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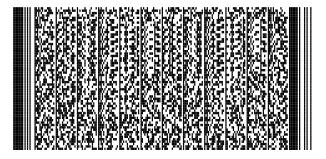
T1 GENERAL -

Canada Revenue Agency Agence du revenu du Canada

Income Tax and Benefit Return

Income Tax and Benefit F	Return CONDENSED 2018
Step 1 – Identification and other information	ON 7
Identification Print your name and address below. First name and initial Mary Anne	Information about you Enter your social insurance number (SIN): 8 7 0 0 0 0 0 0 7
Last name One Mailing address: Apt. No. – Street No. Street name	YearMonthDayEnter your date of birth:19590424Your language of correspondence:EnglishFrançaisVotre langue de correspondance :Image: State
PO Box RR RR 5 RR 5 City Prov./Terr. Postal code Almonte O N K 0 A 1 A 0	Is this return for a deceased person? If this return is for a deceased Year Month Day person, enter the date of death: Marital status
Email address I 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 17 of the guide.	Tick the box that applies to your marital status on December 31, 2018: 1 Married 2 Living common law 3 Widowed 4 Divorced 5 Separated 6 Single
Enter an email address: maryanne@yahoo.ca	Information about your spouse or common-law partner (if you ticked box 1 or 2 above)
Information about your residence Enter your province or territory of residence on December 31, 2018: Ontario If your province or territory of residence Year Month Day changed in 2018, enter the date of Image: Color of the state of the stat	Enter their SIN: 8 7 0 0 0 0 1 1 5 Enter their first name: William Enter their net income for 2018 9,000 00
Is your home address the same as Yes No	Enter the amount of universal child care benefit (UCCB) from line 117 of their return:
Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address:	Enter the amount of UCCB repayment from line 213 of their return: 300 Tick this box if they were self-employed in 2018:
If you were self-employed in 2018, enter the province or territory of self-employment: <u>Ontario</u> If you became or ceased to be a resident of Canada for income tax purposes in 2018, enter the date of: Month Day Month Day entry or departure	Do not use this area





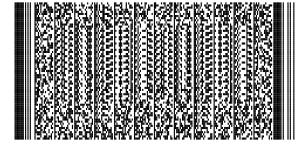


CRA Version

Step 1 – Identification and other information (continued)

Elections Canada (For more information, see "Elections Canada" under Step 1, in the guide.) A) Do you have Canadian citizenship? If yes, go to question B. If no, skip question B.	Yes 🖌 1	No 2				
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 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.						
Please answer the following question						
Did you own or hold specified foreign property where the total cost amount of all such property, 266 Yes 1 at any time in 2018, was more than CAN\$100,000? . 1	No 🖌 2					

If **yes**, get and complete Form T1135, Foreign Income Verification Statement, and complete it to your return. There are substantial penalties for not completing and filing Form T1135 by the due date. For more information, see Form T1135.



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

T1-2018

T1-KFS

Total income

As a resident of Canada, you have to report your income from all sources both inside and outside Canada. When you come to a line on the return that applies to you, go to the line number in the guide for more information.

Employme	ent income							101	9,000 00
Interest ar	nd other investn	nent income			1			121	42,000 00
Commissi	on income		Gross 16	56 51	,800 00		Ne	et 139	28,600 00
						This is you	r total income.	150	79,600 00
Net in									
Pension a	<u> </u>	-llt'				_ 206	1,500 00	207	ممامم
	d pension plan o ion, professiona							207 212	900 00 300 00
	expenses)					212 214	5,400 00
		P contribution	s on self-emplo	wment and o	ther earnings			222	978 80
				<u>, , , , , , , , , , , , , , , , , , , </u>		This is vo	our net income.	236	72,021 20
						11113 13 ye		2001	,
Taxab	le incom	9							
					Т	his is your ta	axable income.	260	72,021 20
Federa	I Schedu	les							
Schedu	le 1								
300	11,809	303	2,809	308	709.15	• 310	978.80	312	149.40 •
335	19,832	338	2,974	350	2,974	352	1	363	1,195
367	2,182								
Cabadu	la 0								
Schedu 5034	709.15	• 5549	9,000						
3034	709.15	- 3347	9,000						
Schedu	le 14								
6010	154	6011	77	6013	3	6014	2		
-									
Forms									
T778									
6794	3,000	6795	7,000	6798	5,400				
Provin	cial and T	erritoria	l forms						
Form 42	28								
5605		5804	10,354	5812	671	5824	709.15	5828	978.80
5832	149.40	• 5880	12,862	5884	649	6097	1	6150	649
6269	3		,- ~ _						
Form 47		- /			_				
6320	1,485.00	• 6325	1	6326	2				

OnBen									
6108	1	6110	2,800	6112	3,000	6114	1	6118	1
6119	1								

Net federal tax: enter the amount from line 61 of Schedule 1			420	0	226	47	
			420	9,	220	4/	
CPP contributions payable on self-employment and other earnings (Complete Schedule 8 or get and complete Form RC381, whichever applies.)		421	<u>+ 1,</u>	957	60		
Employment insurance premiums payable on self-employment and other eligible earnings (CompleteSchedule	ə 13.)		430	+			
Social benefits repayment (amount from line 235)			422				
Provincial or territorial tax			428	+ 4,	783	85	
Add lines 420, 421, 430, 422, and 428. This is your total pay	yable.	<u> </u>	435	= 15,	967	92	•
Total income tax deducted (amounts from all Canadian slips) 437 1,	,450 0	00	•				
Refundable Quebec abatement (See line 440 in the guide.) 440 +			•				
CPP overpayment (See line 308 in the guide.) 448 +			•				
	345 (00	•				
Employment insurance overpayment (See line 312 in the guide.) 450 +			•				
Refundable medical expense supplement (Complete the Worksheet for the return.) 452 +			•				
Working income tax benefit (WITB) (Complete Schedule 6.) 453 +			•				
Refund of investment tax credit (Get and complete Form T2038(IND).) 454 +			•				
Part XII.2 trust tax credit (box 38 of all T3 slips and box 209 of all T5013 slips) 456 +			•				
Employee and partner GST/HST rebate (Get and complete Form GST370.) 457 +			•				
Eligible educator school							
supply tax credit Supplies expenses 468 ×15% = 469 +			•				
Tax paid by instalments 476 +			•				
	485 (00	•				
	,280 (_ 3	280	00	
Line 435 minus line 482 This is your refund or balance					687		
Center the amount be Generally, we do not charge or refund a difference of \$2 or Balance of For more information on how to make your payment, s to Canada.ca/payments. Your payment is d	r less. owing see line	g 48	85_ 5 in	12,68 the guide of	37 9 2 r go	_	
Direct deposit – Enrol or update By providing my banking information I authorize the Receiver General to deposit in the bank account number amounts payable to me by the CRA, until otherwise notified by me. I understand that this authorization will direct deposit authorizations. Branch number 460 Institution number 461 Account number 462 (5 digits) (3 digits)	replac	e all	l of	-			
							ī
Ontario opportunities fundAmount from line 484 aboveYou can help reduce Ontario's debt by completing this area to donate some or all of your 2018 refund to the Ontario opportunities fund. Please see the provincial pages for details.Amount from line 484 above Your donation to the Ontario opportunities fund Net refund (line 1 minus line 2)		465 466				- 1 - •2 - •3	
I certify that the information given on this return and in any documents attached is correct and complete and fully discloses all my income. Sign here It is a serious offence to make a false return. Telephone number: (613) 526 - 4545 Date Date	wing ir				2		
Personal information (including the SIN as a personal identifier) is collected for the purposes of the administration or enforce and related programs and activities. This includes administering benefits, audit, compliance, and collection activities. It may federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this inform payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, recompliant to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to CRA PPU 005 on Info Source at canada.ca/cra-info-source.	y be sha nation n request	ared nay i corre	or v resu ectio	verified with o It in interest on, or file a			

Do not use	407	400		 •	486	•
this area	487	488				

CRA approval number: RC-18-1113

Name: Mary Anne One SIN: 870 000 007

T1-2018

Amounts for Spouse or Common-Law Partner and Dependants

Protected B when completed Schedule 5

Complete this schedule and **attach** it to your return to claim an amount on line 303, 304, 305, or 307 of your Schedule 1. For more information, see the corresponding line number in the Income Tax and Benefit Guide.

Line 303 – Spouse or common-law partr	ner amount	
Did your marital status change to other than marri	ed or common-law in 2018?	
If yes, tick this box 5522 and enter t	the date of the change.	
Base amount		11,809 00 1
If you are entitled to the Canada caregiver amou (see the "Canada caregiver amount" under Step 5	nt for your spouse or common-law partner, enter \$2,182 in the guide and line 304 below). 5109 +	2
Add lines 1 and 2.		11,809 00 3
Spouse's or common-law partner's net income fror	n page 1 of your return	9,000 00 4
Line 3 minus line 4 (if negative, enter "0"). Enter th	is amount on line 303 of your Schedule 1.	2,809 00 5
Line 304 – Canada caregiver amount fo	r spouse or common-law partner, or your eligible dependant age 18 c	or older
Complete this calculation only if you entered \$2, whose net income is between \$7,005 and \$23,3	182 on line 5109 or line 5110 of this schedule for a person 91 .	
Base amount		23,391 00 1
Net income of this person (line 236 of his or her re	turn)	2
Line 1 minus line 2 (if negative, enter "0").	(maximum \$6,986)	3
If you claimed this person on line 303 or 305 of Se	chedule 1, enter the amount you claimed.	. 4
Allowable amount for this person: line 3 minus line Enter this amount on line 304 of your Schedule 1.	e 4 (if negative, enter "0")	5
Line 205 Amount for an oligible depen		
Line 305 – Amount for an eligible depen		
Did your marital status change to married or comm	on-law in 2018? Month Day	
If yes, tick this box 5529 and enter t	he date of the change.	
Provide the requested information and complet	te the following calculation for this dependant.	
First and last name:	Year of birth Relationship to you Is this dependant physically or	
Address:	mentally infirm?	
	Yes No	
Base amount		<u>11,809 00</u> 1
If you are entitled to the Canada caregiver amoun of age), enter \$2,182 (see page 44 in the guide, re	nt for your dependant (other than your infirm child under 18 years ad the note below, and see line 304 above). 5110 +	2
Add lines 1 and 2.	=	3
Dependant's net income (line 236 of his or her retu		4
Line 3 minus line 4 (if negative, enter "0"). Enter th	is amount on line 305 of your Schedule 1.	5
Note: If the dependant is your or your spouse's or claim the Canada caregiver amount on line 3	common-law partner's infirm child under 18 years of age, you must 367, and not on line 5110.	
Line 307 – Canada caregiver amount for (attach a separate sheet if you need more space	other infirm dependants age 18 or older इ)	
Provide the requested information and complet	e the following calculation for each dependant.	
First and last name:	Year of birth Relationship to you	
Address:		
		I
Base amount		
Infirm dependent's not income (line 226 of his or he		23,391 00 1
Infirm dependant's net income (line 236 of his or he		23,391 00 1
Infirm dependant's net income (line 236 of his or he Allowable amount for this dependant: line 1 minus I Enter on line 307 of your Schedule 1 the total amo	ine 2 (if negative, enter "0") (maximum \$6,986)	

See the privacy notice on your return.



Canada Revenue Agence du revenu Agency du Canada

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Statement of Business or Professional Activities

- Use this form to calculate your self-employment business and professional income.
- For each business or profession, fill in a separate Form T2125.
- Fill in this form and send it with your income tax and benefit return.
- For more information on how to fill in this form, see Guide T4002, Self-employed Business, Professional, Commission, Farming, and Fishing Income.

Part 1 - Identification			
Name		Social insurance number(SIN)	
Mary Anne One		8 7 0 0 0	0 0 0 7
Business name		Account Number (15 characters)	
Trillium Agency			
Business address		City, province, or territory	Postal code
4 Acre Street		Ottawa, On	K 4 B 1 J 1
Fiscal period Year Month Day	Year Month Day	Was 2018 your last year of business?	
From: 2 0 1 8 0 1 0 1 To: 2	2 0 1 8 1 2 3 1		Yes No 🗸
Main product or service		Industry code	
		(see the appendix in in Guide T4002)	5 4 1 1 1 0
	Tax shelter identification number	Partnership Business Number	Your percentage of the
(commission only)			partnership %
Name and address of person or firm preparing this form			
Part 2 - Internet business activities	s earn income from? Enter "0" if	none	0
Provide up to five main web page or website addresses, also kr	iown as uniform resource locato	r (URL):	
http://			
http://			
http://			

 http://

 Percentage of your gross income generated from the web pages and websites.

 (If no income was generated from the Internet, enter "0".).

http://

Part 3A - Business income

Fill in this part **only** if you have business income. If you have professional income, leave this part blank and fill in Part 3B. If you have both business and professional income, you have to fill out a separate Form T2125 for each.

Part 3B - Professional income

Fill in this part only if you have professional income. If you have business income, leave this part blank and fill in Part 3A.

If you have both business and professional income, you have to fill out a separate Form T2125 for each.

Note : New rules allow you to include your work in progress (WIP) progressively if you elected to use billed basis accounting for the last tax year that started before March 22, 2017. Generally, for the first tax year that starts after March 21, 2017, you must include 50% of the lesser of the cost and the fair market value of WIP.For more information, see chapter 2 of guide T4002.

— Part 3A – Business income ————————————————————————————————————		
Gross sales, commissions, or fees (include GST/HST collected or collectible)	····· <u> </u>	38,800 00 1
GST/HST, provincial sales tax, returns, allowances, discounts, and GST/HST adjustments (included in amount	1)	2
Subtotal	: Amount 1 minus amount 2	38,800 00 3
If you are using the quick method for GST / HST – Government assistance calculated as follows: GST/HST collected or collectible on sales, commissions and fees eligible for the quick method	4	
GST/HST remitted, calculated on (sales, commissions, and fees eligible for the quick method plus GST/HST collected or collectible) multiplied by the applicable quick method remittance rate	5	
Subtotal	: Amount 4 minus amount 5	6
Adjusted gross sales : Amount 3 plus amount 6 (enter on line 8000 of Part 3C)		38,800 00 7
Aujusted gross sales . Amount 5 plus amount 6 (enter on line 6000 of Part 30)		
Part 3B – Professional income		
Gross professional fees including work-in-progress (WIP) (include GST/HST collected or collectible) GST/HST, provincial sales tax, returns, allowances, discounts, and GST/HST adjustments (included in amount end of the year you elected to exclude	, .	8
		10
	I: Amount 8 minus amount 9	10
If you are using the quick method for GST/HST – Government assistance calculated as follows: GST/HST collected or collectible on professional fees eligible for the quick method	11	
GST/HST remitted, calculated on (professional fees eligible for the quick method plus GST/HST collected or collectible) multiplied by the applicable quick method remittance rate	12	
	Amount 11 minus amount 12	13
		14
Work-in-progress (WIP), start of the year, per election to exclude WIP (see Guide T4002, Chapter 2).		14
Adjusted professional fees : Amount 10 plus amount 13 plus amount 14 (enter on line 8000 of Part 3C)	····· =	15
Part 3C – Gross business or professional income		
Adjusted gross sales (amount 7 of Part 3A) or adjusted professional fees (amount 15 of Part 3B).	8000	38,800 00
Reserves deducted last year 8290		
Other income	13,000 00	
Subtotal : Line 8290 plus line 8230	13,000 00 ▶	13,000 00 16
· · · · · · · · · · · · · · · · · · ·	8299	
Gross business or professional income : Line 8000 plus amount 16	····· — —	<u>51,800 00</u>
business income on line 162		
professional income on line 164		
commission income on line 166		
For Parts 3D, 4, and 5, if GST/HST has been remitted or an input tax credit has been claimed, do not include GS of goods sold, expenses, or net income (loss).	T/HST when you calculate the cost	
— Part 3D – Cost of goods sold and gross profit		
If you have business income, fill in this part. Enter only the business part of the costs.		
Gross business income (line 8299 of Part 3C).		51,800 00 17
0200		i
Opening inventory (include raw materials, goods in process, and inished goods)		
Purchases during the year (net of returns, allowances, and discounts)		
Direct wage costs.		
Subcontracts		
Subtotal : Add the amounts above	18	
8500		
Minus: Closing inventory (include raw materials, goods in process, and finished goods) Cost of goods sold : Amount 18 minus line 8500 8518	<u> </u>	19
Gross profit (or loss) : Amount 17 minus amount 19	8519	51,800 00

Daut 4. Nat in some (lass) hefere adjustmente		Protect	ed B when completed
Part 4 – Net income (loss) before adjustments Gross business or professional income (line 8299 of Part 3C) or Gross profit (line 8519 of Part 3D)			51,800 ∣ 00 а
Expenses (enter only the business part)	I		
Advertising	³⁵²¹ 1,225	00	
8 Meals and entertainment.	³⁵²³ 1,175	00	
8 Bad debts	590		
Insurance	⁶⁹⁰ 1,075	00	
⁸ Interest and bank charges	3710		
8 Business taxes, licences, and memberships	3760		
Office expenses	⁸¹⁰ 1,525	00	
	8811		
Professional fees (includes legal and accounting fees)	860		
⁸ Management and administration fees	871		
Rent	910		
Repairs and maintenance.	960		
⁹ Salaries, wages, and benefits (including employer's contributions)	7,450	00	
9 Property taxes.	180		
	200		
Utilities	2,200	00	
9. Fuel costs (except for motor vehicles)	0224		
9. Delivery, freight, and express	275		
9 Motor vehicle expenses (not including CCA) (amount 15 of Chart A).	4,750	00	
Capital cost allowance (CCA). Enter amount i of Area A minus any personal part and any CCA for business-use-of-home expenses	936 3,800	00	
Other expenses (specify):	270		
	23,200	00 ►	23,200 00 b
Net income (loss) before adjustments : Amount a minus amount b		9369	28,600 00
— Part 5 – Your net income (loss)	00.00	00 0	
Your share of line 9369 or the amount from your T5013 slip, <i>Statement of Partnership Income</i>	28,600	<u>UU</u> C	
Plus: GS1/HS1 repare for partners that was received in the year	28,600	<u> </u>	
Total : Amount c plus line 9974	28,600		28,600 00 d
Minus : Other amounts deductible from your share of the net partnership income (loss) (amount 6 of Part 6)	i)	. 9943	
Net income (loss) after adjustments : Amount d minus line 9943			28,600 00 ^e
Minus :Business-use-of-home expenses (amount 16 of Part 7)		9945	
Your net income (loss) : Amount e minus line 9945		9946	28,600 00
Report the net income amount from line 9946 on the applicable line of your income tax and benefit return a	as indicated below:		
business income on line 135			
professional income on line 137			
commission income on line 139			

Protected B when completed

Expense amounts

Part 6 – Other amounts deductible from	your share of the net	partnership income ((loss)
--	-----------------------	----------------------	--------

Claim expenses you incurred that were not included in the partnership statement of income and expenses, and for which the partnership did not reimburse you. These claims must not be included in the claims already calculated for the partnership. **List details of expenses:**

			3
			4
			5
Total other amounts deductible from your share of the net part		amounts 1 to 5 ine 9943 of Part 5)	6
		,	
— Part 7 – Calculation of business-use-of-home expenses ———		I	
Heat	·····	1	
Electricity.	· · · · · · · · · · · · · · · · · · ·	2	
Insurance	·····	3	
Maintenance	· · · · · · · · · · · · · · · · · · ·	4	
Mortgage interest.	·····	5	
Property taxes.	· · · · · · · · · · · · · · · · · · ·	6	
Other expenses (specify):		7	
Subtotal: /	Add amounts 1 to 7	8	
Minus :Personal-use part of the business-use-of-home expenses		9	
Subtotal: Amount	8 minus amount 9	10	
Plus : Capital cost allowance (business part only), which means amount i of Area A minus CCA that is for personal use or entered on line 9936 of Part 4		11	
Amount carried forward from previous year		12	
	ld amounts 10 to 12	13	
Minus : Net income (loss) after adjustments (amount e of Part 5) (if negative, enter "0")		28,600 00 14	
Business-use-of-home expenses available to carry forward : Amount 13 minus amou (if negative, enter "0")		15	
Allowable claim : The lesser of amount 13 and 14 above (enter your share of this amount	t on line 9945 of Part 5)		16
Part 9 Details of other nerthers			
— Part 8 – Details of other partners Do not fill in this chart if you must file a partnership information return.			
First name of partner Last name	of partner		
Address Prov./Terr. Postal cor	de Share of pet incor	me or (loss) Percentage of	nartnershin

Address			1 0314	Cour				onare of fiel fieldine of (1033)	r creentage of partitership	
				1 1				\$		%
First name of partner			Last na	ame o	of pa	irtne	er	· · · · · · · · · · · · · · · · · · ·		
Address	Prov./	Terr.	Posta	l code	е			Share of net income or (loss)	Percentage of partnership	
				1 1				\$		%
First name of partner			Last na	ame o	of pa	irtne	er	<u> </u>		
Address	Prov./	Terr.	Posta	l code	е			Share of net income or (loss)	Percentage of partnership	
	1			1 1				\$		%
First name of partner			Last na	ame o	of pa	irtne	er	• • • •		
Address	Prov./	Terr.	Posta	l code	е			Share of net income or (loss)	Percentage of partnership	
				1 1				\$		%
First name of partner			Last na	ime o	of pa	irtne	er	• • • •		
Address	Prov./	Terr.	Posta	l code	е			Share of net income or (loss)	Percentage of partnership	
				1 1				\$		%
								r		
Part 9 – Details of equity									0024	
Total husiness liabilities									9931	

Total business liabilities.	9931		
Drawings in 2018	9932	20,000	00
Capital contributions in 2018	9933	75,000	00

Protected B when completed

Area A – Calculation of capital cost allowance (CCA) claim

						<u> </u>
					10	1 Class number
					20,000 00	2 Undepreciated capital cost (UCC) at the start of the year
						3 Cost of additions in the year (see Arrea B and C below)
						2 3 lepreciated Lcost (UCC) ant to year (see Area B and C below) note 1 below note 1 below
						5 Proceeds of dispositions in the year (see Area D and E below)
Total CC ame					20,000 00	6* UCC after additions and dispositions (col. 2 plus col. 3 minus col. 5)
Total CCA claim for the year: Total of column amount i minus any personal part and an						7 Proceeds of dispositions available to reduce additions of AIIP (column 5 minus column 3 plus column 4), If negative, enter "0"
: Total of column 12 sonal part and any CC						B UCC adjustment for current-tyear additions of AIIP (oulumn 4 minus oulumn 7 multiplied by the relevant factor, If negative, enter '0". See note 2 below
I CCA claim for the year: Total of column 12 (enter the amount on line 9936 of Part 4, amount i minus any personal part and any CCA for business-use-of-home expenses **)						Adjustment for current-year additions subject to the half year-rule 1/2 x (col. 3 minus col. 4 minus col. 5). If negative, enter "0."
home expenses **)					20,000 00	10 Base amount for CCA (col. 6 plus col. 8 minus col. 9)
•					0 30	11 CCA %
► <u>3,800 00</u>					3,800 00	12 CCA for the year (col. 10 multiplied by col. 11 or a lower amount)
:					16,200 00	13 UCC at the end of the year (col. 6 minus col. 12)

If you have a negative amount in column 6, add it to income as a recapture in Part 3C on line 8230. If no property is left in the class and there is a positive amount in the column, deduct the amount from income as a terminal loss in Part 4 on line 9270. Recapture and terminal loss do not apply to a class 10.1 property. For more information, read Chapter 3 of Guide T4002.

** For information on CCA for "Calculation of business-use-of-home expenses," see "Special situations" in Guide T4002, Chapter 4. To help you calculate the capital cost allowance daim, see the calculation charts in Areas B to F.

Note 1: Columns 4, 7, and 8 apply only to the accelerated investment incentive properties that became available for use during the year. See proposed Regulation 1104(4) for the definition of accelerated investment incentive property (AIIP) which may apply to certain additions acquired after November 20, 2018.

Note 2: The proposed relevant factors for properties available for use before 2024 are 2 1/3 (class 43.1), 1 (classes 43.2 and 53) and 0.5 for the remaining accelerated investment incentive properties

For more information on accelerated investment income, see Guide T4002 or go to canada.ca/taxes-accelerated-investment-income.

Area B – Details of equipment additions in the year

		-	
-	N	ω	
Class	Property details	Total cost	
number			

Area C – Details of building additions in the year

1 2 Class Property details number
2 Property details

Total equipment additions in the year: Total of column 5

9925

	lumn 5 9927	ar: Total of co	s in the ye	Total of building additions in the year: Total of column 5
5 Business part (column 3 minus column 4)	4 Personal portion (if applicable)	3 Total cost	d d	2 Property details
				z and z is of particular gradients in the year

Protected B when completed

Area D - Details of equipment dispositions in the year

1 Class number	2 Property details	3 Proceeds of disp (should not be r than the capital	more	4 Personal portion (if applicable)	1	5 Business part (column 3 minus column 4)	
Total equipment dispositions in the year: Total of column 5							
Note: If you di	sposed of property in the year, see Chapter 3 of Guide T4002 for information about your proceeds of	disposition.		9	926		

Area E – Details of building dispositions in the year

1 Class number	2 Property details	3 Proceeds of disp (should not be r than the capital	nore	4 Personal portion (if applicable	9)	5 Business part (column 3 minus column 4)	
	Total building dispositions	s in the year: T	otal of	column 5	9928		

Total building dispositions in the year: Total of column 5

Note : If you disposed of property in the year, see Chapter 3 of Guide T4002 for information about your proceeds of disposition.

Area F - Land additions and dispositions in the year

Total cost of all land additions in the year	9923
Total proceeds from all land dispositions in the year	9924
Note: You cannot claim capital cost allowance on land.	

·	Vehicle 1	Vehicle 2
er the kilometres you drove in the tax year to earn business income	10000	
er the total kilometres you drove in the tax year	20000	
Fuel and oil	6,000 00	1
Interest (see Chart B below)		
Insurance	500 00	
Licence and registration		
Maintenance and repairs	3,000 00	
Leasing (see Chart C below)		
Other expenses (please specify)		
Total motor vehicle expenses: Add lines 3 to 10	9,500 00	
Business-use part: $\left(\frac{\text{line 1}}{\text{line 2}}\right) X$ line 11	= 4,750 00	
Business Parking Fees		
Supplementary Business Insurance		
Add lines 12, 13, and 14	4,750 00	
Allowable motor vehicle expenses : Enter the amount of line 15 on line 9281 on page 2		4,750 00

— Chart B – Available interest expense for passenger vehicles — Total interest payable (accrual method) or	Vehicle 1		Vehicle 2	
paid (cash method) in the fiscal period				A
The number of days in the fiscal period for which interest was payable (accrual method) or paid (cash method)	\$ 10 0	\$	10 0	ii
Line i x line ii				B
Available interest expense: amount A or B , whichever is less (enter this amount on line 4 of Chart A)	\$	_ \$_		_

— Chart C – Eligible leasing costs for passenger vehicles	Vehicle 1	Vehicle 2	
Total lease charges incurred in your 2018 fiscal period for the vehicle			1
Total lease payments deducted before your 2018 fiscal period for the vehicle			2
Total number of days the vehicle was leased in your 2018 and previous fiscal periods	I	- ·	3
Manufacturer's list price			4
The amount on line 4 or (\$35,294 * + GST and PST, or HST on \$35,294), whichever is more			i
-	× 85 %	× 85 %	
Line i x 85%			5
_((\$800 * + GST and PST, or HST on \$800) × line 3]			ii
30			
Line ii – line 2:			6
_((\$30,000 * + GST and PST, or HST on \$30,000) × line 1] =			7
line 5			
Eligible leasing cost : line 6 or 7, whichever is less		\$	
(Enter this amount on line 8 of Chart A above.)			
* Use a GST rate of 5% or HST rate applicable to your province.			