than Quebec (multiply line 1 by 1.88%)	(maximum \$913.68)	36 9
Quebec residents (multiply line 1 by 1.53%)	(maximum \$743.58) - 692	<u>31</u> 1
Line 9 minus line 10 (if negative, enter "0")	= (05 1
Enter the amount from line 8 or line 11, whichever is greater .	Employment insurance overpayment (05 1
Enter the amount from line 12 on line 450 of your return only if it is more than \$1. How amount on line 9, enter instead the amount from line 9 on line 450.	vever, if the amount on line 12 is greater than the	
Enter the amount from line 7, 9, or 10, whichever is least, on line 312 of Schedule 1 and adjust your claim if there is an amount on line 2 and the amount on line 3 is less than \$		
Note : If you have no self-employment earnings and your total EI insurable earnings of However, if you have self-employment earnings and have entered into an agree Commission to participate in the EI program for access to EI special benefits, e	ement with the Canada Employment Insurance	

T4 slips.

Assembly Instructions

Name: Yingxu Rong 738-423-219 SIN:





Assembling the federal tax return

If you submit your tax return via NETFILE and it is accepted by the CRA, you do not have to send a printed copy to the CRA. However, the CRA reserves the right to request any supporting documentation such as T4 slips, charity and medical receipts, etc.

The relevant student should sign the following:
to supply them to the CRA (ref. sub. 230(4)).
You must therefore keep these documents and a copy of the tax return in a safe place for a period of 6 years in case you are ask

	relevant student should	-
т	2202 – Education tax credit cer	rtificate



Registered Retirement Savings Plan (RRSP) Schedule

Table B - Calculation of eligible RRSP/PRPP deduction in 2014		
Eligible amount based on 2013 income		1
RRSP room based previous years' income		34,959 2
Pension adjustment reversal amount from your 2014 T10 slip	<u>.</u>	3
2014 PSPA (from last year's RPP administrator's statement)	_	3
Employer PRPP contributions (amount from line 205)	_	5
Unused RRSP Room		34,959 6
		<u> </u>
Maximum RRSP/PRPP deduction limit in 2014		34,959 7
Table C - Calculation of RRSP/PRPP deduction in 2014		
Contributions available for RRSP/PRPP deduction (table A, line 12)	=	
Maximum RRSP/PRPP deduction limit in 2014 (table B, line 7)	=	34,959
RRSP/PRPP deduction before transfers		1
Direct or indirect transfers	+	2
RRSP/PRPP deduction (per line 208)	=	0 3
Table D - Calculation of 2014 earned income		
2014 calculation in reference to 2015 RRSP/PRPP eligibility		
Employment income (line 101 and part of line 104 not shown elsewhere in this calc)		37,425 1
Union, professional or like dues (line 212)	-	2
Employment expenses (line 229)	-	3
Subtotal (employment income)	=	37,425 4
Royalties for a work or invention (line 104)	+	5
Net research grants you received (line 104)	+	6
Employee profit sharing plan allocations- T4PS-Box 35 (line 104)	+	7
Supplementary unemployment benefit plan payments (line 104)	+	8
Net Income from a business (lines 135-143)	+	9
Disability payments received from the CPP or QPP (line 152)	+	10
Net rental income from real property (line 126)	+	11
Alimony or maintenance income received (line 128)	+	12
2014 contributions to an amateur athlete trust (AAT)	+	13
Subtotal - total eligible income	=	<u>37,425</u> 14
	15	
	16	
	17	
· · · · · · · · · · · · · · · · · · ·	18	
Subtotal - amount to be deducted	-	19
2014 earned income	<u> </u>	37,425 20
Amount from line 20 37,425 x 18% ► = 6,737 /		
RRSP/PRPP dollar limit for 2015 = 24,930 E	3	0.707
Enter the amount form line A or B, whichever is less		6,737 21
Total PA from 2014	-	22
Maximum RRSP/PRPP deduction in 2015 before PSPA	=	6,737 23



Registered Retirement Savings Plan Schedule (continued)

Table E - Calculation of eligible RRSP/PRPP deduction limit for 2015	
Unused Room for 2014 (table B, line 6) RRSP/PRPP deduction (excluding transfers) (table C, line 1) 2015 net PSPA (from RPP administrator's statement) Eligible RRSP/PRPP Room Maximum RRSP/PRPP deduction in 2015 based on 2014 earned income (table D, line 23) Maximum RRSP/PRPP deduction limit for 2015	34,959 1 - 2 - 3 = 34,959 4 + 6,737 5 = 41,695 6
Table G - Calculation of RRSP/PRPP contribution limit 2015	
Maximum RRSP/PRPP deduction limit for 2015 (table E, line 6) Undeducted premiums (table F, line 3) RRSP/PRPP contribution limit for 2015	41,695 1 - 2 = 41,695 3
Table H - Calculation of repayment of RRSP home buyers plan	
RRSP home buyers plan outstanding amount before the start period Required amount to repay for 2014 Designated repayment	= 948 = =
Amount to be included in RRSP income on line 129 RRSP home buyers plan outstanding amount, end of year	= = 948



Ffile - Return Record

	Identif	ication		
Transmitter Efile Number		Transmitter Efile Password <password< th=""><th></th></password<>		
Preparer Efile Number		Preparer Efile Password <password< td=""><td></td></password<>		
Document Control Number		Discounter Registration Number		
Software Code 015G		Software Release Date 2015-03-0	4	
Software Code CTCC	Taxpave	er's Data		
Taxpayer's Given Name	Тихриу	Change of Name Ind	icator [2=Yes]	
Taxpayer's Surname		Change of Name in	(L-100)	
Taxpayor o Garrianio	Addres	ss Data		
Care of Line	7144100	,		
Street 89-935 Ewen Ave				
City New Westminster				
Province BC	Telephone Area	Code 604		
Postal Code V3M0A1	Telephone Loca			
Same Home/Mailing Address [1=Yes, 2=No] 2	Date of the Mov			
Basic Data	Date of the mov	Residency Data		
Tax Year	2014	Year End Province of Residence	BC	
Social Insurance Number	738423219	Current Province of Residence		
Date of Birth	1969-03-06	Aboriginal Land Residency Indicator [1=Yes, 2=No]		
Marital Status	1	Yukon First Nation Settlement Number		
Spouse Self Employed [0=No, 1=Yes]	1	First Nation Identification Indicator [1=Yes, 2=No]		
Date of Entry		North West Territories First Nation Residency Code		
•	Elections C	anada Data		
Canadian Citizenship Indicator [1=Yes, 2=No]	1	Elections Canada Authorization Indicator [01=Yes, 02=No	p]	
	Conta	ct Data		
Correspondence Language Code [1=English, 2=French	n] 1	Alternate Address Authorization Code	00	
Tax Preparer Authorization Code [1=Yes]	•	Expiry Date of the Tax Preparer Authorization Code		
Pre-Assessment Review Contact Code		Post-Assessment Review Contact Code		
Taxpayer's Email Address				
	Deceas	ed Data		
Deceased Indicator [1=Yes]		Date of Death		
	Spouse	e's Data		
Spouse's Given Name (Limited to 4 characters)	Hong	Spouse's Social Insurance Number	738423185	
Spouse's Net Income	241	Spouse's Universal Child Care Benefit Amount	(
Spouse's Universal Child Care Repayment Amount	0	·		
	Bankrup	tcy Data		
Bankruptcy Indicator [1=Yes]	•	Post-Bankruptcy Net Income		
		Post-Bankruptcy Adjusted Net Income		

Selected Financial Data Statements (SFDs)

Number of Selected Financial Data Records [Blank if 0]

Field	Value	Description
266	2	Foreign property with a total cost > than \$100,000 (1=Yes, 2=No)
101	37425	Employment income per T4 slips
150	37425	Total income (or loss)
260	37425	Taxable income
428	77281	Provincial or territorial tax
435	177338	Total payable
437	443859	Total income tax deducted from information slips
484	266521	Refund
490	2	Prepared by (1=3rd party, 2=Client, or 3=Discounted)
300	11138	Basic personal amount
303	10896	Spouse or common-law partner amount
364	1505	Public transit amount
366	1_	Number of eligible children born in 1997 or later
367	2255	Amount for children born in 1997 or later
312	69231	Employment insurance premiums
324	1467	Tuition, education, and textbook amounts transferred from a child
363	1127	Canada employment amount
335	30754	Gross non-refundable tax credits before donations and gifts

Continued on next page



Field	Value	Description
338	4613	Non-refundable tax credits before donations and gifts
350	4613	Total federal non-refundable tax credits
406	100057	Federal tax
417	100057	Fed. tax before additional tax on RESP accumulated inc. payments
5804	9869	Basic personal amount
5812	8450	Spousal or common-law partner amount
5824	167309	Canada or Quebec pension plan contributions
5832	69231	Employment insurance premiums
5860	1467	Tuition and education amount transferred from child
5868	56_	Medical expenses
5880	22152	Add lines 5804 through 5864 and line 5876 of provincial Form 428
5884	1120	Provincial non-refundable tax credits before donations and gifts
6150	1120	Provincial non-refundable tax credits
308	167309	
5478	36825	E.I. insurable earnings (T4's other than T4 fishers income)
5034	167309	Total CPP contributions withheld
5549	37425	Total CPP pensionable earnings
5028	69236	Total employment insurance premiums

Summary of carryforward amounts to 2015

Name: Yingxu Rong SIN: 738-423-219



SIN: 738-423-219		
Subject	Amount	Reference form
GST		
GST rebate (excluding portion for eligible CCA)		GST-370 line 16
CNIL		
Expense		T936 line 16
Income		T936 line 19
RPP		DDD ask adula (Area E LOA)
RPP pre-1990 contributions (not a contributor)	<u> </u>	RPP schedule (Area E I.24)
RPP pre-1990 contributions (contributor) RRSP		RPP schedule (Area E I.25)
Eligible amount	6,737	BBSB schodule (Toble D)
Room from previous years	34,959	RRSP schedule (Table D) RRSP schedule (Table E)
PSPA from previous year		RRSP schedule (Table E)
Undeducted premiums		RRSP schedule (Table E)
Transitional amount		RRSP schedule (Table F)
HOME BUYER'S PLAN		Table 1
Outstanding amount to repay	948	RRSP schedule (Table H)
Number of years left		RRSP schedule (Table H)
Amount to repay annually		RRSP schedule (Table H)
LLP		,
Outstanding amount to repay		RRSP schedule (Table K)
Number of years left		RRSP schedule (Table K)
Amount to repay annually		RRSP schedule (Table K)
DONATIONS		
Donations		Charitable donations schedule
TUTION		
TUITION Tuition and advantions amounts		Cohodulo 11 lino 25
Tuition and educations amounts Tuition and educations amounts - Provincial		Schedule 11, line 25 Schedule 11 P, line 21
Interest paid on a student loan		Supporting documents
Interest paid on a student loan		Supporting documents
INVESTMENT TAX CREDIT		
Investment tax credit		T2038 column 9
		. 2000 00:0::::::
ALTERNATIVE MINIMUM TAX		
Alternative minimum tax		T691 line 129
FOREIGN BUSINESS TAX CREDIT		
Foreign business tax credit		Schedule of foreign income
MOVING EXPENSES		
Moving expenses		T1M
PROVINCIAL TAY OPERITO		
PROVINCIAL TAX CREDITS Venture conitel tox credit	–	BC470
Venture capital tax credit		BC479
Equity tax credit		T1285 BC428
Logging tax credit Community Enterprise Development tax credit		T1256
Small Business Investment tax credit		NB428, YT479
טוומוו שעאוופא ווועפאנווופווג נמג טופעוג	<u> </u>	140720, 11478



Employment income summary - 2014

		o canningo	
Employer Name: YMCA of Province of employment: British C	f Greater Vancouver columbia	STATEMEN"	T4 T OF REMUNERATION PAID
Employment income - line 101 27,402 54	Employee's CPP contributions - line 308	Employee's QPP contributions - line 308	Employee's El premiums - <i>line 312</i> 503 94
	.,==: 00		000 0.
RPP contributions - line 207	Income tax deducted - line 437	El insurable earning	CPP pensionable earnings
20	3,444 28 Board and lodging	26,802 76	27,402 54
QPP pensionable earnings	(included in box 14)	Employee's home-relocation loan deduction - line 2	248 Security options deduction 110(1)(d) - line 249
26	30	37	39
Other taxable allowances and benefits (included in box 14)	Security options deduction 110(1)(d.1) - line 249	Employment commissions - line 102	Canadian Forces personnel & police deduction - <i>line</i> 244
40	41	42	43
Union duca - Mar 040	Objectively depositions for 040	Denoise adjustment line 000	Description of the second of t
Union dues - line 212	Charitable donations - line 349 46	Pension adjustment - line 206 52	Provincial parental insurance plan 55
	Fr. 11	N	
PPIP insurable earnings 56	Eligible retiring allowances line 130 66	Non-eligible retiring allowances line 130	Status Indian employee (included in box 14) 71
Pre-1990 past service contributions	Pre-1990 past service contributions	Worker's compensation benefits	
while a contributor 74	while not à contributor 75	repaid to the employer - line 229	Volunteer allowance 87
	Employee-paid premiums for		
Public transit pass - line 364	Employee-paid premiums for private health services plans - line 330	Cleric's housing allowance (included in box 30) 30	
Employer Name: Renaissa	ance Kids Education Centres Ir	nc.	T4
Province of employment: British C	Columbia	STATEMEN	T OF REMUNERATION PAID
Employment income - <i>line</i> 101 10,022 48	Employee's CPP contributions - line 308	Employee's QPP contributions - line 308	Employee's El premiums - line 312 188 42
RPP contributions - line 207	Income tax deducted - line 437	El insurable earning	CPP pensionable earnings
20	994 31	10,022 48	10,022 48
QPP pensionable earnings	Board and lodging (included in box 14)	Employee's home-relocation loan deduction - line 2	248 Security options deduction 110(1)(d) - line 249
26	30	37	39
Other taxable allowances and benefits (included in box 14)	Security options deduction 110(1)(d.1) - line 249	Employment commissions - line 102	Canadian Forces personnel & police deduction - line 244
40	41	42	43
Union duca - Mar 040	Objectively depositions for 040	Denoise adjustment line 000	Description of the second of t
Union dues - line 212	Charitable donations - line 349 46	Pension adjustment - line 206 52	Provincial parental insurance plan 55
PPIP insurable earnings 56	Eligible retiring allowances line 130 66	Non-eligible retiring allowances <i>line</i> 130	Status Indian employee (included in box 14) 71
Pre-1990 past service contributions	Pre-1990 past service contributions	Worker's compensation benefits	
while a contributor	while not a contributor	repaid to the employer - line 229	Volunteer allowance
74	75	77	87
Public transit pass - line 364	Employee-paid premiums for private health services plans - <i>line</i> 330	Cleric's housing allowance (included in box 30)	
84	85	30	

85

84



Employment income summary - 2014 (continued)

TOTAL		STATEMENT OF	T4 FREMUNERATION PAID
Employment income - line 101 14 37,425 02	Employee's CPP contributions - line 308 16 1,673 09		nployee's El premiums - <i>line 312</i> 18 692 36
RPP contributions - line 207	Income tax deducted - line 437 22 4,438 59		PP pensionable earnings 26 37,425 02
QPP pensionable earnings	Board and lodging (included in box 14) 30	Employee's home-relocation loan deduction - line 248 Se	curity options deduction 110(1)(d) - line 249
Other taxable allowances and benefits (included in box 14)	Security options deduction 110(1)(d.1) - line 249	Employment commissions - line 102 & p	nadian Forces personnel police deduction - line 244
Union dues - <i>line</i> 212	Charitable donations - line 349 46		ovincial parental insurance plan
PPIP insurable earnings 56	Eligible retiring allowances <i>line 130</i> 66		atus Indian employee (included in box 14)
Pre-1990 past service contributions while a contributor 74	Pre-1990 past service contributions while not a contributor 75		olunteer allowance
Public transit pass - line 364	Employee-paid premiums for private health services plans - line 330	Cleric's housing allowance (included in box 30) 30	



Canada Revenue Agence du revenu du Canada

T1 GENERAL 2014

RC-14-119

Income Tax and Benefit Return

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

Identification		_	BC 8
Print your name a	nd address below.	Information about you	
First name and initial		Enter your social insurance	
Mrs.			23-219
Yingxu		Year	
Last name		Enter your date of birth:	969-03-06
Rong		Your language of correspondence:	
Mailing address: Apt No – Street No Str	eet name	Votre langue de correspondance :	
,			
89-935 Ewen Ave		Is this return for a deceased pers	on?
PO Box	RR	-	
		If this return is for a deceased	Month Day
City	Prov./Terr. Postal code	person, enter the date of death:	Month Bay
New Westminster	BC V3M 0A1	Marital atatus	
		Marital status	mbor 21 2014:
Lundaratand that by providing an amail	address I am registering for online	Tick the box that applies to your marital status on Dece	mber 31, 2014.
I understand that by providing an email mail and I accept the terms and condi		1 X Married 2 Living common-law 3	Widowed
man and raccept the terms and condi	itions on page 10 of the guide.	4 Divorced 5 Separated 6	-
Enter an email address:		J Strotecu 5 Geparateu 6 G	Joingic
		Information about your spouse	or
		common-law partner (if you ticked box 1 or 2	above)
Information abou	ut your residence	Danision (ii you doned box 1 of 2	(d5010)
Enter your province or territory of		Enter his or her SIN: 738-42	23-185
residence on December 31, 2014:	British Columbia	Totar his ar har first name.	
Enter the province or territory where		Enter his or her first name: Hongyu	
you currently reside if it is not the		Enter his or her net income for 2014	0.44 00
same as your mailing address above:		to claim certain credits:	241 60
, ,		Enter the amount of universal child care	
If you were self-employed in 2014, enter the province or territory of		benefit (UCCB) from line 117	1
self-employment:		of his or her return:	
' '		Enter the amount of UCCB repayment	
If you became or ceased to be a reside	ent of Canada for income tax purposes	from line 213 of his or her return:	
in 2014, enter the date of: Month Day	Month Day		
l í	Month Day	Tick this box if he or she was self-employed in 2014:	1 X
entry or	departure	Do not use this area	
Residency information for tax	administration agreements		
· ·			
For more information, see Information S	Sheet T1-BC10(E), Residency information	on for tax administration agreements,	
included in this package.		<u></u>	
Did you reside within Nisga'a Lands or	December 31, 2014?	Yes 🗌	1 No 2
If yes , are you a citizen of the Nisga'a I	Nation?	Yes	1 No □ 2
~			
Elections Canada	(see the Elections Canada page in the	tax guide for details or visit www.elections.ca)	
A) Are you a Canadian citizen?			1 No 2
Answer the following question only if ye			
B) As a Canadian citizen, do you author		ve your name.	
		ational Register of Electors? Yes	1 No 🗌 2
		nly be used for purposes permitted under the <i>Canada</i>	
		ection agencies, members of Parliament, and registered	
political parties, as well as candidates a		and togotolog	

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The guide contains valuable information to help you complete your return.

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

Please answer the following question:
Did you own or hold foreign property at any time in 2014 with a total cost of more than CAN\$100,000? See "Foreign income" in the guide for more information
If you had dealings with a non-resident trust or corporation in 2014, see "Foreign income" in the guide.

As a resident of Canada, you hav	e to report your income t	rom all sources both inside a	nd o	uteid	le Canada
Total income	e to report your income i	Tom an sources both made a	iiiu o	utsiu	e Canada.
	-4 alina)		404		27 425 02
Employment income (box 14 of all 7	4 Slips)		101		37,425 02
Commissions included on line 101 (box 42 of all T4 slips)	102			
Wage loss replacement contribution		v2			
(see line 101 in the guide)		103			
Other employment income			104	+	1
Old age security pension (box 18 of					
CPP or QPP benefits (box 20 of the					
Disability benefits included on line 1				•	ı
•		152			
Other pensions and superannuation			115	+	
Elected split-pension amount (attac					
Universal child care benefit (UCCB)					
UCCB amount designated to a depe					
					1
Employment insurance and other be			119	+	
Taxable amount of dividends (eligib					
Canadian corporations (attach Scho			120	+	
Taxable amount of dividends other		1			
included on line 120, from taxable C	anadian corporations	180			1
Interest and other investment incom					
Net partnership income: limited or n	on-active partners only		122	+	
Registered disability savings plan in	come		125	+	
Rental income	Gross 160	Net	126	+	
Taxable capital gains (attach Scheo		-	127	+	
Support payments received	•				
RRSP income (from all T4RSP slips					
Other income Specify:			130	+	
Self-employment income	_	1			
Business income					
Professional income					
Commission income		Net			
Farming income	Gross 168				
Fishing income	Gross 170	Net Net	143	<u>+</u>	
Workers' compensation benefits (bo	x 10 of the T5007 slip)	144			
Social assistance payments		145 <u>+</u>			
Net federal supplements (box 21 of	the T4A(OAS) slip)	146 <u>+</u>			
Add lines 144, 145, and 146 (see lin	e 250 in the guide).	<u>=</u>	147	<u>+</u>	
Add lines 101 104 to 142 and 147		This is your total income.	150		37,425 02
Add lines 101, 104 to 143, and 147.		This is your total income.	130	⊑	31,425 02



Attach your Schedule 1 (federal tax) and Form 428 (provincial or territorial tax) here. Also attach here any other schedules, information slips, forms, receipts, and documents that you need to include with your return.

Protected B when completed 3

Net income

Enter your total income from line 150.		150	37,425 02
Pension adjustment			
(box 52 of all T4 slips and box 034 of all T4A slips) 206	- ,		
Desistance describes along deducations (how 20 of all T4 aline and how 222 of all T44 aline)	207		
Registered pension plan deduction (box 20 of all T4 slips and box 032 of all T4A slips)	207	-	
RRSP/pooled registered pension plan (PRPP) deduction (see Schedule 7, and attach receipts)	208 +		
PRPP employer contributions (amount from your PRPP		-	
contribution receipts) 205			
200			
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 +	-	
Universal child care benefit repayment (box 12 of all RC62 slips)	213 +	_	
Child care expenses (attach Form T778)	214 +	_	
Disability supports deduction	215 +	_	
Business investment loss Gross 228 Allowable deduction		-	
Moving expenses	219 +	-	
- · · · · · · · · · · · · · · · · · · ·			
Support payments made Total 230 Allowable deduction		-	
Carrying charges and interest expenses (attach Schedule 4)	221 +	-	
Deduction for CPP or QPP contributions on self-employment and other earnings	222 .		
(attach Schedule 8 or Form RC381, whichever applies)	222 +	- •	
Exploration and development expenses (attach Form T1229) Other employment expenses	224 <u>+</u> 229 +	-	
Other employment expenses Clergy residence deduction	231 +	-	
Other deductions Specify:	232 +	-	
Add lines 207, 208, 210 to 224, 229, 231, and 232.	233 =		
Line 150 minus line 233 (if negative, enter "0") This is your net incom		234 -	37,425 02
Social benefits repayment (if you reported income on line 113, 119, or 146, see line 235 in the		. 201	07,120 02
Use the federal worksheet to calculate your repayment.	o garao).	235 -	
Line 234 minus line 235 (if negative, enter "0")			
· · · · · · · · · · · · · · · · · · ·	s is your net income	. 236 =	37,425 02
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	10 -	-	
(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 =	▶	
	our taxable income	260 =	37,425 02

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

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Ket	und	or	balance	owin	10

pleted 4
1

Net federal tax: enter the amount from line 66 of Schedule 1 (attach Schedule 1, eve	4201,000 57	
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 earl	430 +	
Social benefits repayment (amount from line 235)		422 +
Provincial or territorial tax (attach Form 428, even if the result is "0")		428 + 772 81
Add lines 420, 421, 430, 422, and 428.	This is your total payable.	435 = 1,773 38
Total income tax deducted	437 4,438 59	•
Refundable Quebec abatement	440 +	•
CPP overpayment (enter your excess contributions)	448 +	•
Employment insurance overpayment (enter your excess contributions)		•
Refundable medical expense supplement (use the federal worksheet)	452 <u>+</u>	•
Working income tax benefit (WITB) (attach Schedule 6)	453 <u>+</u>	•
• • • • • • • • • • • • • • • • • • • •	454 <u>+</u>	•
Part XII.2 trust tax credit (box 38 of all T3 slips)	456 +	•
Employee and partner GST/HST rebate (attach Form GST370)	457 +	•
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 = 4,438 59	► 4,438 59
Line 435 minus line 482 This is	your refund or balance owing.	= (2,665 21)
If the result is negative, you have a refu	nd. If the result is positive, you ha	ave a balance owing .
Г	Enter the amount below on	whichever line applies.
✓ Generally, we do not charge or refu	und a difference of \$2 or less	•
Refund 484 2,665 21 •	Balance owing	185
<u> </u>	Balance Owing	
For more information on ho	w to make your payment, see line	e 485 in the guide or go
	nents. Your payment is due no la	
Direct deposit – Enrol or update (see line 484 in the guide)		
	f vour direct deposit information b	and not abanged
You do not have to complete this area every year. Do not complete it this year it	r your direct deposit information r	has not changed.
To enrol for direct deposit or to update your account information, complete lines 46	0, 461, and 462 below.	
By providing my banking information I authorize the Receiver General to deposit in	n the bank account number show	n below any
amounts payable to me by the CRA, until otherwise notified by me. I understand the		
previous direct deposit authorizations.	·	•
Branch number 460 Institution number 461	Account number 462	
Branch number 460 Institution number 461 (3 digits)	(maxin	num 12 digits)
I certify that the information given on this return and in any documents	490 If a fee was charged for p	preparing this return,
attached is correct and complete and fully discloses all my income.	complete the	
Sign here	Name of preparer:	_
It is a serious offence to make a false return.	Telephone:	
Telephone (604) 253-3858 Date 31-03-15	EFILE number (if applicable):	489
Personal information, including the social insurance number, is collected under the <i>Income Tax Act</i> to assess government and the provinces and territories. It can be used for audit, compliance, or evaluation purposes and provincial/territorial government institutions. Failure to provide the information may result in interest payerivacy <i>Act</i> , individuals have a right to and shall, on request, be given access to their personal information and InfoSource (www.infosource.gc.ca), personal information bank CRA PPU 005.	and shared or verified with other federal rable, penalties, or other actions. Under the	Э
		1
Do not use	486	•

RC-14-119

this area

488

487



T1-2014

Federal Tax

Schedule 1

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

Step 1 – Federal non-refundable tax credits					
Basic personal amount claim \$11,138	300		11,138	00	1
Age amount (if you were born in 1949 or earlier) (use the federal worksheet) (maximum \$6,916)					2
Spouse or common-law partner amount (attach Schedule 5)	303		10,896	40	
Amount for an eligible dependant (attach Schedule 5)	305		10,000		4
Amount for children born in 1997 or later					•
Number of children for whom you are not claiming					
the family caregiver amount $366 1 \times $2,255 = 2,255 00 5$					
Number of children for whom you are claiming					
the family caregiver amount \times \$4,313 = $+$ 6					
Add lines 5 and 6. = 2,255 00 ►	367	i +	2,255	00	7
Amount for infirm dependants age 18 or older (attach Schedule 5)	306			-	8
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	+	1,673	09	•9
on self-employment and other earnings		•	1,010		••
(attach Schedule 8 or Form RC381, whichever applies)	310	+			•10
Employment insurance premiums:					
through employment from box 18 and box 55 of all T4 slips (maximum \$913.68)	312	+	692	31	•11
on self-employment and other eligible earnings (attach Schedule 13)	317	+		_	•12
Volunteer firefighters' amount	362	+		<u> </u>	13
Search and rescue volunteers' amount	395	+		<u> </u>	14
Canada employment amount					
(If you reported employment income on line 101 or line 104, see line 363 in the guide.) (maximum \$1,127)			1,127	-	
Public transit amount	364		1,505	00	
Children's fitness amount	365			_	17
Children's arts amount	370			\vdash	18
Home buyers' amount	369			_	19
Adoption expenses Pension income amount (use the federal worksheet) (maximum \$2,000)	313			_	20 21
Pension income amount (use the federal worksheet) (maximum \$2,000) Caregiver amount (attach Schedule 5)				\vdash	22
Disability amount (for self)	315	, T			22
(claim \$7,766 or, if you were under 18 years of age, use the federal worksheet)	316	+			23
Disability amount transferred from a dependant (use the federal worksheet)	318	+			24
Interest paid on your student loans	319	+		_	25
Your tuition, education, and textbook amounts (attach Schedule 11)	323				26
Tuition, education, and textbook amounts transferred from a child	324		1,467	71	27
Amounts transferred from your spouse or common-law partner (attach Schedule 2)	326	+			28
Medical expenses for self, spouse or common-law partner, and your					
dependent children born in 1997 or later 56 64 29					
Enter \$2,171 or 3% of line 236 of your return, whichever is less 1,122 75 30					
Line 29 minus line 30 (if negative, enter "0") = 0 00 31					
Allowable amount of medical expenses for other dependants					
(do the calculation at line 331 in the guide) 331 + 32		_,		ı	
Add lines 31 and 32. = 0 00 ►	332			00	
Add lines 1 to 4, 7 to 28, and line 33.	335		30,754		
Federal non-refundable tax credit rate	000	<u>, ×</u>		4.0	
Multiply line 34 by line 35.	338		4,613	18	
Donations and gifts (attach Schedule 9) Add lines 36 and 37.	349	'़		\vdash	37
Enter this amount on line 50 on the next page. Total federal non-refundable tax credits	शहर	,L	4,613	₁₀	38
Lines uno amount on time go on the next page.	JJU		+,013	10	50



Step 2 – Federal tax on taxable income

Enter your taxable income from line 260 of yo	ur return.						37,425	02 39
Complete the appropriate column depending on the amount on line 39.	Line 39 is Line 39 is more \$43,953 or less than \$43,953 but not more than \$87,907			Line 39 is more than \$87,907 but not more than \$136,270			ine 39 is mo han \$136,27	
Enter the amount from line 39.	37,425 02		_					40
Line 40 minus line 44 (connet be negative)	- 0 00	- 43,953 00	_	87,907	00	<u>-</u>	136,270	
Line 40 minus line 41 (cannot be negative)	= 37,425 02 × 15%	= 22%	= ×	26%		= ×	29%	42 5 43
Multiply line 42 by line 43.	= 5,613 75	=	=			=		44
	+ 0 00	+ 6,593 00		16,263	00	+	28,837	00 45
Add lines 44 and 45.	= 5,613 75							46
	Go to Step 3.	Go to Step 3.		Go to Step 3		_	Go to Step 3	3.
Step 3 – Net federal tax Enter the amount from line 46.	- T4200)			5,613				
Federal tax on split income (from line 5 of Form Add lines 47 and 48.	1 11206)		424 + 404 =	5,613		48	5 613	75 49
Add intes 47 drid 40.			-10-1	0,010	10		0,010	<u> 10 </u> +0
Enter your total federal non-refundable tax cred			250	4 642	10 E	.0		
from line 38 on the previous page. Family tax cut (attach Schedule 1-A)			350 <u> </u>	4,613		50A		
Federal dividend tax credit			425 +			51		
Overseas employment tax credit (attach Form	T626)		<u>426</u> <u>+</u>			2		
Minimum tax carryover (attach Form T691) Add lines 50 to 53.			427 <u>+</u> =	4,613	_	53	1 613	<u>18</u> 54
Add lines 50 to 55.			=	4,013	10	<u>-</u>	4,013	10 34
Line 49 minus line 54 (if negative, enter "0")			Ва	asic federal	<u>tax</u> 4	29 =	1,000	<u>57</u> 55
Federal foreign tax credit (attach Form T2209)					4	05 <u>-</u>		56
	<u> </u>							
Federal foreign tax credit (attach Form T2209) Line 55 minus line 56 (if negative, enter "0")				Federal			1,000	
	40	E	58	Federal			1,000	
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit				Federal	<u>tax</u> 4		1,000	
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet)	40	্য (maximum \$650)	410	Federal	<u>tax</u> 4		1,000	
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet) Investment tax credit (attach Form T2038(IND	40			Federal	<u>tax</u> 4		1,000	
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet) Investment tax credit (attach Form T2038(IND) Labour-sponsored funds tax credit Net cost			410 412 +	Federal	<u>tax</u> 4		1,000	
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet) Investment tax credit (attach Form T2038(IND Labour-sponsored funds tax credit Net cost Add lines 59, 60, and 61.		(maximum \$650)	410 412 +	Federal	<u>tax</u> 4	59 60	1,000	
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet) Investment tax credit (attach Form T2038(IND Labour-sponsored funds tax credit Net cost Add lines 59, 60, and 61. Line 57 minus line 62 (if negative, enter "0")		(maximum \$650)	410 412 + 414 +	Federal	<u>tax</u> 4	59 60 61		57 57
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet) Investment tax credit (attach Form T2038(IND Labour-sponsored funds tax credit Net cost Add lines 59, 60, and 61. Line 57 minus line 62 (if negative, enter "0") If you have an amount on line 48 above, see F Working income tax benefit advance payments	40 	(maximum \$650)	410 412 + 414 +	Federal	<u>tax</u> 4	59 60 61 		57 57
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet) Investment tax credit (attach Form T2038(IND Labour-sponsored funds tax credit Net cost Add lines 59, 60, and 61. Line 57 minus line 62 (if negative, enter "0") If you have an amount on line 48 above, see F	40 	(maximum \$650)	410 412 + 414 +	Federal	<u>tax</u> 4	59 60 61		57 57
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet) Investment tax credit (attach Form T2038(IND Labour-sponsored funds tax credit Net cost Add lines 59, 60, and 61. Line 57 minus line 62 (if negative, enter "0") If you have an amount on line 48 above, see F Working income tax benefit advance payments	40 	(maximum \$650)	410 412 + 414 +	Federal	<u>tax</u> 4	59 60 61 		62 57 63
Line 55 minus line 56 (if negative, enter "0") Total federal political contributions (attach receipts) Federal political contribution tax credit (use the federal worksheet) Investment tax credit (attach Form T2038(IND Labour-sponsored funds tax credit Net cost Add lines 59, 60, and 61. Line 57 minus line 62 (if negative, enter "0") If you have an amount on line 48 above, see F Working income tax benefit advance payments (box 10 of the RC210 slip)	40 	(maximum \$650)	410	Federal	tax 4	59 60 61 	1,000	62 57 63 •6



T1-2014

Family Tax Cut

Schedule 1-A

Complete this schedule to claim the family tax cut. Attach a copy of this schedule to your return.

The credit is calculated based on the net reduction to your and your spouse or common-law partner's combined federal taxes if up to \$50,000 in taxable income was transferred from the individual with the higher taxable income to his or her spouse or common-law partner.

You can claim this credit if you were married or living in a common-law partnership, and you and your spouse or common-law partner:

- were not living separate or apart because of a breakdown in your relationship for a period of 90 days or more including December 31, 2014;
- were both residents of Canada on December 31, 2014 (or if either person died in the year, at the date of death); and
- you both file a return for the year this credit is claimed.

You or your spouse or common-law partner **must also** ordinarily live throughout the year with your child who is under 18 years of age at the end of the year. Because of a joint custody arrangement, your child may have ordinarily lived with both you and your former spouse or common-law partner throughout the year.

You cannot claim this credit if:

- you are confined to a prison or similar institution for a period of 90 days or more during the year;
- your spouse or common-law partner is claiming the credit for the year;
- either you or your spouse or common-law partner became bankrupt in the year; or
- either you or your spouse or common-law partner has elected to split eligible pension income.

Make sure that you have completed the "Information about your spouse or common-law partner" section on page 1 of your return.

Also, to receive the maximum benefit of this credit, make sure you and your spouse or common-law partner claim all of the non-refundable tax credits you may be entitled to when completing Schedule 1, *Federal Tax*, even if you don't need the amounts to reduce your or your spouse or common-law partner's tax.

Step 1 – Federal tax before income sharing		umn 1 ⁄ou		Column 2 Eligible spouse or common-law partner	
Enter the tax on taxable income from line 46 of Schedule 1.	-	5,613 75	1	36 24 1	
Enter the total non-refundable tax credits from line 350 of Schedule 1.	<u>-</u>	4,613 18	2 49	6 <u>- 1,670 70</u> 2	
Line 1 minus line 2 (if negative, enter "0")	=	1,000 57	3	<u> </u>	
Add the amounts from line 3 in columns 1 and 2. Combined 6	tax before		1,00	00 57 4	
Step 2 – Adjusted federal tax after income sharing					
Enter the taxable income from line 260 of the return.	3	37,425 02	5 49	7 241 60 5	
Enter the difference between					
the taxable income from line 5			•	10 501 51 0	
in column 1 and column 2. $37,183 42 \times 50\% = $ (maximum \$50,000)	<u>± 1</u>	18,591 71	6	± 18,591 71 6	
Add lines 5 and 6 in the column with the lower income at line 5.					
Subtract line 6 from line 5 in the column with the higher income Adjusted					
at line 5 (if negative enter "0"). taxable income	= 1	18,833 31	7	<u>= 18,833 31</u> 7	
Tax on adjusted taxable income (use charts 1 and 2 on page 2)		2,825 00		<u>2,825 00</u> 8	
Enter the amount from line 2.		<u>4,613 18</u>		<u>- 1,670 70</u> 9	
Line 8 minus line 9 (if negative, show the result in brackets)	=	(1,788 18)	10	<u>= 1,154 30</u> 10	
Enter the spouse or common-law partner amount from line 303 of Schedule 1.		1		1	
(Note: If the claim at line 303 includes the family caregiver amount , use chart 3 on page 2 to calculate the amount to enter on this line.)	1	10,896 40	11 49	8 11	
Enter the amounts transferred from your spouse or common-law partner		10,090 40	45/	<u> </u>	
from line 326 of Schedule 1.	+		12 49	9 + 12	
Add lines 11 and 12.	= 1	10,896 40		= 13	
Federal non-refundable tax credit rate	×	15%		× 15% 14	
Multiply line 13 by line 14. Adjustment to non-refundable tax credits		1,634 46		= 15	
Enter the amount from line 10 (if negative, show it in brackets and subtract it).	+	<u>(1,788 18)</u>	16	<u>+ 1,154 30</u> 16	
Add lines 15 and 16 (if negative, enter "0"). Adjusted tax after income sharing	=	0 00	17	<u>=</u> 1,154 30 17	
Combined ad	•				
Add the amounts from line 17 in columns 1 and 2. after incom	ne sharin	g	1,15	5 <u>4 30</u> 18	



•	Step 3 – Family tax	cu
---	---------------------	----

Step 5 – I allilly tax cut	
Enter the amount from line 4.	<u>1,000 57</u> 19
Enter the amount from line 18.	<u>- 1,154 30</u> 20
Line 19 minus line 20 (if negative, enter "0") (maximum \$2,000)	
Enter this amount on line 423 of Schedule 1. Family tax cut	= 0 00 21

— Chart 1 – Tax calculation chart for yourself						
Enter your adjusted taxable income from line 7	of page 1.			<u>18,833</u> 31_1		
Complete the appropriate column depending on the amount on line 1 above.	Line 1 is \$43,953 or less	Line 1 is more than \$43,953 but not more than \$87,907	Line 1 is more than \$87,907 but not more than \$136,270	Line 1 is more than \$136,270		
Enter the amount from line 1.	18,833 31	40.070.00		2		
Line 2 minus line 3 (cannot be negative)	$\frac{-0.00}{-18,83331}$	- 43,953.00 =	<u>- 87,907.00</u> =	<u>- 136,270,00</u> 3 <u>= 4</u>		
Multiply line 4 by line 5.	<u>× 15%</u> = 2,825 00 + 0,00	<u>× 22%</u> = + 6,593,00	× 26% = + 16,263,00	× 29% 5 = 6 + 28,837,00 7		
Add lines 6 and 7. Enter this amount at line 8 of page 1.	= 2,825 00	= 0,393,00	=	= 8		

— Chart 2 – Tax calculation chart for your spouse or common-law partner ————————————————————————————————————						
Enter your spouse or common-law partner's adju	sted taxable income f	rom line 7 of page 1.		18,833 31 1		
Complete the appropriate column depending on the amount on line 1 above.	Line 1 is \$43,953 or less	Line 1 is more than \$43,953 but not more than \$87,907	Line 1 is more than \$87,907 but not more than \$136,270	Line 1 is more than \$136,270		
Enter the amount from line 1.	18,833 <u>31</u> - 0.00	- 43,953.00	- 87,907.00	- 136,270,00 3		
Line 2 minus line 3 (cannot be negative)	= 18,833 31	=	=	= 4		
Multiply line 4 by line 5.	<u>x 15%</u> = 2,825 00 + 0,00	× 22% =	× 26% = + 16,263,00	x 29% 5 = 6 + 28.837.00 7		
Add lines 6 and 7. Enter this amount at line 8 of page 1.	= 2,825 00	=	=	= 8		

— Chart 3 – Line 303 adjusted for the family caregive	ar amoili	nt ———					
Chart o Line doe adjusted for the family daregive	or arriour						ı
Enter the spouse or common-law partner amount from line 303 of you	ur or your	spouse					
or common-law partner's Schedule 1.						_	1
Family caregiver amount					2,058,00	2	
Enter the net income of the infirm individual being claimed							
for the spouse or common-law partner amount							
(line 236 of his or her return).			3				
Base amount		11,138	<u> </u>				
Line 3 minus line 4 (if negative, enter "0")	_ =		▶			5	
Line 2 minus line 5 (if negative, enter "0")				=		. - -	6
Line 1 minus line 6 (if negative, enter "0")							
Enter this amount at line 11 of page 1.						. =	7



T1-2014 **Working Income Tax Benefit**

Schedule 6

For more information, see line 453 in the guide. Complete this schedule, and attach a copy to your return to claim the working income tax benefit (WITB) if you meet all of the following conditions in 2014:

- you were a resident of Canada throughout the year;
- you earned income from employment or business; and
- at the end of the year, you were 19 years of age or older or you resided with your spouse or common-law partner or your child.

The WITB is calculated based on the working income (calculated in Part A below) and your adjusted family net income (calculated in Part B below). You can claim the basic WITB (Step 2) if the working income (amount on line 8 below) is more than \$4,750. If you are eligible for the WITB disability supplement (Step 3), your working income (amount on line 7 below) must be more than \$2,295. Also, if your adjusted family net income is less than the amount specified in the chart on the next page, you need to complete this form to find out if you are entitled to the WITB. If your adjusted family net income is more than the amount specified in the chart on the next page, you are not entitled to the WITB.

You cannot claim the WITB if in 2014:

- . you were enrolled as a full-time student at a designated educational institution for more than 13 weeks in the year, unless you had an eligible dependant at the end of the year; or
- you were confined to a prison or similar institution for a period of at least 90 days during the year.

Notes: If you were married or living in a common-law relationship but did not have an eligible spouse or an eligible dependant, complete this schedule using the instructions as if you had neither an eligible spouse nor an eligible dependant.

If you are completing a final return for a deceased person who met the above conditions, you can claim the WITB for that person if the date of death was after June 30, 2014.

Step 1 - Calculating your working income and adjusted family net income

Do you have an eligible dependant?	381 Yes X	1 No 2	2			
Do you have an eligible spouse?	382 Yes X	1 No	2			
Part A – Working income			Column 1		Column 2	
Complete columns 1 and 2 if you had an eligible spouse on December 31, 2014. Otherwise, complete column 1 only.			You		Your eligible spouse	
Employment income and other employment income reported and line 104 of the return	on line 101		37,425 02	_ 3		3
Taxable part of scholarship income reported on line 130		383	L	4 384	+	_ 4
Total self-employment income reported on lines 135, 137, 139 of the return (excluding losses and income from a communa			+	_ 5	+	5
Tax-exempt part of working income earned on a reserve or ar received as an emergency volunteer	n allowance	385 -	+	6 386 :	+	6
Add lines 3 to 6. Enter the amount even if the result is "0".			= 37,425 02			7
Add the amounts from line 7 in columns 1 and 2.		Working in	ncome	37,425 02	8	
Part B – Adjusted family net income						
Net income amount from line 236 of the return			37,425 02	_ 9	241 6	<u>0</u> 9
Tax-exempt part of all income earned or received on a reserv deductions related to that income, or an allowance received a volunteer		388 -	+	_ 10 389 :	+	10
Total of universal child care benefit (UCCB) repayment (line 213 of the return) and registered disability savings plan (income repayment (included on line 232 of the return) Add lines 9, 10, and 11.	RDSP)		+ = 37,425 ₀₂	_ 11 _ 12	<u>+</u> = 241 6	11 50 12
Total of UCCB (line 117 of the return) and RDSP income (line 125 of the return)				_ 13	-	— 13
Line 12 minus line 13 (if negative, enter "0")			= 37,425 02	14 390	= 241 6	<u>1</u> 2
Add the amounts from line 14 in columns 1 and 2.	Adjuste	ed family net in	ncome	37,666 62	15	
Are you claiming the basic WITB?	391 Yes X	1 No 2	2 If yes , comple	ete Step 2 on th	ie next page.	
Are you claiming the WITB disability supplement for yourself?	392 Yes	1 No X	2 If yes , comple	ete Step 3 on th	ie next page.	
Does your eligible spouse qualify for the disability amount for himself or herself?	394 Yes	1 No X 2	• •	she must comple parate Schedul	•	



Step 2 – Calculating your basic WITB

If you had an eligible spouse, only **one of you** can claim the basic WITB. However, the individual who received the WITB advance payments for 2014 is the individual who **must** claim the basic WITB for the year. If you had an eligible dependant, **only one individual** can claim the basic WITB for that same eligible dependant.

Amount from line 8 in Step 1	<u>37,425 02</u> 16
Base amount	<u>- 4,750 00</u> 17
Line 16 minus line 17 (if negative, enter "0")	<u>= 32,675 02</u> 18
Rate	× 20.4% 19
Multiply line 18 by line 19.	<u>= 6,665 70</u> 20
If you had neither an eligible spouse nor an eligible dependant, enter \$1,206. If you had an eligible spouse or an eligible dependant, enter \$1,914.	1,914 00 21
Amount from line 20 or line 21, whichever is less	1,914 00 ►1,914 00 22
Amount from line 15 in Step 1	<u>37,666</u> 62 23
Base amount: If you had neither an eligible spouse nor an eligible dependant, enter \$12,411. If you had an eligible spouse or an eligible dependant, enter \$16,728.	<u>- 16,728 00</u> 24
Line 23 minus line 24 (if negative, enter "0")	= 20,938 62 25
Rate	× 16.5% 26
Multiply line 25 by line 26.	<u>= 3,454 87</u> ► <u>- 3,454 87</u> 27
Line 22 minus line 27 (if negative, enter "0") Enter the amount from line 28 on line 453 of your return unless you complete Step 3.	= 0 00 28

Step 3 – Calculating your WITB disability supplement

If you qualify for the disability amount for yourself, complete Step 3 to calculate your supplement. However, if you had an eligible spouse and **both** of you qualify for the disability amount, your spouse must complete steps 1 and 3 on a separate Schedule 6 to calculate his or her supplement and enter the amount on line 453 of his or her return.

Enter the amount from line 7 in column 1 of Step 1.			_ 29		
Base amount	<u>-</u>	2,295 00	_ 30		
Line 29 minus line 30 (if negative, enter "0")	<u>=</u>		_ 31		
Rate	×	21%	_ 32		
Multiply line 31 by line 32.	=		_ 33		
Amount from line 33 or \$556, whichever is less			_ ▶		34
Amount from line 15 in Step 1			_ 35		
Base amount: If you had neither an eligible spouse nor an eligible dependant, enter \$19,712. If you had an eligible spouse or an eligible dependant, enter \$28,314.	<u>-</u>		_ 36		
Line 35 minus line 36 (if negative, enter "0")	=		37		
Rate: If you had an eligible spouse and he or she also qualifies for the disability amount, enter 8.5%. Otherwise, enter 17%.	×		_ 38		
Multiply line 37 by line 38.	=		_ ▶		39
Line 34 minus line 39 (if negative, enter "0")			_	=	40
If you completed Step 2, enter the amount from line 28. Otherwise, enter "0".			_	<u>+</u>	41
Add lines 40 and 41.					
Enter this amount on line 453 of your return.			_	<u> </u>	42

Adjusted family net income levels	You had neither an eligible spouse nor an eligible dependant	You had an eligible spouse or an eligible dependant
Basic WITB Adjusted family net income (line 15 in Step 1)	less than \$19,721	less than \$28,328
WITB disability supplement (you qualify for the disability amount) Adjusted family net income (line 15 in Step 1)	less than \$22,983	less than \$31,585
WITB disability supplement (you had an eligible spouse and both of you qualify for the disability amount) Adjusted family net income (line 15 in Step 1)	-	less than \$34,856



T1-2014

Canada Pension Plan Contributions and Overpayment for 2014

Schedule 8

Complete this schedule to calculate your required Canada Pension Plan (CPP) contributions or overpayment for 2014 if you were a resident of a province or territory other than Quebec on December 31, 2014, 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 2014.*

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 had no self-employment earnings and you did not earn employment income in Quebec. Otherwise, complete Form RC381, *Inter-provincial calculation for CPP and QPP contributions and overpayments for 2014.*

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 earned in a province or territory other than Quebec.

Complete **Part 5** if you are reporting self-employment or elective income **and** employment income earned in a province or territory other than Quebec. 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 2014, 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 2014 and elected in 2014 to stop paying CPP contributions or revoked in 2014 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 2014 and elect in 2014 to stop paying CPP contributions on your self-employment earnings, enter the month in 2014 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 2014 you are revoking an election made in a prior year on contributions on self-employment earnings, enter the month in 2014 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 2014 and wanted to elect in 2014 to stop paying CPP contributions in 2014, or to revoke in 2014 an election made in a prior year, you should have completed Form CPT30 in 2014. 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 2014, but your intent was to elect in 2014 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 2014 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 2014 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 2014 on this schedule. To be valid, an election or revocation that begins in 2014 must be filed on or before June 15, 2016.

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.

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

Month

Month



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 2014, enter the number of months in the year after the month you turned 18.
- If for all of 2014 you were receiving a CPP or QPP disability pension, enter "0". If you started or stopped receiving a CPP or QPP disability pension in 2014, enter the number of months during which you were not receiving a disability pension.
- If you were 65 to 70 years of age in 2014, you were receiving a CPP or QPP retirement pension, and you elected to stop paying CPP contributions in 2014, 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 2014 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 2014, 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 2014, 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 2014, enter the number of months in the year after the month you revoked the election. If you had self-employment income in 2014 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 2014 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 2014 you were 70 years of age or older, enter "0".
- If the individual died in 2014, 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 2014.

12 A

Part 3 – Calculating your CPP contributions and overpayment on employ	ment 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 \$52,500)	-	52,500 00 1
Total CPP pensionable earnings. Enter the total of box 26 of all your T4 slips (maximum \$52,500 per slip) where the province of employment is other than Quebec . If box 26 is blank, use box 14.		5549	37,425 02 2
Enter the amount from line 1 or the amount from line 2, whichever is less .	(maximum \$52,500)	_	37,425 02 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 \$49,000)	=	= 33,925 02 5
Actual CPP contributions: Enter the total CPP contributions deducted from box 16 of all your T4 slips.		5034	1,673 09 • 6
Required contributions on CPP pensionable earnings: Multiply the amount from line 5 by 4.95%.	(maximum \$2,425.50)	į	1,679 29 7
Line 6 minus line 7 (if negative, enter "0")	CPP overpayment	ŧ	= 0 00 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 39 of the *General Income Tax and Benefit Guide*.

* If you started receiving CPP retirement benefits in 2014, your basic exemption may be prorated by the CRA.

	Monthly proration table for 2014					
	Part 3					
Applicable number of months	Line 1 Maximum CPP pensionable earnings	Line 4 Maximum basic CPP exemption	Applicable number of months			
1	\$4,375	\$291.67	7			
2	\$8,750	\$583.33	8			
3	\$13,125	\$875.00	9			
4	\$17,500	\$1,166.67	10			
5	\$21,875	\$1,458.33	11			
6	\$26,250	\$1,750.00	12			

Part 3 continued							
Applicable number of months	Line 1 Maximum CPP pensionable earnings	Line 4 Maximum basic CPP exemption					
7	\$30,625	\$2,041.67					
8	\$35,000	\$2,333.33					
9	\$39,375	\$2,625.00					
10	\$43,750	\$2,916.67					
11	\$48,125	\$3,208.33					
12	\$52,500	\$3,500.00					
	number of months 7 8 9 10 11	Applicable number of months Line 1 Maximum CPP pensionable earnings 7 \$30,625 8 \$35,000 9 \$39,375 10 \$43,750 11 \$48,125					



Part 4 – CPP contributions on self-employment and other earnings ONLY (no employment i	ncon	ne) ————
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"). CPP pensionable earnings (maximum \$52,500)*	3/ 3	$\frac{\tau}{=}$ 3
Basic exemption (maximum \$3,500)*		- 4
Line 3 minus line 4 (maximum \$49,000)		= 5
CPP rate		× 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 numbe entered in box A of Part 2 (do not prorate the self-employment earnings if the individual died in 2014).	r of mo	onths
Part 5 – CPP contributions on self-employment and other earnings when you have employn	nent	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. Actual CPP contributions		5
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. 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 \$52,500)		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 \$49,000)		=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.		
Enter the amount from line 4 of Part 3.	17	
Enter the amount from line 2 of Part 3.	18	1
Zinte 17 minute into 16 (in negative) enter 6 /	>	19
Earnings subject to contributions: line 16 minus line 19 (if negative, enter "0")		= 20
Multiply the amount from line 20 by 9.9%. Multiply the amount from line 8 of Part 3 (if positive only) by 2.		21
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 to self-employment earnings if the individual died in 2014). ** If the result on line 23 is negative, you may have an overpayment. If so, we will calculate it for you. 	he	
in the result on the 20 is negative, you may have an everyayment. If so, we will calculate it for you.		

See the privacy notice on your return.





British Columbia Tax

BC428 T1 General – 2014

Complete this form and **attach a copy** to your return. For more information, see the related line in the forms book.

		[For internal use of	alv 560 0	1		
Basic personal amount		Į		claim \$9,			9,869 00	1
•				Ciaim \$9,	869 <u>9604</u>		9,009 00	1
Age amount (if born in 1949 or earlier) (use the Provincial Worksheet)				(maximum \$4,4	26) 2303	1 _		2
Spouse or common-law partner amount				(maximam y 1 ,-	<i>7</i> 20) 0000	<u> </u>		_
Base amount		9,295	00					
Minus: his or her net income from page 1 of your return		241						
Result: (if negative, enter "0")	=	9,053		(maximum \$8,45	0) > 584.5	1 +	8,450 00	3
Amount for an eligible dependant		0,000	10	(IIIaxIIIIaIII 40, 40	0,12	·	0, 100 00	Ü
Base amount		9,295	00					
Minus: his or her net income from line 236 of his or her return	_	0,200						
Result: (if negative, enter "0")	=			(maximum \$8,45	o) ⊳ <u>5816</u>	+		4
Amount for infirm dependants age 18 or older				(maximum ¢o) io	<u> </u>	· · · · ·		•
(use the Provincial Worksheet)					5820	1 +		5
CPP or QPP contributions:								_
(amount from line 308 of your federal Schedule 1)					5824	! +	1,673 09	•6
(amount from line 310 of your federal Schedule 1)					5828			•7
Employment insurance premiums:								
(amount from line 312 of your federal Schedule 1)					5832	+	692 31	•8
(amount from line 317 of your federal Schedule 1)					5829	+		•9
Adoption expenses (amount from line 313 of your federal Schedule 1)					5833			10
Children's fitness amount					5838			11
Children's arts amount (amount from line 370 of your federal Schedu	ule 1)				5841			12
Pension income amount	,			(maximum \$1,0				13
Caregiver amount (use the Provincial Worksheet)				,	5840			14
Disability amount (for self)								
(Claim \$7,402 or, if you were under 18 years of age, use the Province	cial Works	sheet.)			5844	+		15
Disability amount transferred from a dependant		•						
(use the Provincial Worksheet)					5848	+		16
Interest paid on your student loans (amount from line 319 of your federa	al Schedule	1)			5852	+		17
Your tuition and education amounts [use and attach Schedule BC(S11)]					5856	+		18
Tuition and education amounts transferred from a child					5860	+	1,467 71	19
Amounts transferred from your spouse or common-law partner [use a	and attach	Schedu	ıle BC(S2	2)]	5864	+		20
Medical expenses:								
Amount from line 330 of your federal Schedule 1			586	3 56	<u>64</u> 21			
Enter \$2,052 or 3% of line 236 of your return, whichever is less.				- 1,122	<u>75</u> 22			
Line 21 minus line 22 (if negative, enter "0")				= 0	00 23			
Allowable amount of medical expenses for other dependants								
(use the Provincial Worksheet)			5872	2 +	24			
Add lines 23 and 24.			587	6 =	►	+		25
Add lines 1 to 20 and line 25.					5880	=	22,152 11	26
British Columbia non-refundable tax credit rate						×	5.06%	27
Multiply line 26 by line 27.					5884	=	1,120 90	28
Donations and gifts:								
Amount from line 345 of your federal Schedule 9		5.06	<u>% =</u>		29			
Amount from line 347 of your federal Schedule 9		× 14.79		+	30			
Add lines 29 and 30.			589	6 =		+		31
Add lines 28 and 31.			=					
Enter this amount on line 44.	ritish Colu	ımbia ı	non-refu	ındable tax cred	dits 6150	<u> </u>	1,120 90	32



Step 2 – British Columbia tax on taxable income

Complete the appropriate		T		Γ					T					٦
column depending on the amount on line 33. Enter the amount from	Line 33 is \$37,606 or less	Line 33 is more than \$37,606 but more than \$75,2	not	Line 33 is moi than \$75,213 bu more than \$86,3	not	than \$8	33 is mor 6,354 but nan \$104,	not	Line 33 is n than \$104,858 more than \$19	but no		Line 33 is mor than \$150,000		
ine 33.	37,425 02													34
ine 34 minus line 35	- 0 00	- 37,606	00	- 75,213	00	-	86,354	00	- 104,8	58 00) -	150,00	00	3
cannot be negative)	= 37,425 02			=		=	,		=		=	,		3
fultiply line 36	× 5.06%		%	× 10.5	%	×	12.29	%	× 14	1.7%	×	16.8	%	3
y line 37.	= 1,893 71	=		=		=			=] (
	+ 0 00	+ 1,903	00	+ 4,799	00	+	5,969	00	+ 8,2	43 00) +	14,879	00	. (
dd lines 38 and 39.														
o to Step 3.	= 1,893 71	=		=		=			=		=			
Step 3 – British Co inter your British Columbi inter your British Columbi	ia tax on taxable ir									6151] <u>+</u>	1,893	71	_ 4
dd lines 41 and 42.	-									_	=	1,893	71	4
nter your British Columbi	ia non-refundable	tax credits from	line	e 32.					1,120 90	_ 44				
ritish Columbia dividend														
Credit calculated for line			<u>et </u>				6152 <u>+</u>			₋ •45				
ritish Columbia overseas							CAEO .			40				
Amount calculated for lir		nciai vvorksnee	<u>t</u>				6153 <u>+</u>			₋ • 46				
ritish Columbia minimum	<u>-</u>	alcal a d		1	_	0.70/	CAEA .			47				
Amount from line 427 of	your rederal Sche	dule 1			× 3	3.7% =	6154 +		1,120 90	. • 47		1,120	مما	
dd lines 44 to 47. ine 43 minus line 48 (if n	ogativo ontor "O"\						=		1,120 90		_	772		•
ritish Columbia additiona		tav nurnosas:								-	=_	112	01	
Amount from line 117 of		их рагроссо.			√ 3	3.7% =					_			ļ
dd lines 49 and 50.	1011111001				^	J.1 /0 =				-	<u>-</u>	772	81	-
rovincial foreign tax cred	lit from Form T203	 6								-		112	01	- `
ine 51 minus line 52 (if n		<u> </u>								-	_	772	81	•
	ogaaro, o.no. o j									-				. `
C tax reduction														
your net income (line 23 Otherwise, enter "0" on lin			,981	i, complete the	101	iowing (caiculati	on.						
otherwise, enter o on iii	ie oo and continue	on line or.												
sasic reduction					clair	n \$409				54				
dolo roddollori					oidii	π φ 100	_			_				
nter your net income fror	m line 236 of your	return.					55							
ase amount					18,2	200 00								
ine 55 minus line 56 (if n	egative, enter "0")			=			57							
pplicable rate				×		3.2%	58							
fultiply line 57 by line 58.				<u>=</u>			<u>-</u>			59				
ine 54 minus line 59 (if n	•						Ξ			_ ▶	_			. (
ine 53 minus line 60 (if n	egative, enter "0")									-	=_	772	81	_ (
													ı	
ogging tax credit from Fo		orm FIN 542P								-			_	٠
<u>ine 61 minus line 62 (if n</u>	<u>egative, enter "0")</u>									-	=	772	81	_ 1

772 81 64

Step 3 - British Columbia tax (continued)

Enter the amount from line 63 on the previous page.

British Columbia political contribution tax credit					
Enter your British Columbia political contributions made in 2014.	6040	65			
Credit calculated for line 66 on the Provincial Worksheet	(maximum \$50	0)			_ 66
Line 64 minus line 66 (if negative, enter "0")		_	=	772 81	67
British Columbia employee investment tax credits					
Enter your employee share ownership plan tax credit from Certificate ESOP 20.	6045	_ •68			
Enter your employee venture capital tax credit from Certificate EVCC 30.	6047 +	_ •69			
Add lines 68 and 69. (maximum \$2,000)) =	_ ▶			_ 70
Line 67 minus line 70 (if negative, enter "0")		_	=	772 81	_ 71
British Columbia mining flow-through share tax credit					
Enter the tax credit amount calculated on Form T1231.		688]		•72
Line 71 minus line 72 (if negative, enter "0")					
Enter the result on line 428 of your return.	British Columbia ta	<u>IX</u>	<u> </u>	772 81	73

See the privacy notice on your return.





British Columbia Credits

BC479

T1 General - 2014

Complete the calculations that apply to you, and **attach a copy** to your return. For more information, see the related line in the forms book.

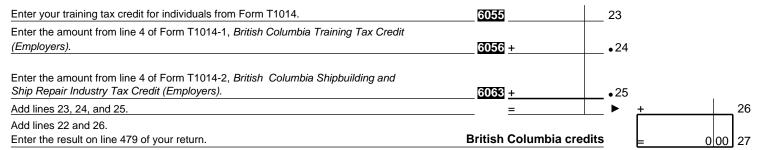
Sales tax credit (for low-income families and individuals)

Sales tax credit (for low-income families and individuals)				
If you had a spouse or common-law partner on December 31, 2014, only one of you	can claim this credit for both of y	ou.		
Income for the sales tax credit				
	Colum	n 1	Colu	mn 2
	Υοι	ı	comm	ouse or on-law tner
Enter the net income amount from line 236 of the return	37,	<u>425 02</u> 1		241 60 1
Total of the universal child care benefit (UCCB) repayment (line 213 of the return) a	nd			
the registered disability savings plan (RDSP) income repayment (included on line 2:		2	+	2
Add lines 1 and 2.	· ·	425 02 3		241 60 3
Total of the UCCB income (line 117 of the return) and the RDSP income		120 02 0		211 00 0
(line 125 of the return)	_	4	_	4
Line 3 minus line 4 (if negative, enter "0")	= 37	425 02 5		241 60 5
Add the amounts from line 5		120 02		211 00
in column 1 and column 2 (if applicable)	Adjusted net family i	ncome	37	7,666 62 6
If you had a spouse or common-law partner on December 31, 2014,	Adjusted liet falling	<u>ncome</u>		7,000 02 0
enter \$18,000. Otherwise, enter \$15,000.			- 18	3,000 00 7
Line 6 minus line 7 (if negative, enter "0")	Income for the sales tax	credit		9,666 62 8
Elife o minus into 7 (il negativo, onto 7)	modino for the dated tax	Colouit		0,000,02
Dania anlan tau ana dit	ala	im ¢7E RAVE		75 00 0
Basic sales tax credit		im \$75 6033		75 00 9
Additional credit for your spouse or common-law partner	Cla	im \$75 <mark>6035</mark>	+	75 00 10
Add lines 9 and 10.	40.000.00		=	150 00 11
Amount from line 8 Line 11 minus line 12 (if negative, enter "0")	19,666 62 × 2% = Sales tax		<u>-</u> =	393 33 12 0 00 13
British Columbia seniors' home renovation tax credit If, on December 31, 2014, you and your spouse or common-law partner occupied separate principal residences for medical reasons, claim the seniors' home renovation				
tax credit individually and tick box 6089 .	6089			
Enter your home renovation expenses from line 5 of your Schedule BC(S12). (maximum \$10,000)	0) 6048	× 10% =	+	14
British Columbia venture capital tax credit				
Enter your venture capital tax credit from Certificate SBVC 10				
for shares acquired in 2014.	6049	•15		
Enter your venture capital tax credit from Certificate SBVC 10 for shares purchased during the first 60 days of 2015 that you elect to claim in 2014.	6050 +	•16		
Enter your unused venture capital tax credit from previous years shown on				
your most recent notice of assessment or notice of reassessment.	+	17		
·	num \$60,000) =		+	18
British Columbia mining exploration tax credit				
		CAPA		4.
Enter your mining exploration tax credit from Form T88.		6051	+	• 1
Enter your mining exploration tax credit allocated from a partnership from Form T88.	6053	20		
Add lines 13, 14, 18, and 19.			=	21

5010-TC

Enter the amount from line 21 on the previous page.

British Columbia training tax credit



See the privacy notice on your return.

Rong, Yingxu SIN: 738 423 219 31 Mar 2015

UFile

T1-2014

Medical expenses for the year ending 31-12-2014

Line 330 - Medical expenses for self, spouse or common-law partner, and your dependent children born in 1997 or later

Patient's Name: Yingxu Rong		
Details of expense		
05-07-2014	12 49	
	Subtotal ►	12 49
Patient's Name: Xiaoyun Ji		
Details of expense		
10-04-2014	25 63	
04-05-2014	18 52	
	Subtotal ▶	44 15
Carry the result to line 330.		
·	Total medical expenses claimed 330	56 64



T1 – 2014

Federal Worksheet

Use the following charts to make your calculations according to the line instructions in the *General Income Tax and Benefit Guide*. Keep this worksheet for your records. **Do not attach it to the return you send us.**

Line 324 - Tuition and education amount transferred from a child

Name of dependant: Xiaoyun
SIN of dependant: 740-289-376
Date of birth: 1997-04-15
Relationship to you: Daughter of

, ,			
Eligible tuition fees paid for 2014 (T2202A column A)		1,467 71	1
Education amount: (Number of part-time months multiplied by \$140 plus number of full-time months			
multiplied by \$465)	+	0 00	2
Total 2014 tuition and education amounts (add lines 1 and 2)	=	1,467 71	3
Amount transferred by the student (student's schedule 11, line 327)	=	1,467 71	4
Total of line 4 for each student with a transfer Enter this amount on line 324 of your return. Tuition and education amount transferred from a child		1,467 71	5

Line 364 - Public transit amount

Name: Rong, Yingxu	Public transit - transit by local	bus		1,141	00
Name: Ji, Xiaoyun	Public transit - transit by local	bus		364	00
		<u>Total</u>	=	1,505	00
Amount claimed by your spouse (line 3	64 of his or her Schedule 1)		_		
Amount claimed by your dependant (lin	e 364 of his or her Schedule 1)		<u>- </u>		Щ.
Carry the result to line 364 of the T1 Inc	come Tax Return.				
		Public transit amount	Ł_	1,505	00

Line 437 - Income tax deducted

T4	YMCA of Greater Vancouver	3,444 28
T4	Renaissance Kids Education Centres Inc.	994 31

Total income tax deducted

Enter this amount on line 437 of your return	4,438 59	J
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