# **CUFile** 2013

Tax return for 2013 prepared for **Yingxu Rong** by *UFile.ca* 

#### **Executive summary**

for 2013 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 in come	450	, ,		·
Total income	150	32,144	192	32,336
Net income	236	32,135	192	32,327
Taxable income	260	32,135	192	32,327
Marginal tax rate		20%	0%	
Average tax rate (total income taxes paid ÷ to	otal income)	2.3%	0.0%	
Total tax payable	435	727		727
Balance due (refund)	484 or 485	(2,292)		(2,292)
Child tax benefit		2,387		2,387
GST/HST credit			677	677
Alternative minimum tax				
Total AMT credit to carry over				
Total RRSP deduction limit - 2014		34,959	0	34,959
Unused RRSP contributions				
Capital gain exemption available		375,000	375,000	750,000
Cumulative net investment loss (CNIL)				
Total instalments payable in 2014				

# Tax return Summary - Combined for 2013 taxation year



		Taxpa	VOT	Sn	ouse
Name	Yingxu Ron		yCi	Hongyu Ji	ousc
Social insurance number	738-423-219	_		738-423-185	
Date of birth	06/03/1969			18/05/1969	
Province of residence	British Colum	nhia		British Columbia	
Street	89-935 Ewer			89-935 Ewen Ave	2
City	New Westmi			New Westminster	
Province	British Colum			British Columbia	
Postal code	V3M 0A1	ibia		V3M 0A1	
Home phone number	6042533858			6042533858	
Work phone number	0042333030			7788878868	
work priorie framber				7700070000	
	Federal re	turn			
Total income			Taxpayer	Spouse	Total
Employment income		101	32,144 21	+	= 32,144 21
Interest and other investment income		121		+ 191 96	= 191 96
Add lines 101, 104 to 143, and 147.					
This is you	r total income.	150	32,144 21	+ 191 96	= 32,336 17
Net income					
Annual union, professional, or like dues		212	9 08	+	= 9 08
Add lines 207 to 224, 22	29, 231, and 232.	233	9 08	+	= 9 08
Line 150 minus line 233 (if negative, enter "0")			1	1	1
This is your net income before	re adjustments.	234	32,135 13	+ 191 96	= 32,327 09
Line 234 minus line 235 (if negative, enter "0")					
•	ur net income.	236	32,135 13	+ 191 96	= 32,327 09
Taxable income					
Line 236 minus line 257 (if negative, enter "0")					
	exable income.	260	32,135 13	+ 191 96	= 32,327 09
Step 1 - Federal non-refundable tax cred	dits				
Basic personal amount		300	11,038 00	+ 11,038 00	= 22,076 00
Spouse or common-law partner amount		303	10,846 04		= 10,846 04
Amount for children born in 1996 or later		367	2,234 00		= 2,234 00
CPP or QPP contributions: through employment		308	1,412 62	+	= 1,412 62
Employment Insurance premiums		312	604 24	+	= 604 24
Canada employment amount		363	1,117 00	+	= 1,117 00
Public transit amount		364	1,720 00	+	= 1,720 00
Children's fitness amount		365	94 50	+	= 94 50
Children's arts amount		370	500 00	+	= 500 00
Tuition, education, and textbook amounts		323	855 00	+	= 855 00
Tuition, education, and textbook amounts transferred from	m a child	324	280 00	+	= 280 00
Medical expenses for self, spouse or common-law partner	er, and your child	330	248 00	+	= 248 00
Minus: \$2,152 or 3% of line 236, whichever is less			964 05	+	= 964 05
Add	lines 300 to 332.	335	30,701 40	+ 11,038 00	= 41,739 40
Multiply the amount on	line 335 by 15%.	338	4,605 21	+ 1,655 70	= 6,260 91
Total federal non-refun					
	nes 338 and 349.	350	4,605 21	+ 1,655 70	<u>= 6,260 91</u>
Step 3 - Net federal tax			1	1	1
Tax on taxable income		(C)	4,820 27	+ 28 79	
Add li	ines (C) and 424.	404	4,820 27	+ 28 79	= 4,849 06
Enter the amount from line 350.		350	4,605 21	+ 1,655 70	= 6,260 91
	lines 350 to 427.		4,605 21	+ 1,655 70	= 6,260 91
Basic federal tax (if ne		429	215 06	+	= 215 06
	Federal tax	406	215 06	+	= 215 06
Line 406 minus line 416 (if ne	egative, enter "0")	417	215 06	+	= 215 06

#### Tax return Summary - Combined for 2013 taxation year

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Taxpayer	Spouse		Total
Refund or Balance owing						
Net federal tax:	add lines 417, 415 and 418.	420	215 06	+ 00	0 =	215 06
Provincial or territorial tax		428	511 46	+ 00	<u>0 = </u>	511 46
	This is your total payable.	435	726 52	+ 00	ᇰᆝᇀ	726 52
Total income tax deducted		437	3,018 11	+	_ =_	3,018 11
	These are your total credits.	482	3,018 11	+	_ =_	3,018 11
	Line 435 minus line 482		(2,291 59)	+	_ =_	(2,291 59)
	Refund	484	2,291 59	+ 00	0 =	2,291 59
	Balance owing	485	0 00	+ 00	0 =	0 00
Additional information						
Marginal tax rate			20%	0%		
Average tax rate (total income taxes p	aid ÷ total income)		2.3%	0.0%	_	
Child tax benefit			2,386 95	+	_ =_	2,386 95
GST/HST credit				+ 677 0	0 =	677 00
Total RRSP deduction limit - 2014			34,958 98	+ 03	<u>4</u> =	34,959 32
Capital gain exemption available			375,000 00	+ 375,000 0	0 =	750,000 00

#### **Tax return Summary**

for 2013 taxation year



Taxpayer Yingxu Rong Name Social insurance number 738-423-219 Date of birth 06/03/1969 Province of residence British Columbia Street 89-935 Ewen Ave City **New Westminster** Province British Columbia Postal code V3M 0A1 Home phone number 6042533858 Work phone number **Federal return Total income** Taxpayer Employment income 101 32,144 21 Add lines 101, 104 to 143, and 147. This is your total income. 150 = **Net income** 9 08 Annual union, professional, or like dues 212 +مامو

	Add lines 207 to 224, 229, 231, and 232.	233 -	9 08
Line 150 minus line 233 (if negative, enter "0")	This is your net income before adjustments.	234 =	32,135 13
Line 234 minus line 235 (if negative, enter "0")	This is your net income.	236 =	32,135 13
Taxable income			
Line 236 minus line 257 (if negative, enter "0")	This is your taxable income.	260 =	32,135 13
Step 1 - Federal non-refundable tax credits			
Basic personal amount		300	11,038 00
Spouse or common-law partner amount		303 +	10,846 04
Amount for children born in 1996 or later			2,234 00
CPP or QPP contributions: through employment		308 +	1,412 62
Employment Insurance premiums		312 +	604 24
Canada employment amount			1,117 00
Public transit amount		364 +	1,720 00
Children's fitness amount		365 +	
Children's arts amount		370 +	500 00
Tuition, education, and textbook amounts		323 +	855 00
Tuition, education, and textbook amounts transferred from a c	child	324 +	
Medical expenses for self, spouse or common-law partner, an	nd your child 330 248 00		
Minus: \$2,152 or 3% of line 236, whichever is less	- 964 05	_	
	Add lines 300 to 332.	335 =	30,701 40
	Multiply the amount on line 335 by 15%.	338 =	4,605 21
Total federal non-refundable tax credits:	add lines 338 and 349.	350 =	4,605 21
Step 3 - Net federal tax			
Tax on taxable income	(C) 4,820 27		
	Add lines (C) and 424.	404	4,820 27
Enter the amount from line 350.	350 4,605 21		
	Add lines 350 to 427.		4,605 21
	Basic federal tax (if negative, enter "0")	429 =	215 06
	Federal tax	406 =	215 06
	Line 406 minus line 416 (if negative, enter "0")	417 =	215 06
Refund or Balance owing			
Net federal tax:	add lines 417, 415 and 418.	420 =	215 06
Provincial or territorial tax		428 +	511 46
	This is your total payable.	435 =	726 52
Total income tax deducted	4373,018 11		
	These are your total credits.	482 -	3,018 11
	Line 435 minus line 482	=	(2,291 59)

Medical expenses for self, spouse or common-law partner, and yo	ur child 330	248 00		
Minus: \$2,152 or 3% of line 236, whichever is less	-	964 05		
	Ado	l lines 300 to 332.	335 =	30,701 40
	Multiply the amount on	line 335 by 15%.	338 =	4,605 21
Total federal non-refundable tax credits:	add I	nes 338 and 349.	350 =	4,605 21
Step 3 - Net federal tax				
Tax on taxable income	(C)	4,820 27		
	Add	lines (C) and 424.	404	4,820 27
Enter the amount from line 350.	350	4,605 21		
	Ado	l lines 350 to 427.	-	4,605 21
	Basic federal tax (if n	egative, enter "0")	429 =	215 06
		Federal tax	406 =	215 06
	Line 406 minus line 416 (if n	egative, enter "0")	417 =	215 06
Refund or Balance owing				
Net federal tax:	add lines	117, 415 and 418.	420 =	215 06
Provincial or territorial tax			428 +	511 46
	This is yo	ur total payable.	435 =	726 52
Total income tax deducted	437	3,018 11		
	These are y	our total credits.	482 -	3,018 11
	Line 4	35 minus line 482	=	(2,291 59)
				Page 1 of 2

Taxpayer
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Refund	484	2,291 59
Balance owing	485	0 00
Additional information		
Marginal tax rate		20%
Average tax rate (total income taxes paid ÷ total income)		2.3%
Child tax benefit		2,386 95
Total RRSP deduction limit - 2014		34,958 98
Capital gain exemption available		375,000 00

### **■ T1** comparative summary - 2013

Name Yingxu Rong

SIN	738-423-219		Date of birth	06-03-1969				
			2013	2012			2013	2012
	ent income	101	32,144	22,863	Amount for children	367	2,234	2,191
	ployment income	104			Amount for infirm dependants age 18 or older	306	4 442	059
	ecurity pension APP benefits	113 114			CPP or QPP contributions - employment CPP or QPP contributions - self-employment	308	1,413	958
	nsions or superannuation	115			El premiums - employment	312	604	415
•	plit-pension amount	116			El premiums - self-employment	317		
	child care benefit	117			PPIP premiums paid	375		
UCCB an	nount designated to a dependant	185			PPIP premiums payable on employment inc.	376		
. ,	ent insurance and other benefits	119		3,456	PPIP premiums payable on self-employment	378		
	amount of dividends	120			Volunteer firefighters' amount	362		
	amount of dividends other tahn elig.	180 _			Canada employment amount	363	1,117	1,095
	nd other investment income ership income	121 122			Public transit amount Children's fitness amount	364 365	1,720 95	550
•	d disability savings plan income	125			Children's arts amount	370	500	
Net rental		126			Home buyers' amount	369		
	capital gains	127		<del></del>	Adoption expenses	313		
Taxable a	amount of support payments received	128			Pension income amount	314		
RRSP inc	come	129			Caregiver amount	315		
Other inco		130			Disability amount (for self)	316		
	ess income	135			Disability amount transferred from a dependant			
-	ssional income	137			Interest paid on your student loans	319	055	
	nission income ng income	139 141			Your tuition, education, and textbook amounts  Tuition, education, and textbook amounts transf.	323	<u>855</u> 280	
Net fishin		143			Amounts transferred from your spouse	326	200	
	compensation benefits	144			Medical expenses	330	248	125
	sistance payments	145			Allowable medical expenses for other dep.	331		
Net feder	al supplements	146			Medical deduction	332		
Total inc	ome	150	32,144	26,319	Total	335	30,701	26,854
Pension a	adjustment	206			Total @ 15%	338	4,605	4,028
	d pension plan deduction	207			Donations and gifts	349	4.005	4.000
RRSP de		208			Total federal non-refundable tax credits Federal dividend tax credit	350	4,605	4,028
	n for elected split-pension amount	210 _			Minimum tax carryover	425 427		
	nion, professional, or like dues child care benefit repayment	212	9		Federal foreign tax credit	405	0	
	e expenses	213 <sub>_</sub>			Federal tax	406	215	
	supports deduction	215			Federal political contribution tax credit	410		
-	deduction of business investment loss	_			Investment tax credit	412		
Moving e	•	219			Labour-sponsored funds tax credit	414		
	deduction of support payments made	220			Line 406 - 416	417	215	
	charges and interest expenses	221			WITB advance payments received	415	215	
	n for CPP or QPP contributions	222			Net federal tax CPP contributions payable on self-employment	<b>420</b> 421	215	
	n for PPIP premiums on and development expenses	223 224			El premiums payable on self-employment	430		
	ployment expenses	229			Social benefits repayment	422		
	sidence deduction	231			Provincial or territorial tax	428	511	6
Other dec		232			Yukon First Nations tax	432		
Social be	nefits repayment	235			Total payable	435	727	6
Net incor	ne	236	32,135	26,319	Deducted at source	437	3,018	2,326
Canadian	Forces personnel and police deduc.	244			Transfer 45% <b>Line 437 - 438</b>	438		
	e home relocation loan deduction	248			Quebec abatement	440		
,	options deductions	249			First Nations abat.	441		
	ments deduction artnership losses of other years	250 251			CPP overpayment	448		6
-	al loss of other years	252			Employment insurance overpayment	450		
-	al loss of other years	253			Refundable medical expense supplement	452		
•	ains deduction	254			Working income tax benefit	453		203
Northern	residents deductions	255			Refund of investment tax credit	454		
Additiona	I deductions	256			Part XII.2 trust tax credit Employee and partner GST/HST rebate	456 457		
Taxable i	ncome	260	32,135	26,319	Tax paid by instalments	476		
Basic per	sonal amount	300	11,038	10,822	Provincial or territorial credits	479		
Age amo	unt	301			Total credits	482	3,018	2,535
	or common-law partner amount	303	10,846	10,822	Refund	484	2,292	2,529
•	or an eligible dependant	305	-,		Balance owing	485		





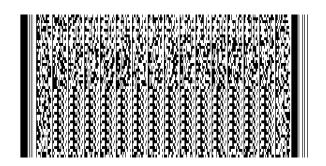
Canada Revenue Agence du revenu Agency du Canada Agency

#### **Income Tax and Benefit Return**

#### T1 GENERAL -**CONDENSED 2013**

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

Identification	
Print your name 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 Street name	Your language of correspondence: English Français Votre langue de correspondance : X
89-935 Ewen Ave	Is this return for a deceased person?
PO BOX	If this <b>return</b> is for a <b>deceased</b> Year Month Day
City         Prov./Terr.         Postal Code           New Westminster         BC         V3M 0A1	person, enter the date of death:  Marital status
	Tick the box that applies to your marital status on December 31, 2013:
Information about your residence	1 X Married 2 Living common-law 3 Widowed
Enter your province or territory of residence on <b>December 31, 2013</b> :  British Columbia	4 Divorced 5 Separated 6 Single
If your province or territory of residence Year Month Day changed in 2013, enter the date of your move:	Information about your spouse or common-law partner (if you ticked box 1 or 2 above)
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 <b>currently</b> reside if it is not the same as your mailing address above:	Enter his or her net income for 2013 to claim certain credits:
If you were self-employed in 2013, enter the province or territory of self-employment:	Enter the amount of universal child care benefit (UCCB) from line 117 of his or her return:
If you became or ceased to be a resident of Canada for income tax purposes in 2013, enter the date of:	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-employed in 2013:
entry or departure	Do not use this area



Do not	172					171			
use this area	172								

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 <b>Nisga'a Lands</b> on December 31, 2013?	No 🗌 2
If <b>yes</b> , are you a citizen of the <b>Nisga'a Nation</b> ? 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?	No 🗌 2
Answer the following question only if you are a Canadian citizen.	_
B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors?	No 🗌 2
Your authorization is valid until you file your next return. Your information will only be used for purposes permitted under the <i>Canada Elections Act</i> , which include sharing the information with provincial/territorial election agencies, members of Parliament and registered political parties, as well as candidates at election time.	
Goods and services tax/harmonized sales tax (GST/HST) credit application  See the quide for details.	
Are you applying for the GST/HST credit (including any related provincial credit)?	No X 2
Please answer the following question:	
Did you own or hold foreign property at any time in 2013 with a total cost of more than CAN\$100,000? See the "Foreign income" section in the guide for more information	<u>&gt;</u>
If <b>yes</b> , complete Form T1135 and attach it to your return.	
If you had dealings with a non-resident trust or corporation in 2013, see "Foreign income" in the guide.	

**(UFile** 

101 \_\_\_\_\_

32,144.21



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

T1-2013	T1-KFS

Total	income
Employi	ment income

5884

Form 479 **6033** 

1,114.58

75.00

6150

6035

1,114.58

75.00

						This is y	our total incom	e. 150	32,144.21
Net inc	ome								
Annual uni	ion, professiona	l, or like due	es					212	9.08
	•					This is	your net incom	<b>e.</b> 236	32,135.13
Taxabl	e income								
						This is you	r taxable incom	e. 260	32,135.13
Sched	ules								
Schedule '	1								
300	11,038.00	303	10,846.04	308	1,412.62	312	604.24 •	323	855.00
324	280.00	330	248.00	335	30,701.40	338	4,605.21	350	4,605.21
363	1,117.00	364	1,720.00	365	94.50	366	1	367	2,234.00
370	500.00								
Provin	cial and Te	erritoria	forms						
Form 428									
5609		5804	10,276.00	5812	8,860.00	5824	1,412.62 •	5832	604.24
5838	94.50	5841	500.00	5860	280.00	5868	248.00	5880	22,027.36

It is a serious offence to make a false return.

Date 23-07-14

(604) 253-3858

488

487

Sign here

Telephone

Do not use

this area

489

i2013.1720

Telephone:

EFILE number (if applicable):



T1-2013

Rong, Yingxu SIN: 738 423 219 23 Jul 2014 CRA

Protected B when completed 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	aia hay Garo	and onter the d	ata of the above		Month Day
Has your marital status changed in 2013? If <b>yes</b> , tick th			ate of the change.		P
Make sure you have ticked the box on page 1 of your r		ur maritai status on	December 31, 2013.		
ine 303 – Spouse or common-law partner amo	ount				1
Base amount					11,038 00
f you are entitled to the family caregiver amount, ente	er \$2,040 (see pag	e 34 in the guide).		5109 <u>+</u>	44.000.00
Add lines 1 and 2.	no 1 of vour roturn		-	=	11,038 00
Spouse's or common-law partner's net income from pag Line 3 minus line 4 (if negative, enter "0").	ge i oi your return				191 96
Enter this amount on line 303 of your Schedule 1.				=	10,846 04
ine 305 – Amount for an eligible dependant					
Provide the requested information and complete the	e following calcul	ation for this depe	ndant.		
First and last name:	Year of birth	Relationship to you	Is this dependant physical	lly or	
Address:			mentally infirm?	,	
			Yes No		
Base amount					11,038 00
f you are entitled to the <b>family caregiver amount</b> , enter \$2,04	40 (see page 34 in th	e guide and read the	note below).	5110 <del></del>	11,000,00
Add lines 1 and 2.	io (oco page o i iii iii	o garao ama roda arro .		=	
Dependant's net income (line 236 of his or her return)				5106 -	
ine 3 minus line 4 (if negative, enter "0").					
Enter this amount on line 305 of your Schedule 1.				=	
Note: if you are entitled to the family caregiver amou	ant for this dependa	ant <b>and</b> you are clai	ming the child amount	on	
ine 306 – Amount for an infirm dependant age	ed 18 or older (a	ittach a separate	sheet of paper if you	ı need m	ore space)
Provide the requested information and complete the	e following calcul	ation for each dep		ı need m	ore space)
Provide the requested information and complete the	·	·		ı need m	ore space)
Provide the requested information and complete the	e following calcul	ation for each dep		ı need m	ore space)
Provide the requested information and complete the First and last name: Address:	e following calcul	ation for each dep		ı need m	
Provide the requested information and complete the First and last name: Address: Base amount	e following calculary Year of birth	ation for each dep		ı need m	ore space)
	Year of birth	ation for each dep		ı need m	
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 ret Allowable amount for this dependant: line 1 minus line 2 (if neg	Year of birth  Year of birth  urn) gative, enter "0")	Relationship to you	endant.	u need m	13,078 00
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 retaillowable amount for this dependant: line 1 minus line 2 (if negenter, on line 306 of your Schedule 1, the total amount	Year of birth	Relationship to you or all dependants.	endant. (maximum \$6,530)	u need m	13,078 00
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 ret	Year of birth	Relationship to you  or all dependants.  you need more s	endant.  (maximum \$6,530)	need m	13,078 00
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 ret Allowable amount for this dependant: line 1 minus line 2 (if neg Enter, on line 306 of your Schedule 1, the total amount Line 315 – Caregiver amount (attach a separate	Year of birth	Relationship to you  or all dependants.  you need more s	endant.  (maximum \$6,530)		13,078 00
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 ret allowable amount for this dependant: line 1 minus line 2 (if negret line, 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:	Year of birth  Year of birth  yourn) gative, enter "0") you are claiming for sheet of paper if the following calculations:	Relationship to you  or all dependants.  you need more sation for each dep	endant.  (maximum \$6,530)  pace) endant.		13,078 00
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 retallowable amount for this dependant: line 1 minus line 2 (if negenter, on line 306 of your Schedule 1, the total amount Line 315 – Caregiver amount (attach a separate Provide the requested information and complete the	Year of birth  Year of birth  yourn) gative, enter "0") you are claiming for sheet of paper if the following calculations:	Relationship to you  or all dependants.  you need more sation for each dep	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica		13,078 00
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 ret allowable amount for this dependant: line 1 minus line 2 (if negret line, 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:	Year of birth  Year of birth  yourn) gative, enter "0") you are claiming for sheet of paper if the following calculations:	Relationship to you  or all dependants.  you need more sation for each dep	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica mentally infirm?		13,078 00
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 retallowable amount for this dependant: line 1 minus line 2 (if negrenter, 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  If you are entitled to the family caregiver amount, enter  Information and complete the Information and Information	Year of birth  Year of birth  you are claiming for sheet of paper if the following calculations are sheet of paper if the following calculations.	Relationship to you  or all dependants.  you need more s  ation for each dep  Relationship to you	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica mentally infirm? Yes No		13,078 00
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 ret  Information amount for this dependant: line 1 minus line 2 (if negrenter, on line 306 of your Schedule 1, the total amount  Infirm and last name:  Provide the requested information and complete the  First and last name:  Address:  Base amount  If you are entitled to the family caregiver amount, enter  Information and complete box 5112 below).	Year of birth  Year of birth  you are claiming for sheet of paper if the following calculations are sheet of paper if the following calculations.	Relationship to you  or all dependants.  you need more s  ation for each dep  Relationship to you	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica mentally infirm? Yes No		13,078 00
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 ret allowable amount for this dependant: line 1 minus line 2 (if negretier, 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  f you are entitled to the family caregiver amount, enterproperties of the provide to the family caregiver amount, enterproperties of the provide to the family caregiver amount, enterproperties of the provide to the family caregiver amount, enterproperties of the provide to the family caregiver amount, enterproperties of the provide the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount, enterproperties of the provided to the family caregiver amount.	Year of birth  Year of birth  you are claiming for sheet of paper if the following calculations of the paper of birth  Year of birth	Relationship to you  or all dependants.  you need more s  ation for each dep  Relationship to you	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica mentally infirm? Yes No		13,078 00
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 ret  Allowable amount for this dependant: line 1 minus line 2 (if ned  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  If you are entitled to the family caregiver amount, enter  complete box 5112 below).  Add lines 1 and 2.  Dependant's net income (line 236 of his or her return)	Year of birth  Year of birth  year of birth  you are claiming for sheet of paper if the following calculation of birth  Year of birth  er \$2,040 (see page)	Relationship to you  or all dependants.  you need more so ation for each dep  Relationship to you  e 34 in the guide ar	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica mentally infirm? Yes No		13,078 00
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 ret Allowable amount for this dependant: line 1 minus line 2 (if neg 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 If you are entitled to the family caregiver amount, enter Complete box 5112 below). Add lines 1 and 2. Dependant's net income (line 236 of his or her return) Line 3 minus line 4 (if negative, enter "0"). If you are enter	Year of birth  Year of birth  year of birth  you are claiming for sheet of paper if the following calculation of birth  Year of birth  er \$2,040 (see pagential seeds and seeds are seed are seeds are seed are seed are seeds are seed are seeds are seeds are seeds are seeds are seed are seeds are seeds are seeds are seeds are seeds are seed are seed are seeds are seed are seeds are seeds are seed are seeds are seeds are seeds are seeds are seed are seed are seeds are seed are seeds are seed are seeds are seeds are seeds are seeds are seed are seeds are seeds are seeds are seeds are seed are seeds are seeds are seeds are seeds are seed are seeds are seed are seeds are see	Relationship to you  or all dependants.  you need more so ation for each dep  Relationship to you  e 34 in the guide ar	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica mentally infirm? Yes No		13,078 00
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 retaillowable amount for this dependant: line 1 minus line 2 (if negativer, 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 negativer, 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 you are entitled to the family caregiver amount, enter complete box 5112 below).  Add lines 1 and 2.  Dependant's net income (line 236 of his or her return)  Line 3 minus line 4 (if negative, enter "0"). If you are enter maximum amount is \$6,530. If not, the maximum is \$	Year of birth  Year of birth  you are claiming for sheet of paper if the following calculation of the sheet of birth  Year of birth  er \$2,040 (see pagential titled to the family of the sheet of the family of the sheet of the family of the sheet of the	Relationship to you  or all dependants.  you need more so ation for each dep  Relationship to you  e 34 in the guide ar  caregiver amount or	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica mentally infirm? Yes No		13,078 00
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 ret  Allowable amount for this dependant: line 1 minus line 2 (if ned  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  If you are entitled to the family caregiver amount, enter  complete box 5112 below).  Add lines 1 and 2.  Dependant's net income (line 236 of his or her return)	Year of birth  Year of birth  Year of birth  you are claiming for sheet of paper if the following calculation of birth  Year of birth  er \$2,040 (see pagential titled to the family of	Relationship to you  or all dependants.  you need more so ation for each dep  Relationship to you  e 34 in the guide are caregiver amount or you claimed.	endant.  (maximum \$6,530)  pace) endant.  Is this dependant physica mentally infirm? Yes No		13,078 00

Enter the total number of dependants for whom you entered \$2,040 on line 2 for this calculation.

#### **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 a

The relevant student should sign the following:
T2202 – Education tax credit certificate



# Estimated calculation for the Canada Child Tax Benefits (CCTB) for the period July 2014 to June 2015

Calculation of the adjusted family net income				
•		Colum You	You	Column 2 ur spouse or non-law partner
Enter the net income amount from line 236 of the return.		32.1	<u>35 13</u>	191 96
Universal child care benefit repayment (line 213).		+	+	
Registered disability savings plan income repayment				
(include in line 232).		+	+	
Universal child care benefit (line 117 of the return).			<u> </u>	
Registered disability savings plan income (line 125 of the return).			<u> </u>	
Capital gain as a result of a mortgage foreclosure or conditional				
sales repossession.			<u> </u>	
Deemed taxable capital gains on disposition of employee security options				
(line 6518 of Form RC310).		-	<u> </u>	
Adjusted net income (if negative, enter "0").			<u>35   13 =</u>	191 96
Add the amounts from column 1 and column 2 (if applicable)	Adjuste	d family net i	ncome	32,327 09
	Date of birth	Months	Months in	Eligible
Details of children	yyyy mm dd	disabled	shared custody	_
Xiaoyun	1997-04-15			10
•	Tota			10
A – Calculation of basic benefit				
Calculations are made by determining the eligibility of each child on a mont multiplied by the relevant number of months of eligibility of each child.	thly basis. Annual	rates are divid	ed into 12 mon	thly portions and
Basic benefit:				
Number of eligible months of qualified dependants under 18		10 × (\$1,4	<u>46/12)</u>	1,205 <u>00</u> 1
Supplement for 3rd and each additional qualified dependant		× (\$1	01/12) <u>+</u>	2
Add lines 1 and 2.		Sı	ubtotal =	1,205 00 3
Benefit reduction:				
Adjusted family net income		32,3	<u>27 09</u> 4	
Subtract base amount		<u>- 43,9</u>	<u>53 00</u> 5	
Adjusted family net income over base amount (if negative, enter "0")		=	0 00 6	
Minus: For families with one qualified dependant			1	
Amount from line 6 $0 0 \times 10$	× (2.0% / 12)		0 00	
For families with two or more qualified dependants			1	
Amount from line 6 x	× (4.0% / 12)	<u>+</u>		1
	eduction amount	=	000 -	0 00 7
Line 3 minus line 7 (if negative, enter "0")	Net b	asic benefit a	mount =	1,205 00 8

2,386 95

**Total entitlement** 



Add lines A, B, C, and D.

# Estimated calculation for the Canada Child Tax Benefits (CCTB) for the period July 2014 to June 2015

B – Calculation of national child benefit supplement		
National child benefit supplement:		
Number of eligible months for 1st qualified dependant	10 × (\$2,241/12	2) 1,867 50 9
Number of eligible months for 2nd qualified dependant	× (\$1,982/12	
Number of eligible months for 3rd and subsequent	× (\$1,886/12	-
· · · · · · · · · · · · · · · · · · ·	r qualified dependant	
National child benefit supplement reduction:		
Adjusted family net income	32,327 09	<u>9</u> 13
Subtract base amount		<u>0</u> 14
Income over base amount (if negative, enter "0")	<u>= 6,743 09</u>	<u>9</u> 15
Less: For families with one qualified dependant	1	
Amount from line 15 6,743 09 x 10 x (12.2%)	12)685 5	<u>5</u>
For families with two qualified dependants	1	
Amount from line 15 × × (23.0%)	12) +	_
For families with three or more qualified dependants	1	
Amount from line 15 × × (33.3%)		_ ,
Reduction amo	<u>ınt</u> = 685 5	<u>5</u> ▶- <u>685 55</u> 16
Line 12 minus line 16 (if negative, enter "0")  Net national (	nild benefit suppleme	nt = 1,181 95 17
Line 12 minus line 10 (ii negative, enter 0)	illa pellelli supplelllel	<u> </u>
C – Calculation of the Child Disability Benefit (CDB)		
C – Calculation of the Child Disability Benefit (CDB)  Child disability benefit:		
	× (\$2,650/12	2)18
Child disability benefit:  Number of eligible months for qualified dependants with disability	× (\$2,650/12	2)18
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:	× (\$2,650/12	<u>2)</u> 18
Child disability benefit:  Number of eligible months for qualified dependants with disability		_ 19
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income  Subtract CDB base amount	- 43,953 00	_ 19
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income		19 <u>0</u> 20
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income  Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")	- 43,953 0t =	19 <u>0</u> 20
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income  Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability  Amount from line 21  x	- 43,953 0t =	19 <u>0</u> 20
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability	- 43,953 00 =	19 <u>0</u> 20
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income  Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability  Amount from line 21	- 43,953 00 =	19 <u>0</u> 20
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income  Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability  Amount from line 21  For families with two qualified dependants with a disability  Amount from line 21  Amount from line 21  Amount from line 21  Reduction amount from line 21	- 43,953 00 =	19 20 21 
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability  Amount from line 21  For families with two qualified dependants with a disability  Amount from line 21  Amount from line 21  Amount from line 21  Negative, enter "0")  Negative	- 43,953 00 =	19 20 21 
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income  Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability  Amount from line 21  For families with two qualified dependants with a disability  Amount from line 21  Amount from line 21  Amount from line 21  Reduction amount from line 21	- 43,953 00 =	19 20 21 
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability  Amount from line 21  For families with two qualified dependants with a disability  Amount from line 21  Amount from line 21  Amount from line 21  Negative, enter "0")  Negative	- 43,953 00 =	
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability  Amount from line 21  For families with two qualified dependants with a disability  Amount from line 21  Amount from line 21  Amount from line 21  Amount from line 21  Calculation of the total benefit	- 43,953 00 =	
Child disability benefit:  Number of eligible months for qualified dependants with disability  Child disability benefit reduction:  Adjusted family net income Subtract CDB base amount  Adjusted family net income over CDB base amount (If negative, enter "0")  Less: For family with one qualified dependant with a disability  Amount from line 21  For families with two qualified dependants with a disability  Amount from line 21  Reduction amount in the sequence of the total benefit  Basic benefit (amount from line 8)	- 43,953 00 =	



# Estimated calculation for the Canada Child Tax Benefits (CCTB) for the period July 2014 to June 2015

#### Canada Child tax benefits estimated monthly payments

The CCTB is generally paid monthly on the 20th of each month. However, if your monthly entitlement is less than \$20, the CCTB will be paid in one instalment on July 20th to cover the whole year.

		Number of dependants	Number of dependants disabled	Number of dependants in shared custody	Amount
July	2014	1	0	0	238 69
August	2014	1	0	0	238 69
September	2014	1	0	0	238 69
October	2014	1	0	0	238 69
November	2014	1	0	0	238 69
December	2014	1	0	0	238 69
January	2015	1	0	0	238 69
February	2015	1	0	0	238 69
March	2015	1	0	0	238 69
April	2015	1	0	0	238 69
May	2015	0	0	0	
June	2015	0	0	0	



#### Registered Retirement Savings Plan (RRSP) Schedule

Table B - CALCULATION OF ELIGIBLE RRSP DEDUCTION IN 2013	
Eligible amount based on 2012 income	
Plus: RRSP room based previous years' income	+ 29,175
Plus: Pension adjustment reversal amount from your 2013 T10 slip	+
Less: 2013 PSPA (from last year's RPP administrator's statement)	-
Less: Employer PRPP contributions (amount from line 205)	-
Unused RRSP Room	= 29,175
Maximum RRSP deduction limit in 2013	29,175
Table C - CALCULATION OF RRSP DEDUCTION IN 2013	
Contributions available for RRSP deduction	_
Maximum RRSP deduction limit in 2013	= 29,175
Meximum rates doddolor limit in 2010	
RRSP deduction before transfers	
Direct or indirect transfers	+
RRSP deduction (per line 208)	= 0
Table D - CALCULATION OF EARNED INCOME FOR AN RRSP	
2013 calculation in reference to 2014 RRSP eligibility	
Employment income (line 101 and part of line 104 not shown elsewhere in this calc)	32,144
Less: Union, professional or like dues (line 212)	- 9
Employment expenses (line 229)	_
Subtotal (employment income)	= 32,135
Plus: Royalties for a work or invention (line 104)	+
Net research grants you received (line 104)	+
Employee profit sharing plan allocations- T4PS-Box 35 (line 104)	+
Supplementary unemployment benefit plan payments (line 104)	+
Net Income from a business (lines 135-143)	+
Disability payments received from the CPP or QPP (line 152)	<del>+</del>
Net rental income from real property (line 126)  Alimony or maintenance income received (line 128)	+
Subtotal - total eligible income	= 32,135
Less: Current-year loss from a business (lines 135-143)	
Deemed taxable capital gain re: eligible capital property +	
Current-year rental loss (line 126) +	
Alimony or maintenance income paid (line 220)	
Subtotal - amount to be deducted	-
Earned income	= 32,135
Earned income limit (18% of earned income): 32,135 x 18% ▶	= 5,784
RRSP dollar limit for 2014	= 5,764 = <b>24,270</b>
INTO GOIIGI IIIIIL IOI ZUTT	_ 24,210
The lesser of earned income limit and RRSP dollar limit for 2014	5,784
Less: Total PA from 2013	
Maximum RRSP deduction in 2014 before PSPA	= 5,784



#### **Registered Retirement Savings Plan Schedule (continued)**

Table E - CALCULATION OF ELIGIBLE RRSP DEDUCTION LIMIT FOR 2014	
Unused Room for 2013  Less: RRSP deduction (excluding transfers) 2014 net PSPA (from RPP administrator's statement)  Eligible RRSP Room after PSPA  Add: Maximum RRSP deduction in 2014 based on 2013 earned income  Maximum RRSP deduction limit after PSPA for 2014	29,175 29,175 + 5,784 = 34,959
Table G - CALCULATION OF RRSP CONTRIBUTION LIMIT 2014	
Maximum RRSP deduction limit after PSPA for 2014  Less: Undeducted premiums  RRSP contribution limit for 2014	34,959 - = 34,959
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 2013 Designated repayment Amount to be included in RRSP income on line 129 RRSP home buyers plan outstanding amount, end of year	= 948 = = = = 948



#### Efile - Return Record

Id	entification			
Efile Number	Efile Password <password></password>			
Document Control Number	Discounter Registration Number			
Software Code 015G	Software Release Date 2014-03-20			
Tax	payer's Data			
Taxpayer's Given Name	Change of Name Indicator [2=Yes]			
Taxpayer's Surname				
A	dress Data			
Care of Line				
Street 89-935 Ewen Ave				
City New Westminster				
·	Area Code 604			
	Local Number 2533858			
Same Home/Mailing Address [1=Yes, 2=No] 2 Date of the				
Basic Data	Residency Data			
	Vear End Province of Residence			
Social Insurance Number 738423				
Date of Birth 1969-0				
Marital Status	1 Yukon First Nation Settlement Number 1 First Nation Identification Indicator [1=Yes, 2=No]			
Spouse Self Employed [0=No, 1=Yes] Date of Entry	1 First Nation Identification Indicator [1=Yes, 2=No] North West Territories First Nation Residency Code			
•	ada and GST/HST Data			
Canadian Citzenship Indicator [1=Yes, 2=No] GST/HST Credit Application Indicator [1=Yes, 2=No]	1 Elections Canada Authorization Indicator [01=Yes, 02=No] 01			
	ontact Data			
Correspondence Language Code [1=English, 2=French]				
Tax Preparer Authorization Code [1=Yes] Pre-Assessment Review Contact Code	Expiry Date of the Tax Preparer Authorization Code Post-Assessment Review Contact Code			
	ceased Data			
Deceased Indicator [1=Yes]	Date of Death			
	ouse's Data			
Spouse's Given Name (Limited to 4 characters)  Spouse's Net Income	ong Spouse's Social Insurance Number 738423185 191 Spouse's Universal Child Care Benefit Amount 0			
Spouse's Universal Child Care Repayment Amount	O Spouse's Universal Child Care Benefit Amount			
• • • • • • • • • • • • • • • • • • • •	kruptcy Data			
Bankruptcy Indicator [1=Yes]	Post-Bankruptcy Net Income Post-Bankruptcy Adjusted Net Income			
Selected Financial Data Statements (SFDs)				
	n 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	32144	Employment income per T4 slips
150	32144	Total income (or loss)
212	9	Annual union, professional, or like dues
260	32135	Taxable income
428	51146	Provincial or territorial tax
435	72652	Total payable
437	301811	Total income tax deducted from information slips
484	229159	Refund
490	2	Prepared by (1=3rd party, 2=Client, or 3=Discounted)
300	11038	Basic personal amount
303	10846	Spouse or common-law partner amount
364	1720	Public transit amount
365	94	Children's fitness amount
370	500	Children's arts amount
366	1	Number of eligible children born in 1996 or later
367	2234	Amount for children born in 1996 or later
312	60424	Employment insurance premiums
323	855	

Continued on next page



Field	Value	Description
324	280	Tuition, education, and textbook amounts transferred from a child
363	1117	Canada employment amount
335	30701	Gross non-refundable tax credits before donations and gifts
338	4605	Non-refundable tax credits before donations and gifts
350	4605	Total federal non-refundable tax credits
406	21506	Federal tax
417	21506	Fed. tax before additional tax on RESP accumulated inc. payments
5804	10276	Basic personal amount
5812	8860	Spousal or common-law partner amount
5824	141262	Canada or Quebec pension plan contributions
5832	60424	Employment insurance premiums
5838	94	Children's fitness amount
5841	500	Children's arts amount
5860	280	Tuition and education amount transferred from child
5868	248	Medical expenses
5880	22027	Add lines 5804 through 5864 and line 5876 of provincial Form 428
5884	1114	Provincial non-refundable tax credits before donations and gifts
6150	1114	Provincial non-refundable tax credits
308	141262	CPP contributions through employment
5478	32144	E.I. insurable earnings (T4's other than T4 fishers income)
5034	141262	Total CPP contributions withheld
5549	32144	Total CPP pensionable earnings
5554	32144	CPP/QPP pensionable earnings - T4 slips
5028	60424	Total employment insurance premiums

#### Summary of carryforward amounts to 2014

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		
RPP pre-1990 contributions (not a contributor)		RPP schedule (Area E I.24)
RPP pre-1990 contributions (contributor)		RPP schedule (Area E I.25)
RRSP		
Eligible amount	5,784	RRSP schedule (Table D)
Room from previous years	29,175	RRSP schedule (Table E)
PSPA from previous year		RRSP schedule (Table E)
Undeducted premiums		RRSP schedule (Table F)
Transitional amount		RRSP schedule (Table F)
HOME BUYER'S PLAN		
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		
<u>Donations</u>		Charitable donations schedule
TUITION		
Tuition and educations amounts		Schedule 11, line 25
Tuition and educations amounts - Provincial		Schedule 11 P, line 21
Interest paid on a student loan		Supporting documents
INVESTMENT TAX CREDIT		
Investment tax credit		T2038 column 9
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
INIOVING CAPCINGS		1 1111
PROVINCIAL TAX CREDITS	_	50.470
Venture capital tax credit		BC479
Equity tax credit		T1285
Logging tax credit		BC428
Attributed Canadian royalty income		T79
Community Enterprise Development tax credit		T1256
Small Business Investment tax credit		NB428, YT479

#### **Employment income summary - 2013**

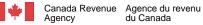
	Zimpioyimonic infooni	o carrinary 2010			
l ' '	Imployer Name: Renaissance Kid Education Centres Inc. To vince of employment: British Columbia STATEMENT OF REMUNERATION PAID				
Trovince of employment.		OTATEMEN	OF REMORERATION FAIR		
Employment income - <i>line 101</i> 14  31,653 61	Employee's CPP contributions - line 308	Employee's QPP contributions - <i>line</i> 308	Employee's EI premiums - line 312  18  595 02		
RPP contributions - line 207	1ncome tax deducted - line 437 22 3,018 11	El insurable earning 24 31,653 61	CPP pensionable earnings 26 31,653 61		
QPP pensionable earnings  26	Board and lodging (included in box 14)  30	Employee's home-relocation loan deduction - line 2	39		
Other taxable allowances and benefits (included in box 14)  40	Security options deduction 110(1)(d.1) - line 249	Employment commissions - line 102	Canadian Forces personnel & police deduction - line 244		
Union dues - <i>line 212</i> 44	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 while a contributor	Pre-1990 past service contributions while not a contributor  75	Worker's compensation benefits repaid to the employer - <i>line 229</i>	Volunteer allowance  87		
Public transit pass - line 364	Employee-paid premiums for private health services plans - line 330	Cleric's housing allowance (included in box 30)  30			
	nainland purpose society Columbia	STATEMENT	T4 FOF REMUNERATION PAID		
Employment income - line 101  14  490 60	Employee's CPP contributions - line 308	Employee's QPP contributions - <i>line</i> 308	Employee's EI premiums - line 312  18  9 22		
RPP contributions - line 207	Income tax deducted - line 437  22  Board and lodging	El insurable earning 24 490 60	CPP pensionable earnings 26 490 60		
QPP pensionable earnings  26  Other taxable allowances and benefits	(included in box 14) 30	Employee's home-relocation loan deduction - line 2	39		
(included in box 14)	Security options deduction 110(1)(d.1) - line 249	Employment commissions - line 102	Canadian Forces personnel & police deduction - <i>line 244</i> 43		
Union dues - line 212  44  9 08	Charitable donations - <i>line 349</i>	Pension adjustment - <i>line 206</i> 52	Provincial parental insurance plan  55		
PPIP insurable earnings  56	Eligible retiring allowances line 130	Non-eligible retiring allowances line 130	Status Indian employee (included in box 14)  71		
Pre-1990 past service contributions while a contributor	Pre-1990 past service contributions while not a contributor  75	Worker's compensation benefits repaid to the employer - <i>line</i> 229	Volunteer allowance  87		
Public transit pass - line 364	Employee-paid premiums for private health services plans - line 330	Cleric's housing allowance (included in box 30)			



# Employment income summary - 2013 (continued)

TOTAL		STATEMENT	T4 OF REMUNERATION PAID
Employment income - <i>line 101</i> 14  32,144 21	Employee's CPP contributions - <i>line</i> 308	Employee's QPP contributions - line 308	Employee's El premiums - line 312  18 604 24
RPP contributions - line 207	Income tax deducted - line 437	El insurable earning  24  32,144 21	CPP pensionable earnings  26  32,144 21
QPP pensionable earnings	Board and lodging (included in box 14)  30	Employee's home-relocation loan deduction - line 2-	48 Security 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	Canadian Forces personnel & police deduction - <i>line 244</i>
Union dues - <i>line</i> 212  44  9 08	Charitable donations - line 349 46	Pension adjustment - <i>line 206</i>	Provincial parental insurance plan  55
PPIP insurable earnings  56	Eligible retiring allowances line 130	Non-eligible retiring allowances line 130	Status Indian employee (included in box 14)  71
Pre-1990 past service contributions while a contributor  74	Pre-1990 past service contributions while not a contributor  75	Worker's compensation benefits repaid to the employer - <i>line</i> 229	Volunteer allowance  87
Public transit pass - line 364	Employee-paid premiums for private health services plans - line 330	Cleric's housing allowance (included in box 30)	





#### **T1 GENERAL 2013**

RC-13-119

#### **Income Tax and Benefit Return**

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

Identification							BC <b>8</b>
Print your name and address below	v.	Inf	ormation	about	you		
First name and initial Mrs.		Enter your social insurant number (SIN):	ce		738-42		Davis
Yingxu Last name		Enter your date of birth:			Year	Month 169-03-0	
Rong		Your language of corresp	ondence:		Engli		rançais
Mailing address: Apt No – Street No Street name		Votre langue de correspo			X		
		Is this retu	urn for a	deceas	ed pers	on?	
89-935 Ewen Ave							
TO BOX		If this return is for a dece	eased			Manda	D
	/Terr. Postal Code C V3M 0A1	person, enter the date of			Year	Month	Day
		Tick the box that applies	Marital s to your mar		s on Dece	mber 31,	2013:
Information about your reside	nce	1 X Married 2	Living o	ommon l	2W 2	Widowe	.d
Enter your province or territory of residence on <b>December 31, 2013</b> :  British Columb	pia	4 Divorced 5			6 _		·u
If your province or territory of residence changed in 2013, enter the date of your move:	Year Month Day	Informati common-law pa					
Is your home address the same as your mailing address?	Yes No X	Enter his or her SIN:	irenor (ii ye		738-42		
Enter the province or territory where		Enter his or her first name	e:	Hong	yu		
you <b>currently</b> reside if it is not the same as your mailing address above:		Enter his or her net incon to claim certain credits:	ne for 2013				191 96
If you were self-employed in 2013, enter the province or territory of self-employment:		Enter the amount of university benefit (UCCB) from line of his or her return:		are			1
If you <b>became</b> or <b>ceased</b> to be a <b>resident of Canada</b> for <b>in 2013</b> , enter the date of:  Month Day	income tax purposes  Month Day	Enter the amount of UCC from line 213 of his or he		nt	_		
entry or departure		Tick this box if he or she	was self-em	ployed in	2013:		1 X
		Do not use this area					T
Residency information for tax administration	on agreements						
For more information, see Information Sheet T1-BC10(E), included in this package.	Residency information for	for tax administration agree	ements,				
Did you reside within <b>Nisga'a Lands</b> on December 31, 20							o 🗌 2
If <b>yes</b> , are you a citizen of the <b>Nisga'a Nation</b> ?					Yes 🗌	1 N	o 🗌 2
Elections Canada (see the Elections							
A) Are you a Canadian citizen?					Yes X	1 N	o 🗌 2
Answer the following question <b>only if you are a Canadian</b> B) As a Canadian citizen, do you authorize the Canada F		vour namo					
address, date of birth, and citizenship to Elections Cal					Yes X	1 N	o 🗌 2
Your authorization is valid until you file your next return. Y <i>Elections Act</i> , which include sharing the information with political parties, as well as candidates at election time.	our information will only l	be used for purposes perm	nitted under	the <i>Cana</i>	da		
Goods and services tax/harmonized sales t	ax (GST/HST) cred	dit application					
See the guide for details.  Are you applying for the GST/HST credit (including any re					Yes 🗌	1 N	o 💢 2
	·						

171

Do not

use this area

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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 2013 with a total cost of more than CAN\$100,000? See "Foreign income" section in the guide for more information
If yes, complete Form T1135 and attach it to your return.
If you had dealings with a non-resident trust or corporation in 2013, see "Foreign income" in the guide.

As a resident of Canada, you h	nave to report your incom	e from all sources both	i inside and ou	tside Canada.
Total income	u <b>-</b> 4			ماريد مم
Employment income (box 14 of a	all 14 slips)		101 _	32,144 2
Commissions included on line 10		102		
Wage loss replacement contribut			1	
(see line 101 in the guide)				ı
Other employment income				
Old age security pension (box 18				
CPP or QPP benefits (box 20 of			114 <u>+</u>	
Disability benefits included on lin			1	
(box 16 of the T4A(P) slip)				1
Other pensions and superannual	tion		115 +	-
Elected split-pension amount (at	tach Form T1032)			-
Universal child care benefit (UCC	CB)		117 <u>+</u>	•
UCCB amount designated to a d	ependant	185		ı
Employment insurance and othe			119 <u>+</u>	
Taxable amount of dividends (eli				
Canadian corporations (attach S	Schedule 4)		120 <u>+</u>	-
Taxable amount of dividends oth			1	
included on line 120, from taxabl				1
Interest and other investment inc	come (attach Schedule 4)		121 <u>+</u>	
Net partnership income: limited o				
Registered disability savings plan			125 <u>+</u>	-
Rental income	<u>Gross</u> 160		Net 126 +	-
Taxable capital gains ( <b>attach</b> Sc Support payments received	hedule 3)		127 <u>+</u>	-
Support payments received	lotal 156	l axable	<u>e amount</u> 128 <u>+</u>	-
RRSP income (from all T4RSP s				
Other income Spec	ify:		130 <u>+</u>	•
Self-employment income		1		
Business income	Gross 162		Net 135 <u>+</u>	-
Professional income	Gross 164		Net 137 <u>+</u>	-
Commission income	Gross 166		Net 139 +	-
Farming income	Gross 168		Net 141 +	-
Fishing income	Gross 170		Net 143 +	-
			1	
Workers' compensation benefits				
Social assistance payments		145 <u>+</u>		
Net federal supplements (box 21	of the T4A(OAS) slip)	146 <u>+</u>		1
Add lines 144, 145, and 146 (see	e line 250 in the guide).	<u>=</u>	<b>_</b> ► 147 <u>+</u>	-
Add lines 101, 104 to 143, and 1			income. 150 =	32.144



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.

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#### **Net income**

Enter your <b>total income</b> from line 150.		150	32,144 21
Pension adjustment			
(box 52 of all T4 slips and box 034 of all T4A slips) 206			
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	200 +		
(amount from your PRPP contribution receipts) 205			
Tambuni nom your FRFF continbution receipts)			
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 + 9 08		
	213 +		
	214 +		
	215 +		
Business investment loss Gross 228 Allowable deduction	217 +		
	219 +		
Support payments made Total 230 Allowable deduction	220 +		
	221 +		
Deduction for CPP or QPP contributions on self-employment and other earnings			
	222 +	•	
**	224 +		
Clergy residence deduction			
•	232 +		
	233 = 9 08	<b>-</b>	9 08
Line 150 minus line 233 (if negative, enter "0")  This is your <b>net incom</b>			
Social benefits repayment (if you reported income on line 113, 119, or 146, see line 235 in the	-		,
Use the federal worksheet to calculate your repayment.	• ,	235 -	
Line 234 minus line 235 (if negative, enter "0")			
the state of the s	s is your net income.	236 =	32,135 13
Taxable income			
Canadian Forces personnel and police deduction (box 43 of all T4 slips)	244		
Employee home relocation loan deduction (box 37 of all T4 slips)	248 +		
Security options deductions	249 +		
Other payments deduction			
(if you reported income on line 147, see line 250 in the guide)	250 +		
Limited partnership losses of other years	251 +		
Non-capital losses of other years	252 +		
Net capital losses of other years	253 +		
Capital gains deduction	254 +		
Northern residents deductions (attach Form T2222)	255 +		
Additional deductions Specify:	256 +		
Add lines 244 to 256.	257 =	<b>▶</b> <u>-</u>	

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

This is your taxable income. 260 =

Line 236 minus line 257 (if negative, enter "0")

#### Refund or balance owing

Net federal tax: enter the amount from line 65 of Schedule 1 (attach Schedule 1, e	even if the result is "0")	420 _	215	<u>)6</u>
CPP contributions payable on self-employment and other earnings		404		
(attach Schedule 8 or Form RC381, whichever applies)		421 -		—
Employment insurance premiums payable on self-employment and other eligible e	arnings (attach Schedule 13)	430 ±		—
Social benefits repayment (amount from line 235)		422 -		
Provincial or territorial tax (attach Form 428, even if the result is "0")	This is your total wavelets	428 ±		
Add lines 420, 421, 430, 422, and 428.	This is your total payable.	435 =	= 726 5	<u> </u>
Total income tax deducted	<b>437</b> 3,018 11	•		
Refundable Quebec abatement	440 +	•		
CPP overpayment (enter your excess contributions)	448 +	•		
Employment insurance overpayment (enter your excess contributions)	450 +	•		
Refundable medical expense supplement (use the federal worksheet)	452 +	•		
Working income tax benefit (WITB) (attach Schedule 6)	453 +			
Refund of investment tax credit (attach Form T2038(IND))	454 +			
Part XII.2 trust tax credit (box 38 of all T3 slips)	456 +	•		
Employee and partner GST/HST rebate (attach Form GST370)	457 +	. •		
Tax <b>paid</b> by instalments	476 +	•		
Provincial or territorial credits (attach Form 479 if it applies)	479 +	. •	1	
Add lines 437 to 479. These are your to	<u>stal credits.</u> 482 <u>= 3,018 11</u>	.▶ -	- 3,018 1	1
Line 425 minus line 492	is your refund or balance owing		(2 201 F	-0/
Line 435 minus line 482 This	is your refund or balance owing.	: E	= (2,291 5	<u>19</u>
If the result is negative, you have a	refund. If the result is positive, you	u have	a <b>balance ow</b> i	ing
,	Enter the amount below o	n whic	chever line anni	عمنا
	Litter the amount below o	/II Winc	Alevei iirie appi	ICO.
Generally, we do not charge or re	efund a difference of \$2 or less.		▼	
Refund 484 2,291 59 •	Balance owing	485		
	_			_
	Amount enclosed	486		$\Box$
Attach to page 1 a <b>cheque</b> or <b>money orde</b>				
Online (go to www.cra.gc.ca/myp	payment). Your payment is due no	later tr	nan Aprii 30, 20	14.
Direct deposit – Start or change (see line 484 in the guide)				
You do not have to complete this area every year. Do not complete it this year	ar if your direct deposit information	has no	ot changed.	
	I MITS I			

Income tax refund, GST/HST credit and CCTB and any related provincial and territorial payments, WITB advance payments, any other deemed overpayment of tax, and UCCB. To start direct deposit or to change account information, complete lines 460, 461, and 462 below.

By providing my banking information I authorize the Receiver General to deposit in the bank account number shown below any amounts payable to me by the CRA, until otherwise notified by me. I understand that this authorization will replace all of my previous direct deposit authorizations.

Branch Institution number Account number number 460 461 462 (5 digits) (3 digits) (maximum 12 digits)

I certify that the information given on this return and in any documents attached is correct, complete, and fully discloses all my income.		490 If a fee was charged for preparing this return, complete the following:				
Sign here		Name of preparer:				
_	It is a serious offence to make a false return.	Telephone:				
Telephone	(604) 253-3858 Date 23-07-14	EFILE number (if applicable): 489				
Do not use	487 488 —					

RC-13-119

this area



T1-2013 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

Perio percent amount	oloim \$44.020	200		11,038	00	4
Basic personal amount	claim \$11,038	300		11,036	00	1
Age amount (if you were born in 1948 or earlier) (use the federal worksheet)	(maximum \$6,854)	204				2
Spouse or common-law partner amount (attach Schedule 5)	(maximum \$0,054)	303		10,846	04	
Amount for an eligible dependant (attach Schedule 5)		305		10,640	04	3 4
		<b>303</b>	+			4
Amount for children born in 1996 or later	I					
Number of children for whom you are not claiming	2 22 4 22 -					
the family caregiver amount 366 1 × \$2,234 =	2,234 00 5					
Number of children for whom you are claiming						
the family caregiver amount $\times \$4,274 = +$	6			1		
Add lines 5 and 6.	2,234 00			2,234	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				4 440		_
·	aximum \$2,356.20)	308	+	1,412	62	•9
on self-employment and other earnings		240				10
(attach Schedule 8 or Form RC381, whichever applies)		310	+			•10
Employment insurance premiums:	maximum \$891.12)	24.0		604	24	4.4
	naximum 5091.12)			604	24	
on self-employment and other eligible earnings (attach Schedule 13)		317			_	•12
Volunteer firefighters' amount		362	+		_	13
Canada employment amount	/:	202		4 4 4 7	00	4.4
	(maximum \$1,117)			1,117		
Public transit amount		364		1,720		
Children's fitness amount		365			<u>50</u>	
Children's arts amount		370		500	00	
Home buyers' amount		369			_	18
Adoption expenses	/	313				19
	<u>(maximum \$2,000)</u>					20
Caregiver amount (attach Schedule 5)		315	+			21
Disability amount (for self)		0.10				00
(Claim \$7,697 or, if you were under 18 years of age, use the federal worksheet)		316	+		_	22
Disability amount transferred from a dependant (use the federal worksheet)		318				23
						23 24
Interest paid on your student loans  Your trities, advection, and touthook grounts (attack Schook la 11)		319		055	00	
Your tuition, education, and textbook amounts (attach Schedule 11)		323		855		
Tuition, education, and textbook amounts transferred from a child		324		280	00	
Amounts transferred from your spouse or common-law partner (attach Schedule 2)		326	+			27
Medical expenses for self, spouse or common-law partner, and your dependent children born in 1996 or later	249 00 29					
dependent children born in 1996 of later 550	248 00 28					
Enter \$2,152 or 3% of line 236 of your return, whichever is <b>less</b> .	964 05 29					
Line 28 minus line 29 (if negative, enter "0")	0 00 30					
Allowable amount of medical expenses for other dependants	000					
(do the calculation at line 331 in the guide)	31					
Add lines 30 and 31.	0 00	332	+	O	00	32
Add lines 1 to 4, 7 to 27, and line 32.	0,00	335		30,701	_	
Federal non-refundable tax credit rate		333			<del>40</del> %	
Multiply line 33 by line 34.		338	<u>×</u>	4,605		
				4,003	<u> </u>	
Donations and gifts (attach Schedule 9)		349			$\neg$	36
Add lines 35 and 36.	ındahla tav aradita	อรก	L	4,605	<sub>24</sub>	27
Enter this amount on line 49 on the next page.  Total federal non-refu	inuable lax credits	550	<u> </u>	4,000	<u> </u>	31



#### Step 2 – Federal tax on taxable income

Enter your taxable income from line 260 of yo							32,135	13	38
Complete the appropriate column depending on the amount on line 38.	Line 38 is \$43,561 or less	Line 38 is more than \$43,561 but not more than \$87,123		Line 38 is mo than \$87,123 to not more tha \$135,054	but	_	Line 38 is mo than \$135,05	re	
Enter the amount from line 38.	32,135 13		_			_			_ 39
	_ 000	- 43,561 00	<u> </u>	87,123	00	<u>-</u>	135,054	00	40
Line 39 minus line 40 (cannot be negative)	= 32,135 13	=	_ =			Ξ	•		_ 41
	× 15%	× 22%	_ <u>×</u>	: 26%		_	29%	) 	42
Multiply line 41 by line 42.	= 4,820 27 + 0 00	= + 6,534 00	- =	: - 16,118	00	=	<u> </u>	00	_ 43
	+ 000	+ 6,534 00	ı t	- 10,110	00	Ţ	- 20,000	00	1 <sup>44</sup>
Add lines 43 and 44.	= 4,820 27	=		:		L	:		45
	Go to Step 3.	Go to Step 3.		Go to Step 3	3.	_	Go to Step 3	3.	
Step 3 – Net federal tax									
Enter the amount from line 45.				4,820	27	46			
Federal tax on split income (from line 5 of Form	n T1206)		<b>424</b> +			• 47			
Add lines 46 and 47.			404 =	4,820	27	<b>-</b>	4,820	27	_ 48
Enter your total federal non-refundable tax cred	dits				1				
				4,605	21				
Federal dividend tax credit  Overseas employment tax credit (attach Form	T626\		4 <b>25</b> + 426 +			• 50 51			
Minimum tax carryover (attach Form T691)	1020)		420 <u>+</u>			•52			
Add lines 49 to 52.			<u>·</u>		21		4,605	21	_ 53
Line 48 minus line 53 (if negative, enter "0")			E	Basic federal	tax	429 <u>=</u>	<u>: 215</u>	06	_ 54
Federal foreign tax credit (attach Form T2209)						405 <u>-</u>			_ 55
Line 54 minus line 55 (if negative, enter "0")				Federal	tax	406 <u>=</u>	: 215	06	_ 56
Total federal political contributions									
(attach receipts)	40	09	_ 57		ı				
Federal political contribution tax credit		(	N EE E						
(use the federal worksheet) Investment tax credit (attach Form T2038(IND)		(maximum \$650)	) 410 _ 412 +			•58 •59			
Labour-sponsored funds tax credit	1)		-11/4 T			• 59			
Net cost 41	3	Allowable credi	t <b>414</b> +	-		•60			
Add lines 58, 59, and 60.	•		416 =			<b>▶</b> <u>-</u>			_ 61
Line 56 minus line 61 (if negative, enter "0")									
If you have an amount on line 47 above, see Fo						417 =	215	06	_ 62
Working income tax benefit advance payments (box 10 of the RC210 slip)	received					415 <u>+</u>	-		_ •6
Special taxes (see line 418 in the guide)						418 <u>+</u>	_		64
Special taxes (see line 4 to in the guide)						4107		-	٠,

Add lines 62, 63, and 64.

Enter this amount on line 420 of your return.

Net federal tax 420 =

Rong, Yingxu SIN: 738 423 219 23 Jul 2014 Protected B when completed

Schedule 11

#### **Tuition, Education, and Textbook Amounts**

For more information, see line 323 in the guide.

T1-2013

Only the student must complete this schedule and attach it to his or her return. Use it to:

- calculate your federal tuition, education, and textbook amounts;
- determine the federal amount available to transfer to a designated individual; and

• determine the unused federal amount, if any	, available for you to	carry forward to	a future year	ır.				
Tuition, education, and textbook amounts	claimed by the stude	ent for 2013						
Unused federal tuition, education, and textboo	k amounts from your	2012 notice						
of assessment or notice of reassessment							855	<u>00</u> 1
Eligible tuition fees paid for 2013			320		_ 2			
Education and textbook amounts for 2013 Part-time student: use column B of Forms T2202A	TI 11A TI 11D and TI	110						
Do not include any month that is also included i		_110.						
Only one claim per month (maximum 12 months)								
Education amount: Number of months from column B	× \$120 =		3					
Textbook amount:	<b>#</b> 00							
Number of months from column <b>B</b> Add lines 3 and 4.	× \$20 =	<u>+</u> =	<sup>4</sup> ▶ <b>321</b>	.	5			
Full-time student: use column C of Forms T2202A	TI 11A TI 11B and TI		> 5/4	т	_			
Only one claim per month (maximum 12 months)  Education amount:	, TETTA, TETTO, AND TE	.110.						
Number of months from column <b>C</b>	× \$400 =		6					
Textbook amount:			T					
Number of months from column C	× \$65 =	<u>+</u>	7	1				
Add lines 6 and 7.		=	<u> </u>	+	<b>–</b> 8		1	
Add lines 2, 5, and 8. <b>Total 2013</b> to	tuition, education, a	nd teythook an	nounte	_		_		9
Add lines 2, 3, and 6.	tuition, education, a	ilu textbook ali	<u>iiouiits</u>			<u> </u>		— <sup>3</sup>
Add lines 1 and 9.	Total availabl	e tuition, educa	ation, and to	extbook amoun	ts	=	855 (	<u>00</u> 10
Enter the amount of your taxable income from	line 260 of your retur	n if it is \$43,561	or	1				
less. If your taxable income is more than \$43,4	561, enter instead the	result of the		22.425.4	. 44			
following calculation: amount from line 46 of year Total of lines 1 to 23 of your Schedule 1	our Schedule 1 divide	90 Dy 15%.		32,135 13 - 29,566 4				
Line 11 minus line 12 (if negative, enter "0")				= 2,568 7				
Unused tuition, education, and textbook amou	ints claimed for 2013				_ 10			
Amount from line 1 or line 13, whichever is les				855 0	)_ ▶	-	855 (	00_14
Line 13 minus line 14				= 1,713 7	<u>3</u> 15			
2013 tuition, education, and textbook amounts								
Amount from line 9 or line 15, whichever is les	SS				_			一 <sup>16</sup>
Add lines 14 and 16.			Total tuition	n, education, ar	ч			
Enter this amount on line 323 of Schedule 1.		textboo	ok amounts	claimed for 201	3	=	855 (	00 17
Touristant on Commission and of concerns de						-		
Transfer or Carryforward of unused a Amount from line 10	amount						855	00_18
Amount from line 17					_	_		00 18
Line 18 minus line 19			Tota	I unused amou	nt	=		00 20
If you are transferring an amount to another	individual, continue o	n line 21.			_			
Otherwise, enter the amount from line 20 or	n line 25.							
Enter the amount from line 9.		(maximum \$	<b>5</b> 5,000)		_ 21			
Amount from line 16				-	22			
Line 21 minus line 22 (if negative, enter "0")		laximum transf		=	_ 23			
You can transfer all or part of the amount on								
grandparent, or to your parent or grandparent federal amount that you are transferring to								
amount on line 24 below.	imin or ner on your FC	//// 12202A, IL	ıı⊼, ı∟ııD,	or TETTO. EITHE	uie			
Note: If your spouse or common-law partner	r is claiming an amou	nt for you on line	e 303 or line	326 of his or				
her Schedule 1, you cannot transfer a								
common-law partner's parent or grand	dparent.		•	•				
Enter the amount you are transferring (cannot	ot be more than line 2	23).	Federal an	nount transferre	d 32	7 -		24

Unused federal amount available to carry forward to a future year

The person claiming the transfer should not attach this schedule to his or her return.

Line 20 minus line 24

25





#### **British Columbia Tax**

BC428

T1 General - 2013

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

Enter \$2,050 or 3% of line 236 of your return, whichever is <b>less</b> .  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the <i>Provincial Worksheet</i> )		_	
Age amount (if born in 1948 or earlier) (use the Provincial Worksheet) Spouse or common-law partner amount Base amount  Base amount  Minus: his or her net income from page 1 of your return  Result: (if negative, enter "0")  Amount for an eligible dependant Base amount  Minus: his or her net income from line 236 of his or her return  Result: (if negative, enter "0")  Amount for infirm dependants age 18 or older (use the Provincial Worksheet)  CPP or QPP contributions: (amount from line 308 of your federal Schedule 1) (amount from line 310 of your federal Schedule 1) (amount from line 310 of your federal Schedule 1) (amount from line 317 of your federal Schedule 1)  Adoption expenses (amount from line 373 of your federal Schedule 1)  Children's fitness amount (amount from line 365 of your federal Schedule 1)  Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the Provincial Worksheet)  Disability amount (for self) (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.)  Disability amount transferred from a dependant (use the Provincial Worksheet)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC  Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and	For internal use only		
Quise the Provincial Worksheet	claim \$10,27	<u>6 5804</u>	10,276 00
Spouse or common-law partner amount Base amount Minus: his or her net income from page 1 of your return Result: (if negative, enter "0") Amount for an eligible dependant Base amount Minus: his or her net income from line 236 of his or her return Result: (if negative, enter "0") Amount for an eligible dependant Base amount Minus: his or her net income from line 236 of his or her return Result: (if negative, enter "0") Amount for infirm dependants age 18 or older (use the Provincial Worksheet) CPP or QPP contributions: (amount from line 380 of your federal Schedule 1) (amount from line 310 of your federal Schedule 1) (amount from line 312 of your federal Schedule 1) (amount from line 312 of your federal Schedule 1) Adoption expenses (amount from line 313 of your federal Schedule 1) Children's fitness amount (amount from line 365 of your federal Schedule 1) Children's arts amount (amount from line 370 of your federal Schedule 1) Pension income amount Caregiver amount (use the Provincial Worksheet) Disability amount transferred from a dependant (use the Provincial Worksheet) Interest paid on your student loans (amount from line 319 of your federal Schedule 1) Your tuition and education amounts [use and attach Schedule BC(S11)] Tuition and education amounts transferred from a child Amounts transferred from your spouse or common-law partner [use and attach Schedule BCMedical expenses: Amount from line 330 of your federal Schedule 1 Enter \$2,050 or 3% of line 236 of your return, whichever is less. Line 21 minus line 22 (if negative, enter "0") Allowable amount of medical expenses for other dependants (use the Provincial Worksheet) Add lines 23 and 24. Add lines 1 to 20 and line 25. British Columbia non-refundable tax credit rate Multiply line 26 by line 27. Donations and gifts: Amount from line 345 of your federal Schedule 9  x 5.06% =	(maximum \$4,421	) 5808 +	
Base amount Minus: his or her net income from page 1 of your return Result: (if negative, enter "0") Amount for an eligible dependant Base amount Base	, , , , , , , , , , , , , , , , , , , ,		
Result: (if negative, enter "0") = 9,554   04  Amount for an eligible dependant Base amount Minus: his or her net income from line 236 of his or her return - Result: (if negative, enter "0") =    Amount for infirm dependants age 18 or older (use the Provincial Worksheet)  CPP or QPP contributions: (amount from line 310 of your federal Schedule 1) (amount from line 310 of your federal Schedule 1) (amount from line 312 of your federal Schedule 1)  Camount from line 312 of your federal Schedule 1)  Adoption expenses (amount from line 313 of your federal Schedule 1)  Children's fitness amount (amount from line 365 of your federal Schedule 1)  Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the Provincial Worksheet)  Disability amount (for self)  (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.)  Disability amount transferred from a dependant (use the Provincial Worksheet)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =			
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Minus: his or her net income from line 236 of his or her return  Result: (if negative, enter "0")  Amount for infirm dependants age 18 or older (use the Provincial Worksheef)  CPP or QPP contributions: (amount from line 308 of your federal Schedule 1) (amount from line 310 of your federal Schedule 1)  Employment insurance premiums: (amount from line 317 of your federal Schedule 1)  Adoption expenses (amount from line 313 of your federal Schedule 1)  Children's fitness amount (amount from line 365 of your federal Schedule 1)  Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the Provincial Worksheef)  Disability amount (for self) (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.)  Disability amount transferred from a dependant (use the Provincial Worksheef)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheef)  Add lines 23 and 24.  Add lines 23 and 24.  Add lines 25 and 26.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =			
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CPP or QPP contributions:  (amount from line 308 of your federal Schedule 1)  (amount from line 310 of your federal Schedule 1)  Employment insurance premiums:  (amount from line 312 of your federal Schedule 1)  Adoption expenses (amount from line 313 of your federal Schedule 1)  Adoption expenses (amount from line 313 of your federal Schedule 1)  Children's fitness amount (amount from line 365 of your federal Schedule 1)  Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the Provincial Worksheet)  Disability amount (for self)  (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.)  Disability amount transferred from a dependant  (use the Provincial Worksheet)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC  Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants  (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 23 and 24.  Add lines 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =			
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(amount from line 310 of your federal Schedule 1)  Employment insurance premiums: (amount from line 312 of your federal Schedule 1) (amount from line 317 of your federal Schedule 1)  Adoption expenses (amount from line 313 of your federal Schedule 1)  Children's fitness amount (amount from line 365 of your federal Schedule 1)  Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the <i>Provincial Worksheet</i> )  Disability amount (for self) (Claim \$7,394 or, if you were under 18 years of age, use the <i>Provincial Worksheet</i> .)  Disability amount transferred from a dependant (use the <i>Provincial Worksheet</i> ) Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the <i>Provincial Worksheet</i> )  Add lines 23 and 24.  Add lines 23 and 24.  Add lines 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =			
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(amount from line 312 of your federal Schedule 1)  (amount from line 317 of your federal Schedule 1)  Adoption expenses (amount from line 313 of your federal Schedule 1)  Children's fitness amount (amount from line 365 of your federal Schedule 1)  Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the Provincial Worksheet)  Disability amount (for self)  (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.)  Disability amount transferred from a dependant  (use the Provincial Worksheet)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants  (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 23 and 24.  Add lines 25 and 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =		<del>5828</del> +	
(amount from line 317 of your federal Schedule 1)  Adoption expenses (amount from line 313 of your federal Schedule 1)  Children's fitness amount (amount from line 365 of your federal Schedule 1)  Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the Provincial Worksheet)  Disability amount (for self)  (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.)  Disability amount transferred from a dependant  (use the Provincial Worksheet)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants  (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  × 5.06% =			
Adoption expenses (amount from line 313 of your federal Schedule 1)  Children's fitness amount (amount from line 365 of your federal Schedule 1)  Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the Provincial Worksheet)  Disability amount (for self)  (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.)  Disability amount transferred from a dependant  (use the Provincial Worksheet)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants  (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  × 5.06% =		<u> 5832</u> +	604 24
Children's fitness amount (amount from line 365 of your federal Schedule 1) Children's arts amount (amount from line 370 of your federal Schedule 1) Pension income amount Caregiver amount (use the Provincial Worksheet) Disability amount (for self) (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.) Disability amount transferred from a dependant (use the Provincial Worksheet) Interest paid on your student loans (amount from line 319 of your federal Schedule 1) Your tuition and education amounts [use and attach Schedule BC(S11)] Tuition and education amounts transferred from a child Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses: Amount from line 330 of your federal Schedule 1 Enter \$2,050 or 3% of line 236 of your return, whichever is less. Line 21 minus line 22 (if negative, enter "0") Allowable amount of medical expenses for other dependants (use the Provincial Worksheet) Add lines 23 and 24. Add lines 1 to 20 and line 25. British Columbia non-refundable tax credit rate Multiply line 26 by line 27. Donations and gifts: Amount from line 345 of your federal Schedule 9  x 5.06% =		<u>5829</u> +	
Children's arts amount (amount from line 370 of your federal Schedule 1)  Pension income amount  Caregiver amount (use the <i>Provincial Worksheet</i> )  Disability amount (for self) (Claim \$7,394 or, if you were under 18 years of age, use the <i>Provincial Worksheet</i> .)  Disability amount transferred from a dependant (use the <i>Provincial Worksheet</i> ) Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the <i>Provincial Worksheet</i> )  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =		<u> 5833</u> +	
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Disability amount (for self) (Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.) Disability amount transferred from a dependant (use the Provincial Worksheet) Interest paid on your student loans (amount from line 319 of your federal Schedule 1) Your tuition and education amounts [use and attach Schedule BC(S11)] Tuition and education amounts transferred from a child Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses: Amount from line 330 of your federal Schedule 1 Enter \$2,050 or 3% of line 236 of your return, whichever is less. Line 21 minus line 22 (if negative, enter "0") Allowable amount of medical expenses for other dependants (use the Provincial Worksheet) Add lines 23 and 24. Add lines 1 to 20 and line 25. British Columbia non-refundable tax credit rate Multiply line 26 by line 27. Donations and gifts: Amount from line 345 of your federal Schedule 9  x 5.06% =	(maximum \$1,000		
(Claim \$7,394 or, if you were under 18 years of age, use the Provincial Worksheet.)  Disability amount transferred from a dependant (use the Provincial Worksheet)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =		<u> 5840</u> +	
Disability amount transferred from a dependant (use the Provincial Worksheet)  Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =			
(use the Provincial Worksheet) Interest paid on your student loans (amount from line 319 of your federal Schedule 1) Your tuition and education amounts [use and attach Schedule BC(S11)] Tuition and education amounts transferred from a child Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses: Amount from line 330 of your federal Schedule 1 Enter \$2,050 or 3% of line 236 of your return, whichever is less. Line 21 minus line 22 (if negative, enter "0") Allowable amount of medical expenses for other dependants (use the Provincial Worksheet) Add lines 23 and 24. Add lines 1 to 20 and line 25. British Columbia non-refundable tax credit rate Multiply line 26 by line 27. Donations and gifts: Amount from line 345 of your federal Schedule 9  x 5.06% =		5844 +	
Interest paid on your student loans (amount from line 319 of your federal Schedule 1)  Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =			
Your tuition and education amounts [use and attach Schedule BC(S11)]  Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =		<u> 5848</u> <u>+</u>	
Tuition and education amounts transferred from a child  Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =		<u>5852</u> +	
Amounts transferred from your spouse or common-law partner [use and attach Schedule BC Medical expenses:  Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =		<u> 5856</u> +	
Medical expenses: Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =		<u>5860</u> +	280 00
Amount from line 330 of your federal Schedule 1  Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =	C(S2)]	<u>5864</u> +	:
Enter \$2,050 or 3% of line 236 of your return, whichever is less.  Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =			
Line 21 minus line 22 (if negative, enter "0")  Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =	<b>5868</b> 248 00		
Allowable amount of medical expenses for other dependants (use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =	- 964 05	_	
(use the Provincial Worksheet)  Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9  x 5.06% =	= 0 00	_ 23	
Add lines 23 and 24.  Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9 × 5.06% =	F0-0		
Add lines 1 to 20 and line 25.  British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9 x 5.06% =	5872 +	_ 24	I
British Columbia non-refundable tax credit rate  Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9 x 5.06% =	<b>5876</b> =	_ <b>&gt;</b> _ + _	20,007,00
Multiply line 26 by line 27.  Donations and gifts:  Amount from line 345 of your federal Schedule 9 × 5.06% =		<b>5880</b> =	22,027 36
Donations and gifts:  Amount from line 345 of your federal Schedule 9 × 5.06% =		<u>X</u>	5.06%
Amount from line 345 of your federal Schedule 9 × 5.06% =		5884 <u>=</u>	1,114 58
	I	00	
Amount from line 347 of your federal Schedule 9 × 14.7% =		_ 29	
A 1111 00 100		_ 30	ı
	5896 =	- <b>▶</b>	<del></del>
Add lines 28 and 31.  Enter this amount on line 44.  British Columbia non-	watermalable tarras 124	- PALEO	1,114 58



#### Step 2 – British Columbia tax on taxable income

Enter your <b>taxable income</b> from line 26	60 of vour return.										32,135	13 3
Complete the appropriate									-		•	
column depending on the			1: 00:			00 :		1: 00:		1		
amount on line 33.	Line 33 is		Line 33 is mor than \$37.568 but		1	e 33 is mor 375,138 but		Line 33 is r than \$86,268			Line 33 is mor	e
	\$37,568 or les	SS	more than \$75,	138	more	than \$86,2	268	more than \$1	04,754		than \$104,754	4
Enter the amount from line 33.	32,135	13										3
Line 34 minus line 35	<u>-</u> C	00	- 37,568	00	-	75,138	00	- 86,2	68 00	) -	104,754	00 3
(cannot be negative)	= 32,135	13	=					=		_=_		3
	× 5.06			7%	×	10.5	%	× 12.	29%	<u>×</u>	14.7	<u>%</u> 3
Multiply line 36 by line 37.	= 1,626	04	=		=			=		_=_		3
	<u>+ C</u>	00	+ 1,901	00	+	4,794	00	+ 5,9	63 00	) +	8,235	00 3
Add lines 38 and 39.												
Go to Step 3.	= 1,626	04	=		=			=				4
Step 3 – British Columbia tax  Enter your British Columbia tax on taxa  Enter your British Columbia tax on split  Add lines 41 and 42.	ble income from line								6151	] + =		04 4
Enter your British Columbia non-refund	able tax credits fron	n lin	e 32.					1,114 58	44			
British Columbia dividend tax credit: Credit calculated for line 6152 on the	Provincial Workshe	et				6152 +			• 45			
British Columbia overseas employment Amount calculated for line 46 on the <i>I</i>		<b>⊃</b> †				6153 +			•46			
British Columbia minimum tax carryove		<i>.</i>				0100 1			_ • -10			
Amount from line 427 of your federal			<u> </u>	x 3	3.7% =	= <mark>6154</mark> +			• 47			
Add lines 44 to 47.						=		1,114 58	•	_	1.114	58 4
Line 43 minus line 48 (if negative, enter	. "0")							.,	-	=		46 4
British Columbia additional tax for minir	•								•			
Amount from line 117 of Form T691			<u> </u>	x 3	3.7% =	=				+		5
Add lines 49 and 50.			<u> </u>						-	=	511	46 5
Provincial foreign tax credit from Form	Г2036								•	_	<u> </u>	5
Line 51 minus line 52 (if negative, enter									-	_	511	46 5
	• /								•		011	<u>,,,,                                 </u>
BC tax reduction												
If your net income (line 236 of your retu Otherwise, enter "0" on line 60 and con		0,96	2, complete the	e fol	lowing	calculat	ion.					
Carorwice, criter of our line of and our	undo on mio o i.											
Basic reduction				clair	n \$409	9 _			54			
Enter your net income from line 236 of	your return.					55						
Base amount	-			18,1	81 00	-						
Line 55 minus line 56 (if negative, enter	. "0")		=			57						
Applicable rate	,		×		3.2%	-						
Multiply line 57 by line 58.			=			▶ -			59			
Line 54 minus line 59 (if negative, enter	. "0")				-	- <del>-</del>			▶	-		6
Line 53 minus line 60 (if negative, enter	•							'	-	=	511	46 6
	,								-			
Logging tax credit from Form FIN 542S	or Form FIN 542P								_	_		6
Line 61 minus line 62 (if negative, enter									_	=_	511	46 6
												_

Continue on the next page. ▶

#### Step 3 – British Columbia tax (continued)

Enter the amount from line 63 on the previous page.					511 46	64
British Columbia political contribution tax credit						
Enter your British Columbia political contributions made in 2013.	6040		65			
Credit calculated for line 66 on the Provincial Worksheet		(maximum \$500)				66
Line 64 minus line 66 (if negative, enter "0")				=	511 46	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	<u>)</u>	=	<b>&gt;</b>			70
Line 67 minus line 70 (if negative, enter "0")				=	511 46	71
British Columbia mining flow-through share tax credit						
Enter the tax credit amount calculated on Form T1231.			6881	l <u>-</u>		•72
Line 71 minus line 72 (if negative, enter "0")						
Enter the result on line 428 of your return.	Brit	ish Columbia tax		=	511 46	73





#### **British Columbia Credits**

BC479

T1 General - 2013

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)

Enter your mining exploration tax credit allocated from a partnership from Form T88.

If you had a spouse or common-law partner on December 31, 2013, only one of you can claim this credit for both of you.

	,	
Income for the sales tax credit	Column 1	Column 2 Your spouse or
	You	common-law partner
Enter the net income amount from line 236 of the return	32,135 13 1	<u>191 96</u> 1
Total of the universal child care benefit (UCCB) repayment (line 213 of the return) a	<u> </u>	
the registered disability savings plan (RDSP) income repayment (included on line 23		+ 2
Add lines 1 and 2.	<u>= 32,135 13</u> 3	<u>= 191 96</u> 3
Total of the UCCB income (line 117 of the return) and the RDSP income		
(line 125 of the return)	4	4
Line 3 minus line 4 (if negative, enter "0")	<u>= 32,135 13</u> 5	<u>= 191 96</u> 5
Add the amounts from line 5		1
in column 1 and column 2 (if applicable)	Adjusted net family income	<u>32,327 09</u> 6
If you had a spouse or common-law partner on December 31, 2013,		
enter \$18,000. Otherwise, enter \$15,000.		<u>- 18,000 00</u> 7
Line 6 minus line 7 (if negative, enter "0")	Income for the sales tax credit	<u>= 14,327 09</u> 8
Basic sales tax credit	claim \$75 <u>60</u>	<b>33</b> 75 00 9
Additional credit for your spouse or common-law partner	claim \$75 60	
Add lines 9 and 10.	Ciami vio	= 150 00 11
Amount from line 8	14,327 09 × 2% =	- 286 54 12
Line 11 minus line 12 (if negative, enter "0")	Sales tax credit	= 0 00 13
British Columbia seniors' home renovation tax credit  If, on December 31, 2013, you and your spouse or common-law partner occupied separate principal residences for medical reasons, and you are choosing to apply for the seniors' home renovation tax credit individually, tick box 6089.		
Enter your home renovation expenses from line 5	N	1
of your Schedule BC(S12). (maximum \$10,000	<u>) 6048</u> × 10% =	<u>+ 14</u>
British Columbia venture capital tax credit Enter your venture capital tax credit from Certificate SBVC 10		
for shares acquired in 2013.	<b>6049</b> • 1	5
Enter your venture capital tax credit from Certificate SBVC 10 for shares		
purchased during the first 60 days of 2014 that you <b>elect</b> to claim in 2013.	<u>6050</u> + • 1	6
Enter your unused venture capital tax credit from previous years shown on your most recent notice of assessment or notice of reassessment.	+ 17	
-	ium \$60,000) =	+ 18
(1104111)		<u> </u>
British Columbia mining exploration tax credit		
Enter your mining exploration tax credit from Form T88.	lan	<b>51</b> + •19
,	00	· · · · · · · · · · · · · · · · · · ·

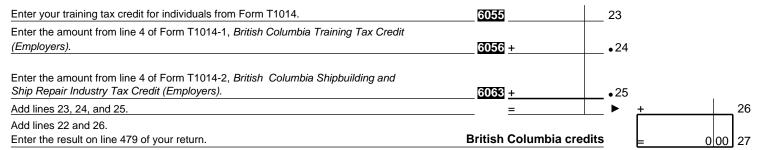
6053

Add lines 13, 14, 18, and 19.

20

Enter the amount from line 21 on the previous page.

#### British Columbia training tax credit



Rong, Yingxu SIN: 738 423 219 23 Jul 2014

#### **UFile**

#### T1-2013

#### Medical expenses for the year ending 31-12-2013

Line 330 - Medical expenses for self, spouse or common-law partner, and your dependent children born in 1996 or later

Patient's Name: Yingxu Rong	
Details of expense	
01-01-2013	215 00
	Subtotal ►215 00
Patient's Name: Xiaoyun Ji	
Details of expense	
01-01-2013	33 00
	Subtotal ►
Carry the result to line 330.	Total medical expenses claimed (\$80) 248 00



T1 - 2013

#### **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 212 - Dues		
Dues from T4		9 08 1
Annual union membership dues not included on a T	74	+ 2
Mandatory professional liability insurance		+ 3
Add lines 1 through 3.	Total dues to be reported on line 212	= 9084
Line 324 - Tuition and education am	ount 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 2013 (T2202A column A	A)	280 00 1
Education amount: (Number of part-time months mu	ultiplied by \$140 plus number of full-time months	
multiplied by \$465)		+ 0 00 2
Total 2013 tuition and education amounts (add lines	s 1 and 2)	<u>= 280 00</u> 3
Amount transferred by the student (student's sched	ule 11, line 327)	<u>= 280 00</u> 4
Total of line 4 for each student with a transfer	Tuition and education amount	
Enter this amount on line 324 of your return.	transferred from a child	<u>280 00</u> 5

#### Line 364 - Public transit amount

Name: Rong, Yingxu	Public transit - transit by local bus			1,092	00
Name: Ji, Xiaoyun	Public transit - transit by local bus			628	00
		Total	=	1,720	00
Amount claimed by your spouse (line 364 of his or h	ner Schedule 1)				
Amount claimed by your dependant (line 364 of his	or her Schedule 1)				<u></u>
Carry the result to line 364 of the T1 Income Tax Re	eturn.				
-		Public transit amount	<b>⊨</b>	1,720	00

#### Line 365 - Children's fitness amount

Name of dependant: Xiaoyun Ji

Royal City Curling Club		94 50		
Total of fees paid in 2013 relating to the cost of registering the child in a prescribed program	m			
of physical activity (maximum of \$500 per child)	=	94 50		
Children with disabilities (additional amount of \$500 if the fees are at least \$100)	<u>+</u>			
Total eligible for this child			<b></b>	94 50
		Total	=	94 50
Amount claimed by your spouse (line 365 of his or her Schedule 1)				
Carry the result to line 365 of the T1 Income Tax Return.				
CH	hildren's fitn	ess amount	<u> </u>	94 50

**Note:** You may have paid an amount that would qualify to be claimed as child care expenses (line 214) and the children's fitness amount. If this is the case, you must first claim this amount as child care expenses. Any unused part can be claimed for the children's fitness amount as long as the requirements are met.

Note: If an expense is eligible for the children's fitness amount, it is not eligible for the children's arts amount (line 370).

#### Line 370 - Children's arts amount



Name of dependant:

Xiaoyun Ji

Paint		576 00			
Total of fees paid in 2013 relating to the cost of registration or membership of the child in					
a prescribed program of artistic, cultural, recreational, or developmental activity.					
(maximum of \$500\$ per child)	=	500 00			
Children with disabilities (additional amount of \$500 if the fees are at least \$100)	<u>+</u>				
Total eligible for this child			<b></b>	500 00	0
		Total	=	500 00	0
Amount claimed by your spouse (line 370 of his or her Schedule 1)					
Carry the result to line 370 of the T1 Income Tax Return.		·			٦
	Children's a	arts amount	L	500 00	٥Ι

Eligible expenses do not include amounts that can be claimed as the federal children's fitness amount or as a deduction by any individual, such as the child care expenses deduction (line 214). As well, eligible expenses do not include amounts that have been claimed as a tax credit by any individual.

Line 437 - Ince	ome tax deducted	
_T4	Renaissance Kid Education Centres Inc.	3,018 11
Total income tax ded	lucted	
Enter this amount on I	ine 437 of your return	= 3,018 11



T1-2013

#### **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 2013:

- 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 2013:

- 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, 2013.

#### Step 1 – Calculating your working income and adjusted family net income

Do you have an eligible dependant?	81 Yes X 1	No 2				
Do you have an eligible spouse?	<b>82</b> 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, 2013. Otherwise, complete column 1 only.			You		Your eligible spouse	
Employment income and other employment income reported on I and line 104 of the return	ine 101		<u>32,144 21</u> 3	_		3
Taxable part of scholarship income reported on line 130		383 +	4	<del>384</del> +		4
Total self-employment income reported on lines 135, 137, 139, 14 of the return ( <b>excluding</b> losses)	41, and 143	+	5	+		5
Tax-exempt part of working income earned on a reserve or an all	owance					_
received as an emergency volunteer		385 ±	6	386 +		6
Add lines 3 to 6. Enter the amount even if the result is "0".		=	32,144 21 7	387 =		7
Add the amounts from line 7 in columns 1 and 2.		Working inco	me 32,	<u>144</u> 21_8		
Part B – Adjusted family net income						
Net income amount from line 236 of the return			32,135 13 9		191 9	6 9
Tax-exempt part of all income earned or received on a reserve le	ss the		ı		1	
deductions related to that income, or an allowance received as a volunteer	n emergency	388 +	10	389 <u>+</u>		10
Total of universal child care benefit (UCCB) repayment						
(line 213 of the return) and registered disability savings plan (RDS	SP)					
income repayment (included on line 232 of the return)	,	<u>+</u>	11	<u>+</u>		11
Add lines 9, 10, and 11.		=_	32,135 13 12	=	191 9	<u>6</u> 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")			32,135 13 14	390 =	191 9	13 96 14
Emo 12 mindo into 10 (in mogalito, orikol 0 )		=_	02,100 10	<u> </u>	101/0	<u> </u>
Add the amounts from line 14 in columns 1 and 2.	Adjusted f	amily net inco	<u>me</u> 32,	<u>327 09</u> 15	5	
	91 Yes X 1	No 2	If yes, complete St	ep 2 on the	next page.	
Are you claiming the WITB disability supplement	v D.	🔽 .				
- 7	<b>92</b> Yes 1	No X 2	If yes, complete St	ep 3 on the	next page.	
Does your eligible spouse qualify for the disability amount for himself or herself?	94 Yes 1	No X 2	If <b>yes</b> , he or she m	uet complet	e stens 1	
amount for minisch of hersen:	163 1	140 [] 2	and 3 on a separat		•	



#### 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 2013 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		32,144	21	16	
Base amount		4,750	00	17	
Line 16 minus line 17 (if negative, enter "0")	=	27,394	21	18	
Rate	×	21	%	19	
Multiply line 18 by line 19.	=	5,752	78	20	
If you had neither an eligible spouse nor an eligible dependant, enter \$1,230.  If you had an eligible spouse or an eligible dependant, enter \$1,952.		1,952	00	21	
Amount from line 20 or line 21, whichever is less		1,952	00	<b>•</b>	1,952 00 22
Amount from line 15 in Step 1		32,327	09	23	
Base amount: If you had neither an eligible spouse nor an eligible dependant, enter \$12,301. If you had an eligible spouse or an eligible dependant, enter \$16,579.	<u>-</u>	16,579	00	24	
Line 23 minus line 24 (if negative, enter "0")	=	15,748	09	25	
Rate	<u>×</u>	17	%	26	
Multiply line 25 by line 26.	=	2,677	18	<b>&gt;</b> :	<u>2,677 18</u> 27
Line 22 minus line 27 (if negative, enter "0") Enter the amount from line 28 on line 453 of your return <b>unless you complete Step 3.</b>					= 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		2,295	<u>00</u> 30	)	
Line 29 minus line 30 (if negative, enter "0")	=		31		
Rate	×	219	<u>%</u> 32	2	
Multiply line 31 by line 32.	=		33	3	
Amount from line 33 or \$551, whichever is less			▶		34
Amount from line 15 in Step 1			35	j	
Base amount: If you had neither an eligible spouse nor an eligible dependant, enter \$19,537. If you had an eligible spouse or an eligible dependant, enter \$28,061.	_		36	3	
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	3	
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.				=	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 \$19,537	less than \$28,061
WITB disability supplement (you qualify for the disability amount) Adjusted family net income (line 15 in Step 1)	less than \$22,778	less than \$31,302
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 \$34,543