

SAMPLE 1: MPAC STATEMENT **Property Assessment Change Notice** MUNICIPAL PROPERTY ASSESSMENT CORPORATION SOCIÉTÉ DÉVALATION FONCÉRE DES MUNEERALITÉS Questions? Please include your roll number with your enquiry. Call 1 866 296-MPAC (6722) 1 877 889-MPAC (6722) TTY 1234567890 Monday to Friday - 8 a.m. to 5 p.m. SMITH JACOB SMITH ELIZABETH 200 MAIN STREET Web www.mpac.ca Write P.O. Box 9808, Toronto, ON M1S 5T9 ANYWHERE ON A18 2C3 If you have any accessibility needs, please contact MPAC for assistance. This Property Assessment Change Notice is not a property tax bill. Why you are receiving this Property Assessment Change Notice You are receiving this Notice because changes have been made to the assessed value, classification or tax liability of your property or a portion of it. MPAC is required to issue a Notice when changes are made to a property that were not part of a previous assessment, such as a renovation or addition.

SAMPLE 2: NOA

May 12.	2009	Name		Social insurance no.	Tax year 2008	Tax centre Surrey B0	V3T 5E1
may rot				Summary	1		01
Line	Sec. Ac		Descri	ption			\$ Amount
150 To	tal i	ncome					84,045
De	ducti	ons fr	om total inco	me			12,894
236 Ne	t inc	come					71,151
260 Ta	xable	e incom	e				71,151
	tal f		non-refundab	le			2,006
6150 To no	tal E	British Sundabl	Columbia e tax credits				604
420 Ne	et fed	ieral t	ax				10,994.51
428 Ne	et Bri	tish C	Columbia tax .				3,981.11
435 To	tal p	bayable	•				14,975.62
437 To	otal i	income	tax deducted		-		14,396.32
486 Pa	yment	t on fi	ling				579.30
482 To	otal o	credits	3				14,975.62
(T	Cotal	payabl	le				0.00
Ba	alance	e from	t		<i>」</i>		0.00
			househ	lest a copy fron old members w 6 years or older	<mark>/ho</mark> ar	e	
			Com	winiam v. baker missioner of Revenue			
Date May 19, 2	2009	Name		missioner of Revenue Social insurance no.	Tax year 2008	Tax centre Surrey BC	V3T 5E1
May 19, 2			2009 RRSP De	missioner of Revenue Social insurance no.	2008	Surrey BC	V3T 5E1
May 19, 2 The back of	this notice	contains imp	2009 RRSP Der ortant information. Amounts	missioner of Revenue Social insurance no.	2008	Surrey BC	
May 19, 2 The back of RRSP dea	this notice duction I	contains imp	2009 RRSP De	Social insurance no. Social insurance no. Juction Limit Statement marked with an asterisk(") cannot br	2008	Surrey BC	284
May 19, 2 The back of RRSP dee Minus: A	this notice duction I Illowable	contains imp limit for 200 RRSP co	2009 RRSP Dev extrant information. Amounts	Social insurance no. Social insurance no. Social insurance no. Social insurance no. Social insurance no.	2008	Surrey BC aro. \$17, \$12,	284
May 19, 2 The back of RRSP dea Minus: A Unused R Plus: 189	this notice duction I Illowable RSP de % of 200	contains imp limit for 200 RRSP co duction lim 8 earned in	2009 RRSP Decortant information. Amounts 08	Social insurance no. Social insurance no. Social insurance no. Social insurance no. Social insurance no. Social insurance no. Social insurance no.	2008 e less than ze \$14,42	Surrey BC aro. \$17, \$12, \$4, 15	284 <u>894</u> 390
May 19, 2 The back of RRSP dea Minus: A Unused R Plus: 189	this notice duction I Illowable RSP de % of 200	contains imp limit for 200 RRSP co duction lim 8 earned in	2009 RRSP Decortant information. Amounts 08	Social insurance no.	2008 e less than ze \$14,42	Surrey BC aro. \$17, \$12, \$4, 15 \$0 \$14,	284 <u>894</u> 390 <u>415</u>
May 19, 2 The back of RRSP dee Minus: A Unused R Plus: 189 Min Minus: 20	this notice duction I llowable RRSP de & of 200 nus: 200 009 net	contains imp limit for 200 RRSP co duction lim 8 earned in 8 pension past service	2009 RRSP Der ortant information. Amounts D8	Social insurance no. Social insurance no. Social insurance no. Social insurance no. Social insurance no. Social insurance no. Social insurance no.	2008 e less than zo \$14,41	Surrey BC aro. \$17, \$12, \$4, 15	284 <u>894</u> 390 <u>415</u>

SAMPLE 3: 1	<u> 1 GENERAL</u>
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Canada Rave Agency	anue Agence du ravanu du Canada			T1 GENERAL 2007
		Income Tax	and Benefit Ret	um
Identification				7
First name and initial				Information about you
			Enter your social insura	nce number (SIN):
Lastname				Year Month Day
-	Discribio Discrimente		Enter your site of bith:	English Eranaia
Mailing address: Apt r	No-Street No Street name		Yourian unter corres	pondence: English Français
				s to your marital status on December 31, 2007:
PO Box	RR			Living common-law 3 Widowed
		-		Separated 6 Single
City		Provide the	first 4 nages	ation about your spouse or
Prov /Terr, Postal c	ode	i tovide the	inst 4 pages	rtner (if you checked box 1 or 2 above)
		-		
Inf	ormation about your re	esidence	Enter his or her net inco	
Enter your province or I residence on December		h Columbia	2007 to claim certain cre	
	mitory where you currently	the second s	Enter the amount of Unit included in his or her net	versal Child Care Benefit t income above:

SAMPLE 4: T2 Corporation Income Tax

	tion Income Tax Return Code 1601 and later tax years) Protected B when completed
This form serves as a federal, provincial, and territorial corporation in Quebec or Alberta. If the corporation is located in one of these provin corporation return. All legislative references on this return are to the federal <i>Income Tax</i> contain changes that had not yet become law at the time of publication	Act and Income Tax Legulations. This return may 055 Do not use this area
Send one completed copy of this return, including shared in the transition of the sender of the send	(GIFI), to your h's tax year.
Identification Business number (BN) Corporation's name O02	vide all 9 pages
Address of head office Has this address changed since the last time we were notified?	O60 Year Month Day Has there been an acquisition of control res plication of suit since the tax year sta O63 1 Yes 2 No

SAMPLE 5: T2 SCHEDULE 50

	Name of corporation			Business Number	Tax ye Year	er-end Month Day
AI	Il private corporations must complete this schedule for any shareholder who holds 10%	or more of the corporat	ion's common and/or pr	eferred shares.	_	
_		Provide	only one number per sha	reholder		
	Name of shareholder (after name, indicate in brackets if the shareholder is a corporation, partnership, individual, or frust)	Business Number (If a corporation is not registered, enter "NR")	Social insurance number	Trust number	Percentage common shares	Percentage preferred shares
	100	200	300	350	400	500
-						

Page **3** of **3**

SAMPLE 6: T2 SCHEDULE 125

Canada Revenue Agence du revenu Agency du Canada	INCOME STATEMENT INFORMATION (2010 and later tax years)	SCHEDULE 125 Code 1001
Name of corporation	B	r Tax year-end Year Month Day
 Use this schedule to report the corporation's incom For more information, see Guide RC4088, General 		T2 Corporation - Income Tax Guide.
If there is not enough space, attach more schedule	Provide all 4 pages	
0001 Operating name		0003 ** Sequence number 01
Non-farming revenue	Non-farming expenses	Non-farming expenses

SAMPLE 7: T5 Statement of Investment Income

1	Dividends from Canadia	an corporations -	- Dividender	s de sociétés cana		-	e placement	Année		en completed	and lois fem
24	Actual amount of eligib	ale dividends	25 Taxa	able amount of eligi	ible dividends	26 Dividend	tax credit for eligible dividends	13 Interest from	Canadian sources	18 Capital ga	ins dividends
	Montant réel des dividende	es déterminés	Monta	ant imposable des o déterminés	dividendes	Crédit d'impôt po	ur dividendes déterminés	Intérêts de sou	rce canadienne	Dividendes sur	r gains en capital
10	Actual amount of d other than eligible d			Taxable amount of other than eligible of			ax credit for dividends in eligible dividends	21 Report Code	22 Recipient ide	entification number	23 Recipient ty
	Montant réel des div autres que des dividende	videndes as déterminés	Monta	ant imposable des o que des dividendes	dividendes s déterminés	Crédit d'im autres que des	oot pour dividendes dividendes déterminés	Code du feuillet	Numéro d'identific	ation du bénéficiaire	Type de bénéficiai
	Other information (see the back) Autres renseignement (voir au verso)		x / Case		/ Montant		c/Case Amo	ount / Montant	Box / Ca		t / Montant
R	Recipient's name (last na	ame first) and	i address	– Nom, prénom) et adresse (du bénéficiaire		Payer's name an	d address – Nom e	et adresse du paye	ur
R	Recipient's name (last n	ame first) anc	1 address	– Nom, prénom	n et adresse	du bénéficiaire		Payer's name an	d address – Norn e	et adresse du paye	ur
Currer Codes	Recipient's name (last na ency and identification o es de devise et d'identifi personal information bank	codes ication	. 27 [Fo Dev	reign currency	28 5	nsit – Succursale	Numéro	Recipient account	Fo Four o	or information obtenir des re	, see the bac nseignemen lisez le vers

SAMPLE 8: T2125 SOBA

Canada Revenue Agence du revenu Agency du Canada		Protected B when completed
Stateme	ent of Business or Professional A	ctivities
 This form is used to help calculate self-employed For each business or profession, fill out a separa Fill out this form and send it with your income tax For more information on how to fill out this form, 		
Business name	Provide all 6 pages	number (SIN)
Business address		ce or territory
Fiscal period Year Month Day From:	Year	last year of business? Yes No