

Canada Revenue Agency
Agence du revenu du Canada**T1 GENERAL –
Income Tax and Benefit Return CONDENSED 2016**

7

Step 1 – Identification and other information**Identification****Print your name and address below.**

First name and initial

**Mrs.
Yingxu**

Last name

Rong

Mailing address: Apt No – Street No Street name

89-935 Ewen Ave

PO Box

RR

City

New Westminster

Prov./Terr.

BC

Postal code

V3M 0A1**Information about you**Enter your social insurance
number (SIN):**738-423-219**

Enter your date of birth:

Year Month Day

1969-03-06

Your language of correspondence:

Votre langue de correspondance :

English

☒

Français

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

Year Month Day

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

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

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

Enter an email address: _____

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

Year Month Day

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

entry Month Day

or

departure Month Day

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

Enter his or her SIN:

738-423-185

Enter his or her first name:

HongyuEnter his or her net income for 2016
to claim certain credits:Enter the amount of universal child care
benefit (UCCB) from line 117
of his or her return:Enter the amount of UCCB repayment
from line 213 of his or her return:

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

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

Step 1 – Identification and other information (continued)

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

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

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



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

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

Answer the following question **only if you have Canadian citizenship**.

B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors? Yes ☐ 1 No ☐ 2

Your authorization is valid until you file your next tax return. Your information will only be used for purposes permitted under the *Canada Elections Act*, which include sharing the information with provincial/territorial election agencies, members of Parliament, registered political parties, and candidates at election time.

Please answer the following question:

Did you own or hold specified foreign property where the total cost amount of all such property, at any time in 2016, was more than CAN\$100,000?
See "Specified foreign property" in the guide for more information. **266** Yes ☐ 1 No ☒ 2

If **yes**, complete Form T1135 and attach it to your return.

If you had dealings with a non-resident trust or corporation in 2016, see "Other foreign property" in the guide.

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

T1-2016

T1-KFS

Total income

Employment income	101	40 904	40
RRSP income	129	948	00
This is your total income .		150	41 852 40

Net income

This is your **net income**. 236 41 852 40

Taxable income

This is your **taxable income**. 260 41 852 40

Federal schedules

Schedule 1									
300	11,474.00	303	11,474.00	308	1,851.50 •	312	738.48 •	335	27,583.25
338	4,137.49	349	261.80	350	4,399.29	363	1,161.00	364	884.27
Schedule 9									
340	945.00	343	63.00						

Provincial and territorial forms

Form 428										
5609		5804	10,027.00	5812	8,586.00	5824	1,851.50	• 5832	738.48	•
5880	21,202.98	5884	1,072.87	5896	119.64	6150	1,192.51			
Form 479										
6033	75.00	6035	75.00							

3

Enter the amount below on whichever line applies.

Balance owing 485

i2016.2014

T1-2016

Amounts for Spouse or Common-Law Partner and Dependants

Schedule 5

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

Line 303 – Spouse or common-law partner amount

Did your marital status change to other than married or common-law in 2016?
 If **yes**, tick this box ☒ **5522** and enter the date of the change.

Month

Day

Base amount

11,474

00

1

If you are entitled to the **family caregiver amount**, enter \$2,121 (see page 45 in the guide).

5109

+

2

Add lines 1 and 2.

=

11,474

00

3

Spouse's or common-law partner's net income from page 1 of your return

-

0

00

4

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

Enter this amount on line 303 of your Schedule 1.

=

11,474

00

5

Line 305 – Amount for an eligible dependant

Did your marital status change to married or common-law in 2016?
 If **yes**, tick this box ☒ **5529** and enter the date of the change.

Month

Day

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

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

Base amount

11,474

00

1

If you are entitled to the **family caregiver amount**, enter \$2,121 (see page 45 in the guide and read the note below).

5110

+

2

Add lines 1 and 2.

=

3

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

5106

-

4

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

Enter this amount on line 305 of your Schedule 1.

=

5

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

Line 306 – Amount for an infirm dependant aged 18 or older (attach a separate sheet of paper if you need more space)

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

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

Base amount

13,595

00

1

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

-

2

Allowable amount for this dependant: line 1 minus line 2 (if negative, enter "0")

(maximum \$6,788)

=

3

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

Line 315 – Caregiver amount (attach a separate sheet of paper if you need more space)

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

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

Base amount

20,607

00

1

If you are entitled to the **family caregiver amount**, enter \$2,121 (see page 45 in the guide and complete box 5112 below).

+

2

Add lines 1 and 2.

=

3

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

-

4

Line 3 minus line 4 (if negative, enter "0"). If you are entitled to the **family caregiver amount** on line 2, the **maximum amount is \$6,788**. If not, the **maximum is \$4,667**.

=

5

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

-

6

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

=

7

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

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

5112