Tax Return Summary for Tax Year 2007

Name	: _	LISA S SIXTY	
Telephone	:	(902) 2319621	

Summary:

Employment Income	83250.00
Rental Income	-1999.80
Self-Employment Income	
Total Income	88750.20
Net Income	85500.20
Taxable Income	85500.20
Total Tax Payable	22675.16
Tax Already Deducted	22750.00
Average Tax Rate	25.55 %
Balance Due (or Refund as negative amount)	-459 . 44

Benefit Summary and Carry-forward Items

Subject	Amount	Carry-forward Subject	Amount
GST Rebate		Unused RRSP	
(estimate)		Unused Fed. Tuition	
CCTB Benefit		Unused Prov. Tuition	
(estimate)		Capital Loss	
		Unused Moving Exp.	

Prepared by:	Phone: ()
1		

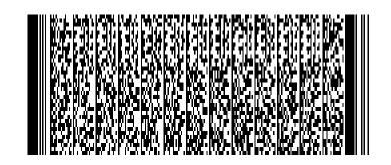
Canada Revenue Agence du revenu du Canada

T1 GENERAL 2007

Income Tax and Benefit Return

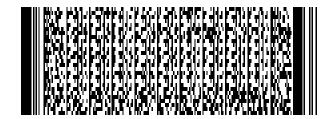
Complete all the sections that apply to you in order to benefit from amounts to which you are entitled

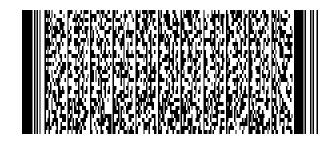
dentification			NS 7
			Information about you
Attach your personal label has lif you are not attaching a labe			Enter your social insurance number (SIN) if you are not attaching a label:
First name and initial			Year Month Day
LISA S			Enter your date of birth: 1 9 5 0 0 2 2 2
Last name			Your language of correspondence: English Français
SIXTY			Votre langue de correspondance :
Mailing address: Apt No - Street N	No Street name		Check the box that applies to your marital status on December 31, 2007
60 BIRCH AVE			(see the "Marital status" section in the guide for details)
PO Box	RR		1 Married 2 Living common-law 3 Widowed
			4 Divorced 5 X Separated 6 Single
City	Prov./Terr.	Postal code	
HALIFAX	N_1S	B ₁ 3 ₁ R ₂₁ K ₁ 9	Information about your spouse or
			common-law partner (if you checked box 1 or 2 above)
			Enter his or her SIN if it is not on the label, or if you are not attaching a label:
lu (a mara di a mara		-1-1	are not attaching a label: \[\begin{align*} 0 & 1 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \end{array} \] \[\begin{align*} 0 & 1 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \end{array} \]
Information at	out your re	sidence	Enter his or her first name:
			Enter his or her hist hame. Enter his or her net income for 2007 to claim certain credits
Enter your province or territory of residence on December 31, 2007 :	NOVA SCO	ΤΙΔ	(see the guide for details):
coldenies on Describer 31, 2007.	110 171 000	T I/A	Enter the amount of Universal Child Care Benefit included in his or
			her net income above (see the guide for details): 000
Enter the province or territory where	you currently re	side if	
t is not the same as that shown above for your mailing address:	N/A		Enter the amount of Universal Child Care Benefit repayment included
			on line 213 of his or her return (see the guide for details):
f you were self-employed in 2007,			(see the guide for details).
enter the province or territory of self-employment:	N/A		Check this box if he or she was self-employed in 2007:
		_	
f you became or ceased to be a res	sident of Canada	a in 2007, give the date of:	Person deceased in 2007
Month Day		Month Day	If this return is for a deceased Year Month Day
entry	or de	eparture	person, enter the date of death:
Cital y			Do not use this area



Do not 472		171		
use this area		171		

Elections Canada	
A) Are you a Canadian citizen? Yes X 1	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 for the National Register of Electors?	No X 2
Goods and services tax/harmonized sales tax (GST/HST) credit application	
See the guide for details.	
Are you applying for the GST/HST credit?	No X 2
Please answer the following question:	
Did you own or hold foreign property at any time in 2007 with a total cost of more than CAN\$100,000? (read the "Foreign income" section in the guide for details)	
If you had dealings with a non-resident trust or corporation in 2007, see the "Foreign income" section in the guide.	







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.

Your guide contains valuable information to help you complete your return. When you come to a line on the return that applies to you, look up the line number in the guide for more information.

As a Canadian resident, you have to report your income from all sources both inside and outside Canada.

Total income

Employment income (box 14 or	n all T4 slips)			101	83250 00
	404 (L. 40. L.T.4 L.)	100			
Commissions included on line	101 (box 42 on all 14 slips)	102		104	
Other employment income	10 11 711(010) !!)			_104 <u>+</u>	
Old Age Security pension (box				113+	
CPP or QPP benefits (box 20 c				_114 <u>+</u>	
Disability benefits included on I	ine 114				
(box 16 on the T4A(P) slip)		152			
Other pensions or superannua				_115 <u>+</u>	
Elected split-pension amount (s		rm T1032)		_116 <u>+</u>	
Universal Child Care Benefit (s	<u> </u>			_117 <u>+</u>	
Employment Insurance and oth	er benefits (box 14 on the T	4E slip)		_119 <u>+</u>	
Taxable amount of dividends (e	eligible and other than eligible	le) from taxa	able		
Canadian corporations (see the	guide and attach Schedule	e 4)		120+	
Taxable amount of dividends o					
included on line 120, from taxa	ble Canadian corporations	180			
Interest and other investment in	ncome (attach Schedule 4)			121+	
Net partnership income: limited	or non-active partners only	(attach Sch	nedule 4)	122+	
Rental income	Gross 160 27400	000	Ne	t 126+	-199980
Taxable capital gains (attach S	Schedule 3)			127+	
Support payments received	Total 156		Taxable amoun	t 128+	
RRSP income (from all T4RSP	slips)			129+	
Other income Speci	fy:			130+	7500 00
Self-employment income (see I	lines 135 to 143 in the guide)			
Business income	Gross 162		Ne	t 135+	
Professional income	Gross 164		Ne	t 137+	
Commission income	Gross 166		Ne	t 139+	
Farming income	Gross 168			t 141+	
Fishing income	Gross 170			t 143+	
<u> </u>	<u> </u>			<u> </u>	
Workers' compensation benefit	s (box 10 on the T5007 slip)	144			
Social assistance payments	<u> </u>	145+			
ecolar acolorarios paymonto					
Net federal supplements (box 2	21 on the T4A(OAS) slin)	146+			
Ttot Todoral Supplements (box 2	Add lines 144, 145, and 1				
	(see line 250 in the guid		000	- 147 +	000
-			4 to 143, and 147		000
	Add III				0075000
		THIS IS YO	ur total income	. 130=	88750 20

Pension adjustment (box 52 on all T4 slips and box 34 on all T4A slips)	Enter your total income from line 150.			150	88750 20
Registered pension plan deduction (box 20 on all T4 slips and box 32 on all T4A slips) 207 RRSP deduction (see Schedule 7 and attach receipts) 208 +	Pension adjustment				
RRSP deduction (see Schedule 7 and attach receipts) 208 +					
RRSP deduction (see Schedule 7 and attach receipts) 208 +	Registered pension plan deduction (box 20 on all T4 slips and box 32 on all T4A slips)	207			
Saskatchewan Pension Plan deduction (maximum \$600) 209 + Deduction for elected split-pension amount (see the guide and attach Form T1032) 210 + Annual union, professional, or like dues (box 44 on all T4 slips, and receipts) 212 + Universal Child Care Benefit repayment (box 12 on all RC62 slips) 213 + Child care expenses (attach Form T178) 214 + Disability supports deduction 215 + Business investment loss Gross 228 Allowable deduction 217 + Moving expenses 219 + Support payments made Total 230 Allowable deduction 220 + Carrying charges and interest expenses (attach Schedule 4) 221 + Deduction for CPP or QPP contributions on self-employment and other earnings (attach Schedule 8) 222 + Exploration and development expenses (attach Form T1229) 224 + Other employment expenses 229 + 3250 00 Clergy residence deduction 231 + Other deductions Specify: 232 + Line 150 minus line 233 (if negative, enter "0"). This is your net income before adjustments. 234 = 85500/20 Social benefits repayment (if you reported income on line 113, 119, or 146, see line 235 in the guide) Use the federal worksheet to calculate your repayment. 235 - Line 234 minus line 235 (if negative, enter "0"). If you have a spouse or common-law partner, see line 236 in the guide. This is your net income. 236 - Employee home relocation loan deduction (box 43 on all T4 slips) 244 - Employee home relocation loan deduction (box 37 on all T4 slips) 244 - Employee home relocation loan deduction (box 37 on all T4 slips) 249 - Cher payments deductions (16 your reported income on line 147, see line 250 in the guide) 250 - Line 231 minus line 235 (if negative, enter "0"). If you have a spouse or common-law partner, see line 236 in the guide. This is your net income. 236 - Employee home relocation loan deduction (box 43 on all T4 slips) 244 - Employee home relocation loan deduction (box 37 on all T4 slips) 245 - Employee home relocation loan deduction (box 37 on all T4 slips) 246 - Employee home relocation loan deduction (box 37 on all T4 sl					
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Child care expenses (attach Form T778) 214 + Disability supports deduction 215 + Business investment loss Gross 228 Allowable deduction 217 + Moving expenses 219 + Support payments made Total 230 Allowable deduction 220 + Carrying charges and interest expenses (attach Schedule 4) 221 + Deduction for CPP or OPP contributions on self-employment and other earnings (attach Schedule 8) 222 + Exploration and development expenses (attach Form T1229) 224 + Other employment expenses 229 + 3250 00	Annual union, professional, or like dues (box 44 on all T4 slips, and receipts)	212+			
Child care expenses (attach Form T778) 214 + Disability supports deduction 215 + Business investment loss Gross 228 Allowable deduction 217 + Moving expenses 219 + Support payments made Total 230 Allowable deduction 220 + Carrying charges and interest expenses (attach Schedule 4) 221 + Deduction for CPP or OPP contributions on self-employment and other earnings (attach Schedule 8) 222 + Exploration and development expenses (attach Form T1229) 224 + Other employment expenses 229 + 3250 00	Universal Child Care Benefit repayment (box 12 on all RC62 slips)	213+			
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Support payments made					
Support payments made	Business investment loss Gross 228 Allowable deduction				
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Exploration and development expenses (attach Form T1229) 224 +					
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Other payments deduction (if you reported income on line 147, see line 250 in the guide) Limited partnership losses of other years Non-capital losses of other years 251 + Net capital losses of other years Capital gains deduction 254 + Northern residents deductions (attach Form T2222) Additional deductions Specify: Add lines 244 to 256. 257 = 000 Line 236 minus line 257 (if negative, enter "0")					
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Line 236 minus line 257 (if negative, enter "0")				00	oloo
·					000
			-		8550020

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

Privacy Act Personal Information Bank number CRA/P-PU-005

Complete Step 1 to claim your federal non-refundable tax credits, Step 2 to calculate your federal tax on taxable income and Step 3 to calculate your net federal tax.

You must attach a copy of this schedule to your return.

Step 1 - Federal non-refundable tax credits (For details, read the related lines in the guide.)

Basic personal amount	claim \$9,600 300	9600	00	1
Age amount (if you were born in 1942 or earlier) (use federal worksheet)	(maximum \$5,177) 301 +	-	<u> </u>	2
Spouse or common-law partner amount (if negative, enter "0")			1	_
\$9,600 minus (his or her net income from page 1.50 minus (his or	age 1 of your return) = <u>303</u> +	-	<u> </u>	3
Amount for an eligible dependant (attach schedule 5) (if negative, enter "0")				
	s or her net income) = 305+		Ь—	4
Amount for children born in 1990 or later Number of children 366	x \$2,000 = 367 +	-	Ь—	5
Amount for infirm domaindonts and 10 ar alder (too federal workshoot and attack Co	badula 5) 206 i			_
Amount for infirm dependants age 18 or older (use federal worksheet and attach Sc CPP or QPP contributions:	hedule 5) 306+	-	 	6
	(maximum \$1,989.90) 308 +	1000	00	• 7
on self-employment and other earnings (attach Schedule 8)	+ 310 (maximum \$1,969.90)		90	• 8
Employment Insurance premiums from box 18 and box 55 on all T4 slips	(maximum \$720.00) 312+		ΛΛ	• 9
Canada employment amount	(maximum \$1,000) 363+			10
Public transit amount	364+		00	11
Children's fitness amount	365+			12
Adoption expenses	313+			13
Pension income amount (use federal worksheet)	(maximum \$2,000) 314+			14
Caregiver amount (use federal worksheet and attach Schedule 5)	315+			15
Disability amount (for self) (claim \$6,890 or if you were under age 18, use federal wo				16
	,			1
Disability amount transferred from a dependant (use federal worksheet)	318+	-	1	17
Interest paid on your student loans	319 +	-		18
Tuition, education, and textbook amounts (attach Schedule 11)	323 +	-		19
Tuition, education, and textbook amounts transferred from a child	324 +	3000	00	20
Amounts transferred from your spouse or common-law partner (attach Schedule 2)	326 +	-		21
Medical expenses for self, spouse or common-law partner, and your				
dependent children born in 1990 or later 330				
Minus: \$1,926 or 3% of line 236, whichever is less	<u> </u>			
Cabiciai (ii negative, enter e)	= 000 (A)			
Allowable amount of medical expenses for other dependants	(2)			
(see the calculation at line 331 in the guide and attach Schedule 5) 331		_	l	
Add lines (A) and (B).	= 000 > 332 +		• •	22
	Add lines 1 to 22. 335 =	16309	90	23
Multiply the emount	on line 23 by 15%, 338=	2446	40	24
Donations and gifts (attach Schedule 9)	on line 23 by 15%. 536=		40	24 25
Donations and gins (attach Schedule 3)	349 T			
Total federal non-refundable tax credits	s: add lines 24 and 25 350 =	= 2446	12	26
Total federal non-refullidable tax credits	. add iiiles 24 and 25. 550	2440	+0	120

Step 2 – Federal tax on taxable income

otop 2 i odorar tax on taxable in						
Enter your taxable income from line 260 of you	r return.			85500 20 27	•	
Use the amount on line 27 to determine which ONE of the following columns you	If line 27 is \$37,178 or less 0 0, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If line 27 is more than \$37,178 but not more than \$74,357 - 37,17800 = × 22% = + 5,57700	If line 2 than \$7 not m \$12	27 is more 74,357 but ore than 20,887 85500 20 3 5 7 0 0 11143 20 26% 2897 23 7 5 6 0 0	If line 27 is a than \$120,	887 28 7 0 0 29 30 29% 31 32
Step 3 – Net federal tax						
Enter the amount from line 34 above.				16653 23 35		
Federal tax on split income (from line 5 of Form	T1206)	Add lines 35 and 36	424 + . 404 =	1665323 ►		53 23 37
Enter the amount from line 26 on the other side. Federal dividend tax credit (see line 425 in the g Overseas employment tax credit (attach Form T Minimum tax carryover (attach Form T691)	·		350 425 + 426 + 427 +	2446 48 38 • 3 • 40	39 39 11	
	Racio fodoral tav	Add lines 38 to 41 : line 37 minus line 4		2446 48 • • • • • • • • • • • • • • • • • •		16 48 42 16 75 43
	Dasic leuerar tax	. IIIIe 37 milius IIIIe 4	2 (II liegative	<u>, enter 0) </u> 42:	3 <u>- 1420</u>	10 75 43
Federal foreign tax credit (attach Form T2209)				40	5 <u>– </u>	44
	Federal tax	: line 43 minus line 4	4 (if negative	, enter "0") 40	6 <u>= 1420</u>	06 75 45
Total federal political contributions (attach recei	pts) 409					
Federal political contribution tax credit (use fed Investment tax credit (attach Form T2038(IND)) Labour-sponsored funds tax credit			410 412 +	810 00 • 4	-	
Net cost 413		Allowable credi		• 4	-	
	(if you have an	Add lines 46 to 48 Line 45 minus line 4 amount on line 36 a	9 (if negative	, enter "0")		10 00 49 96 75 50
Additional tax on RESP accumulated income pa	Net federal tax: a	rm T1172) add lines 50 and 51. Enter this amount on	line 420 of y	our return. 42		51 9675 52

Go to Step 2 on the next page 🖒



Nova Scotia Tax and Credits

Complete this form and **attach a copy** of it to your return. For details, see the forms book.

Step 1 – Nova Scotia non-refundable tax credits

	For internal use only 5602			
Basic personal amount	claim \$7,481 5804	7481 00	1	
Age amount (if born in 1942 or earlier) (use	e provincial worksheet) 5808 +		2	
Spouse or common-law partner amount				
Base amount 6,987 0 0				
Minus: his or her net income				
from page 1 of your return				
Result: (if negative, enter "0") = 0 00 (maximum \$6,352) > 5812 +	0 00	3	
Amount for an eligible dependant (use	e provincial worksheet) 5816 +		4	
Amount for infirm dependants age 18 or older (use	e provincial worksheet) 5820 +		5	
	823 in the forms book)			
(complete the chart on the last page) Number of months 6372	× \$100 = 5823 +		6	
Canada Pension Plan or Quebec Pension Plan contributions:				
(amount from line 308 of yo	our federal Schedule 1) 5824 +	1989 90	• 7	
(amount from line 310 of yo	our federal Schedule 1) 5828 +		• 8	
Employment Insurance premiums (amount from line 312 of yo	our federal Schedule 1) 5832 +	720 00	• 9	
Pension income amount (maximum \$1,035) (see line 5	836 in the forms book) 5836 +		10	
Caregiver amount (use	e provincial worksheet) 5840 +		11	
Disability amount (for self) (see line 5	844 in the forms book) 5844 +		12	
Disability amount transferred from a dependant (use	e provincial worksheet) 5848 +	0 00	13	
Sport and recreational expenses for children (see line 5	849 in the forms book) 5849 +		14	
Interest paid on your student loans (amount from line 319 of your	our federal Schedule 1) 5852 +		15	
	ch Schedule NS(S11)] 5856 +		16	
Tuition and education amounts transferred from a child	5860 +	3000 00	17	
Amounts transferred from your spouse or common-law partner	[attach Schedule NS(S2)] 5864 +		18	
Medical expenses from line 330 of your federal Schedule 1 5868	0 00 19			
Enter \$1,637 or 3% of net income	000			
from line 236 of your return, whichever is less	- 1637 ₀₀ 20			
Line 19 minus line 20 (if negative, enter "0")	= 21			
Allowable amount of medical expenses for other dependants				
calculated for line 5872 on the <i>Provincial Worksheet</i> 5872	+ 22			
Add lines 21 and 22 5876		000	23	
Add lines 1 through 18, and line 23	5880 =	1319090	D	13190 90 24
Non-refundable tax credit rate		1010000	×	8.79% 25
Multiply line 24 by line 25			5884 =	1159 48 26
Donations and gifts:				
Amount from line 345 of your federal Schedule 9	× 8.79% =		27	
Amount from line 347 of your federal Schedule 9	× 17.5% = +		28	
Add lines 27 and 28	5896 =	0 00	+	0 00 29
Add lines 26 and 29				
Enter this amount on line 42	Nova Scotia non-refundable	e tax credits	6150 =	1159 48 30
			•	

Step 2 - Nova Scotia tax on taxable income

Enter your taxable incom	e from line 260 of your	return							85500	20	31
Use the amount on line 3° of the following columns y	ou have to complete.	o complete. If line 31 is \$29,590 or less If line 31 is more than than \$59,180, but not than \$59,180, but n									
Enter the amount from line column	e 31 in the applicable		ı	ulair		·	0020		l	22	
Column	_	_ 0	00	20	9,590 00		80 00	_	93,000	00	32 33
Line 32 minus line 33 (car	anot he negative)		00	= 2	9,390 00		20 20	=	93,000	00	34
Eine oz minas iine oo (car	mot be negative)	× 8.79	%	×	14.95%		67%	×	17.5°	%	35
Multiply line 34 by line 35		= 0.70		=	11.0070		87 58	=	17.0	T	36
		+ 0	00	+ 2	2,601 00		25 00	+	12,662	00	37
	Nova Scotia tax				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,0			,		
Add lines 36 and 37	on taxable income	=		-		= 114	1258	=			38
-	_	Go to Step 3	<u> </u>	Go to	Step 3	Go to Ste			Go to Step 3	3	
Step 3 – Nova Sc	otia tax										
•		I' 00 -b								J	20
Enter your Nova Scotia ta			T4	000			CAL	71 .	11412	58	39
Enter your Nova Scotia ta	x on split income, if app	licable, from For	m i i	206			615				• 40
Add lines 39 and 40								=	11412	158	41
Enter your Neve Coetie ne	on refundable toy eredite	a from line 20				4450	40 40				
Enter your Nova Scotia no Nova Scotia dividend tax		s irom line 30				1159	48 42				
Credit calculated for line		Worksheet			6152 +		• 43	,			
Nova Scotia overseas em		VVOINSHEEL			0102			,			
Amount from line 426 of				× 57.5%	= 6153 +		• 44	1			
Nova Scotia minimum tax				× 37.370	0100			•			
Amount from line 427 of	•			× 57.5%	= 6154 +		• 4	5			
Add lines 42 through 45	Todoral Concado 1			07.070	010-7	1159			1159	10	46
Line 41 minus line 46 (if n	egative enter "0")				_ =	1139	+0	=	10253		47
Nova Scotia additional tax		S68.						_	10233	10	7,
Amount from line 116 of				× 57.5%	=			+			48
Add lines 47 and 48				0070					10253	10	49
Nova Scotia surtax:									10200	, 10	
(Amount from line 49	10253 10 r	minus \$10,000)	x 10°	% (if negat	ive. enter "()")		+	25	31	50
Add lines 49 and 50	10200 10				,	,		=	10278		51
Enter the provincial foreig	n tax credit from Form T	T2036							10210		52
Line 51 minus line 52								=	10278	41	53

Nova Scotia low-income tax reduction

If you had a spouse or common-law partner on December 31, 2007, you have to agree on who will claim the tax reduction as only one of you can make this claim for your family.

Adjusted family income for the calculation of the Nova Scotia low-income tax reduction	Column 1 You	Column 2 Your spouse or common-law partner
Enter the net income amount from line 236 of the return	8550020	54
Universal Child Care Benefit repayment		
Enter the amount from line 213 of the return	+ 5	55 + 55
Add lines 54 and 55	= 8550020	56
Universal Child Care Benefit income		
Enter the amount from line 117 of the return		57 — 57
Line 56 minus line 57 (if negative, enter "0")	= 8550020	58 = 58
Add the amounts from line 58 in column 1 and column 2, if applicable Enter the amount on line 66 on the next page	Adjusted family income	<u>85500 20</u> 59

asic reduction eduction for your spouse or common-law partner					
)		_	10278.41 6
eduction for your spouse or common-law partner		6195	300 00	_ 61	
	ciaim \$3	6197 +		_ 62	
leduction for an eligible dependant claimed on line 5816 see line 63 in the forms book)	claim \$3	300 <mark>6199</mark> +		63	
eduction for dependent children born in 1989 or later:	Ciaiiii ψC	000 0199 1		_ 03	
Number of dependent children	099 × \$16	5 = +		64	
dd lines 61 through 64	•	=	300 00	65	
djusted family income				_	
nter the amount from line 59 on					
ne previous page	855002				
ase amount	_ 15,000 0				
ine 66 minus line 67 (if negative, enter "0")	= 70500 2				
pplicable rate	× 5 %	69			
Jultiply line 68 by line 60	- 35350	4	2525 04	70	
fultiply line 68 by line 69	= 3525 0		3525 01	_′ 0	
ine 65 minus line 70, f negative, enter "0") Nova Scotia low-i	income tax reducti	ion =	000		- 000 7
ine 60 minus line 71 (if negative enter "0")	moomo tax roddoti		000		= 1027841 7
,				_	10210 11
olitical contribution tax credit					
	110	× 75	$5\% = (\max \$75)$	<u>))</u>	
ine 72 minus line 73 (if negative, enter "0")				_	<u>= 10278 41</u> 7
abour-sponsored venture capital tax credit					
					_
ost of shares from Form NSLSV		× 20%	= (max \$2,00)	0) 623	
ine 74 minus line 75 (if negative, enter "0")				_	= 1027841 7
ost-secondary graduate tax credit					
		00	400000		
	7 to 79 in the forms bo	ook) 63//	1000 00	_ ′′	
Inused post-secondary graduate tax credit from your 006 Notice of Assessment or Notice of Reassessment				78	
JOO Notice of Assessment of Notice of Reassessment				_ 10	
nter the amount from line 77 or 78, whichever applies		=	1000 00	•	_ 1000 00 79
ine 76 minus line 79 (if negative, enter "0")			.000		= 927841 8
3,				_	
quity tax credit					
nter the equity tax credit calculated on Form T1285					8
ine 80 minus line 81 (if negative, enter "0") nter the result on line 428 of your return					

EMPLOYEE OVERPAYMENT OF 2007 CANADA PENSION PLAN CONTRIBUTIONS AND 2007 EMPLOYMENT INSURANCE PREMIUMS

To determine any overpayment of Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) contributions made through employment if you had no self-employment earnings and you were not a resident of Quebec on December 31, 2007, complete Part 1. If you were a resident of Quebec on December 31, 2007, and you made CPP or QPP contributions, see your Quebec provincial income tax guide.

Part 1 - Calculating your Canada Pension Plan overpayment -

If any of the following situations apply to you, determine the amounts for lines 1, 2, 3, and 5 by using the table below and your applicable number of months:

- If you turned 18 in 2007, use the number of months in the year after the month you turned 18.
- If you turned 70 in 2007, use the number of months in the year up to and including the month you turned 70.
- If you received, or were entitled to receive a CPP retirement pension, or a CPP or QPP disability pension for part of 2007, use the number of months in the year you did not or were not entitled to receive the pension.
- If the individual died in 2007, use the number of months in the year up to and including the month the individual died.

Total CPP pensionable earnings (box 26 or, if blank, box 14 of	our T4 slips) (maximum \$ 43,700)		43700 00	_ 1
Basic CPP exemption	(maximum \$ 3,500)	_	3500 00	2
Earnings subject to contribution (if negative, enter "0")		=	40200 00	3
				_
Total CPP and QPP contributions deducted (from boxes 16 and	l 17 of your T4 slips)		1989 90	4
Required contribution: multiply line 3 by 4.95%.	(maximum \$1,989.90)	_	1989 90	5
Line 4 minus line 5 (if negative, enter "0")	Canada Pension Plan overnayment	_	000	٦6

If the amount from line 6 is **positive**, enter it on **line 448** of your return. If **negative**, you can choose to make additional CPP contributions. See "Making additional CPP contributions" on page 36 of the General Income Tax and Benefit Guide.

Enter the amount from line 4 or 5, whichever is less, on line 308 of Schedule 1 and, if it applies, on line 5824 of Form 428.

Monthly proration table for 2007

monany provided to 200.												
Applicable number of months	Line 1 Maximum amount of total CPP pensionable earnings	Maximum amount of Maximum amount of Maximum amount of										
1	\$ 3,641.66	\$ 291.66	\$ 3,350.00	\$ 165.83								
2	\$ 7,283.33	\$ 583.33	\$ 6,700.00	\$ 331.65								
3	\$ 10,925.00	\$ 875.00	\$ 10,050.00	\$ 497.48								
4	\$ 14,566.66	\$ 1,166.66	\$ 13,400.00	\$ 663.30								
5	\$ 18,208.33	\$ 1,458.33	\$ 16,750.00	\$ 829.13								
6	\$ 21,850.00	\$ 1,750.00	\$ 20,100.00	\$ 994.95								
7	\$ 25,491.66	\$ 2,041.66	\$ 23,450.00	\$ 1,160.78								
8	\$ 29,133.33	\$ 2,333.33	\$ 26,800.00	\$ 1,326.60								
9	\$ 32,775.00	\$ 2,625.00	\$ 30,150.00	\$ 1,492.43								
10	\$ 36,416.66	\$ 2,916.66	\$ 33,500.00	\$ 1,658.25								
11	\$ 40,058.33	\$ 3,208.33	\$ 36,850.00	\$ 1,824.08								
12	\$ 43,700.00	\$ 3,500.00	\$ 40,200.00	\$ 1,989.90								

To determine any overpayment of Employment Insurance (EI) premiums, complete Part 2. To be refunded, the amount of the EI overpayment has to be more than \$1. If you were a resident of Quebec on December 31, 2007, see your Quebec provincial income tax guide.

Part 2 – Calculating your Employment Insurance overpayment			
Total EI insurable earnings (box 24 or, if blank, box 14 of your T4 slips) (maximum \$40,000. If \$2,000 or less, enter "0")		40000 00	1
Total premiums deducted: Residents of other than Quebec (from box 18 and box 55 of all your T4 slips) Quebec residents (from box 18 of all your T4 slips)		1104 60	2
Line 1 minus \$2,000 (if negative, enter "0")		38000 00	3
Line 2 minus line 3 (if negative, enter "0").	=	000	4
Total premiums deducted: Residents of other than Quebec (from box 18 and box 55 of all your T4 slips) Quebec residents (from box 18 of all your T4 slips) Required premium: Residents of other than Quebec (multiply line 1 by 1.80%) (maximum \$720.00)		1104 60	5
Quebec residents (multiply line 1 by 1.46%) (maximum \$584.00) Line 5 minus line 6 (if negative, enter "0")	=	720 00 384 60	7
Enter the amount from line 4 or line 7, whichever is greater Employment Insurance overpayment Enter the amount from line 8 on line 450 of your return only if it is more than \$1. Enter the amount from line 3, 5, or 6, whichever is least, on line 312 of Schedule 1 and, if it applies, on line 5832 or	of Form	384 60 428.	8





Canada Revenue Agence du revenu du Canada

STATEMENT OF REAL ESTATE RENTALS

For more informa		ow to co		this s		nt, see	e Guio	de T4	036, <i>Re</i>	ental In	com	e.										
Identifica	tion —		-																			
Your name																		Your socia				
LISA S SIX	(TY																	8 7	0 -	- 0	00-	7 5 9
For the period from:	Ye 2 0		Mon		Day 0 1	to:	2	Ye 0	ar 0 7	Moi		Day 3	V.	Vas th	his th	e final year	of you	ur rental ope	ration	?	Yes X	No
Name and addre	ess of per	son or	firm pre	parin	g this fo	rm			•				•					Partnership	filer ic	lentific	cation number	
																		Tax shelter	identif	ication	n number	
																					la di cata ca a	1-
Business Numb	er														Your	percentage 33.3		wnership		%	Industry cod	1 1 1 1
Details of																					Danastana	
Co-owner or par name and addre	ess															nare of net come (loss)	\$	-2000	00		Percentage of ownershi	9 33.33°
Co-owner or par name and addre	rtner's ess															nare of net come (loss)	\$	-2000	00		Percentage of ownershi	9 33.33
Co-owner or par name and addre	rtner's _															nare of net come (loss)	\$				Percentage of ownershi	
Co-owner or par	rtner's															nare of net come (loss)	\$				Percentage of ownershi	
Incomo																			1			
Address of prop																	١	Number of u	nits			s rents 000 00
																	_		_	+		
Enter the total o	f your gro	ss rent	S														_			8141	274	000 00
Other related inc	come (for	examp	le, prem	niums	and lea	ases, s	shared	cropp	ing)											8230		00000
Gross rental in	come – (enter th	is amou	ınt on	line 16	0 of yo	our inc	come	tax and	d benef	fit re	turn)								8299	274	00000 8
Advertising Insurance											85: 86:	-	Total	expe	ense		Pe	ersonal portion	on			
Interest											87	10										
Maintenance an	d repairs										89	60	1	000	000	00						
Management an	nd adminis	stration	fees								88	71	-	000	,00,	_						
Motor vehicle ex	(penses (not incl	uding ca	apital	cost all	owand	e)				928	-										
Office expenses	· · · · · ·										88	-										
Legal, accountir		her pro	fessiona	al fees	3						88	-										
Property taxes	<u> </u>	•									918	-		600	000							
Salaries, wages	, and ben	efits (in	cluding	emple	over's c	ontrib	utions	s)			900	-		600								
Travel	<u>* </u>			•				,			920	-		000	,000							
Utilities											92	-		700	າດດ	20		10000	00			
Other expenses											92	-		700	,00			10000	00			
										Total			2	900	000	00 9949		10000	00			
Deductible expe	enses (tota	al expe	nses mi	nus p	ersona	l portio	on)							200				. 5550	,		280	000 <mark>00 t</mark>
Net income (los	ss) befor	e adjus	tments	(line	a minu	s line	b)													9369		00000
Co-owners - Yo																						000000
Minus – Other e	expenses	of the o	co-owne	r																9945		
-																		Su	btotal		=,	00000
Plus – Recaptu	red capit	al cost	allowa	nce (co-own	ers - e	nter y	our s	hare of	the an	noun	t) (see	e Cha	pter 3	3)			Su	btotal	9947		00000
Minus – Termir	nal loss (co-own	ers - ent	ter yo	ur share	e of the	e amo	ount)	(see Cl	hapter	3)								btotal	9948	3	
Minus – Capital	cost allo	wance	(from Ar	ea A	on the l	hack)												Su	มเบเสโ	9936		000 00
Net income (los			`				ner e	nter t	his amo	unt on	line	9946								~~00		000000
Partnerships –	· ·			•	JiJia	-UWI	101, E	inci l	ino alliU	ant OH	mic	JJ 1 U.										99980
Minus – Other																				9943		29900
Your net incom	•			ount (on line 1	126 of	your	incon	ne tax a	nd ben	efit	return								9946		99980
	/																					22300

Area A - Calculation of capital cost allowance claim 5 10 Class Undepreciated Cost of additions UCC Adjustment for Base amount for CCA UCC at the end Proceeds of Rate number capital cost in the year dispositions in the year after additions and current-year additions capital cost for the year of the year (see areas D (UCC) at the (see areas B dispositions (1/2 x (col. 3 minus allowance (col. 7 x col. 8 or col. 5 minus col. 9) (col. 2 plus col. 3 a lesser amount) start of the year and C below) (col. 5 minus col. 6) and E below) col. 4)). If negative. minus col. 4) enter "0" Total CCA claim for the year * If you have a negative amount in this column, add it to income as a recapture under "Recaptured capital cost allowance" on the front of this form. If there is no property left in the class and there is a positive amount in the column, deduct the amount from income as a terminal loss under "Terminal loss" on the front of this form. For more information, read Chapter 3 of Guide T4036, Rental Income. **Sole proprietors and partnerships – Enter the total claim on line 9936 on the front. Co-owners – Enter only your share of the total claim on line 9936 on the front of this form. Area B - Details of equipment and other property additions in the year 4 5 Total cost Personal Rental portion (Column 3 minus Class Property details number portion (if applicable) Column 4) 9925 000 Total equipment and other property additions in the year Area C - Details of building and leasehold interest additions in the year Property details Total cost Personal Rental portion Class number portion (Column 3 minus Column 4) (if applicable) 0|00 Total building additions in the year 9927 Area D - Details of equipment and other property dispositions in the year Class Rental portion Property details Proceeds of disposition Personal number (should not be more portion (Column 3 minus (if applicable) than the capital cost) Column 4) Note: If you disposed of rental property in the year, see Chapter 3 in Guide T4036, Rental Income, for information about your 000 9926 Total equipment and other property dispositions in the year proceeds of disposition. Area E - Details of building and leasehold interest dispositions in the year 4 Class Property details roceeds of disposition Personal Rental portion number (should not be more portion (Column 3 minus (if applicable) than the capital cost) Column 4) Note: If you disposed of rental property in the year, see Chapter 3 in Guide T4036, Rental Income, for information about your 000 9928 Total building dispositions in the year proceeds of disposition. Area F - Details of land additions and dispositions in the year Cost of all land additions in the year

Printed in Canada

Proceeds from all land dispositions in the year

Canada Revenue Agency

Agence du revenu du Canada

INFORMATION RETURN FOR ELECTRONIC FILING OF AN INDIVIDUAL'S INCOME TAX AND BENEFIT RETURN

- Before you complete this form, read the information and instructions on the back.
- You have to complete this form to allow your electronic filer to electronically file your 2007 income tax and benefit return. You have to complete parts **A**, **B**, and **F**. You choose whether you want to complete parts **C**, **D**, and **E**. Your electronic filer has to complete parts **G** and **H**.



 Give the signed original or 	of this form to your electronic													
Part A – Identification	n and address as sho	wn on your 2	2007 retur	n (ma	ındatoı	ry)								
First name and initial		Last name										ance nui		_ 1 _ 1 _
LISA S		SIXTY							8	7	0	0 0	0 7	7 5 9
Mailing address: Apt. No. – S	treet No. Street name													
60 BIRCH AVE	D.D.	T City							D-	<i>(T</i>			1 -	
P.O. Box	R.R.	City								ov./Teri		Postal co		
Dort D. Doolovetion	(mandatarı)	HALIFAX							_ Ц	N I S	l L	B 3	K 2	2 K ₁ 9
Part B – Declaration (ts from your 2007 return, if a	annlicable:												
_		• •	00750 20											
Total income (line 150)		· · · · · · · · · · · · · · · · · · ·	<u>88750.20</u>		-									
Taxable income (line 260)			<u>85500.20</u>		-	Refu	nd (lin	ie 48	34)				459.4	4
Total federal non-refundab	ele tax credits (line 350 of Sc	chedule 1) <u> </u>	2446.48		_ 0	r Balaı	nce ov	wing	(line	485)		· <u> </u>	0	.00
Part C - Direct depos	sit (optional)													
	oosit, or to change the banki deposit and your banking ir											part if	you	
Tick (✓) the payments you war your bank account held in Can	nt deposited directly to		nch	Inst	itution mber					Account		er		
	T/HST credit payments, and Wo	rking	111		1.1	Ī	1 1	1	1				1 1	1 1
· · · · · · · · · · · · · · · · · · ·	'ITB) advance payments efit (CCTB) and payments from o	rertain related					<u> </u>						1 1	
	programs to the same bank acco			ln st	itution									
or		Bra	n ch	nu	mber				A	Account	t numb	er		
	om certain related provincial or a different bank account													
	our Universal Child Care Benefit nt as your income tax refund, GS			B advan	ice payme	ents								
	our UCCB payments deposited in nt as your CCTB payments	nto			itution									
Tick this box to have yo		Bra	nch	nu 	mber 	ı	I I	ĺ	/ 	Account 	t numb	er 	Î Î	1 1
deposited into a difference		(ti1)				<u> </u>								
Part D – Alternative a	vant us to mail your <i>Notice o</i>		ad your tax r	afund (or only v	our Mo	tico o	fΛc	22.02	mont i	to voi	L at the	addro	ee of
	in Part G. Tick (✓) the appro													
2007 Notice of Asse	essment and tax refund			01	r		200	07 N	otice	of As	sessi	nent		
Part E – Authorizing	an electronic filer to r	represent voi	u (optiona	1)										
	ada Revenue Agency to dea				art G as	my rei	reser	ntativ	re fo	rincon	ne ta	x matte	ers of	
my 2007 return. Thi	s authorization will expire or	1 <u>2006/ 10</u>	<u>// 10</u> (Y	YYY/M	M /DD). I	Read t	he ba	ck of	this	form f	for m	ore det	ails.	
If you do not show a	an expiry date, this authoriza	ition will remain	ın effect un	tii you, '	the unde	ersigne	ed, car	nce	it.					
Signature (individual id	entified in Part A)		_		Date									
Part F – Declaration a		andatory)												
	ion entered in Part A and the		n in Part R a	nove ar	e correc	t and o	compli	ete	and t	fully di	sclos	e mv ii	1come	from all
sources. I also declare tha	at I have read the informatio communicate with the Cana	n on the back of	this form, an	d I auth	norize th	e elect	ronic							
Signature (individual id	entified in Part A)				Date									
Your electronic filer has t	to complete parts G and l	H (mandatory).												
Part G – Electronic	filer identification		Part H -	Docu	ument	cont	rol n	um	ber	or c	onfi	rmati	on ni	ımber
following person or firm to	he individual in Part A author electronically file his or her	2007 return.	Enter the electronic			ol or c	onfirm	natio	n nui	mber f	or the	; individ	dual's	
Part F must be signed be Name of person or firm:	efore the return is electronication Arcadia Solution Corp	•	B354	2ABC	D0062) -								

Electronic filer number:

B3542

Information and Instructions

Part C - Direct deposit (optional)

Complete Part C if you want the Canada Revenue Agency (CRA) to deposit the following payments into your bank account(s):

- your income tax refund, goods and services tax/harmonized sales tax (GST/HST) credit payments, and Working Income Tax Benefit (WITB) advance payments; and/or
- Canada Child Tax Benefit (CCTB) payments and those from certain related provincial or territorial programs; and/or
- Universal Child Care Benefit (UCCB) payments.

If you are already using direct deposit and the information you gave before has not changed, you do not have to complete this area. If you are already using direct deposit, but want to stop this service for any of the above payments, call us at **1-800-959-8281**.

By completing Part C, you authorize us to deposit the payment(s) you choose into your account until you tell us, in writing, that the information has changed. We are not responsible for payments that are deposited incorrectly as a result of incorrect information.

Part D – Alternative address authorization (optional)

If you tick the box to have your 2007 *Notice of Assessment* and any tax refund resulting from that assessment mailed to you at the address of your electronic filer, we will mail a cheque to the electronic filer's address even if you are using direct deposit. However, any later refunds will be deposited to your account.

If you tick the box to have **only** your 2007 *Notice of Assessment* mailed to you at the address of your electronic filer and you are claiming a tax refund on your 2007 return, you have to use or must already be using direct deposit. If you are not using direct deposit, we will mail a refund cheque, if applicable, to you at your electronic filer's address.

This authorization is valid for the 2007 tax year only and will not affect all other correspondence, any CCTB, UCCB, GST/HST credit payments, WITB advance payments, and any other *Notice of Assessment* or *Notice of Reassessment*.

If your 2007 return has been discounted, you cannot use the alternative address option.

Part E – Authorizing an electronic filer to represent you (optional)

If you want to authorize the electronic filer named in Part G to represent you for your 2007 income tax and benefit return, complete Part E. The electronic filer may charge a fee to represent you.

By completing and signing Part E (and by the electronic filer transmitting this authorization), you authorize the CRA to provide information relating to your 2007 income tax return and your tax account to your representative, and he or she may request changes to your return and to your account. If this authorization is not transmitted to the CRA, send us a completed Form T1013, *Authorizing or Cancelling a Representative*, to authorize the electronic filer. For more information, see the front page of Form T1013 under Levels of authorization and the information for Level 2.

The T1013 form is available on the CRA Web site at www.cra.qc.ca/forms.

We may select your return for review **before** we assess it. If so, and provided your electronic filer offers this additional service, we will contact him or her for any supporting documents we may need. Otherwise, we will contact you.

We may select your return for review **after** we assess it. If so, and provided your electronic filer offers this additional service, we will contact him or her for any supporting documents we may need only if you complete Part E. Otherwise, we will contact you.

To cancel this authorization, either send us a completed Form T1013, *Authorizing or Cancelling a Representative*, or call us at **1-800-959-8281**.

Part F – Declaration and authorization (mandatory)

If you want your return sent by EFILE, you have to complete parts A and B, and sign Part F.

By signing Part F, you acknowledge that under the *Income Tax Act* you have to:

- keep all records used to prepare your return for a period of six years, and provide this information to us on request; and
- give the signed original of this form to the electronic filer named in Part G, and keep a copy for yourself.

Once you sign Part F, you authorize the electronic filer to electronically file your return. If there are any errors or omissions on your return, you authorize us to:

- disclose these errors or omissions to the electronic filer; and
- if necessary, give the electronic filer personal taxpayer information.

You also authorize the electronic filer to make changes and retransmit your return so we can accept it for electronic filing. The filer can do this as long as your refund or balance owing shown in Part B is not changed by more than \$300.

By signing Part F, you acknowledge that we are responsible for ensuring the confidentiality of your electronically filed tax information **only** after we have accepted it.

Note

If you are a **farmer**, and with your 2007 return you apply to participate in the AgriStability and AgriInvest programs, by signing Part F, you authorize the Canada Revenue Agency to share information from your income tax return with the Minister of Agriculture and Agri-Food, and you authorize that minister to share the information with provincial ministers of agriculture and administrators of other federal/provincial farm programs. You further authorize the Minister of Agriculture and Agri-Food to share any other information that you provide as your application is processed. For more information on confidentiality, refer to Form T1273 on the CRA Web site at **www.cra.gc.ca/forms**.