

Canada Revenue Agence du revenu du Canada

## **T1 GENERAL 2015**

## **Income Tax and Benefit Return**

| Complete all the sections that apply to you. For more information, see the guide.   |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
|---|---|--|-------------|------------|-----------|-------------|---|-----------------------------|--------------|--------------------------|------------------|----------|-------|---------|-------------|
|   |   | ld   | entific     | ation      |           |             |   |                             |              | Informa                  | ation            | about    | you   |         |             |
| Print your name and address below.  |   |  |             |            |           |             |   | Enter your social insurance |              |                          |                  |          |       |         |             |
| First name and initial  |   |  |             |            |           |             | number (SIN):   |                             |              |                          |                  |          |       |         |             |
| Last name   |   | Enter yo   | our date of | birth:     |           |             |   |                             |              |                          |                  |          |       |         |             |
| Last Hairie   |   | Your language of correspondence: English Français Votre langue de correspondance : |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
| Mailing address: Apt No - Street No Street name   |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
| PO Box  |   |  |             | RR         |           |             |   |                             |              | return f                 |                  |          |       |         |             |
| PO BOX  |   |  |             | ΧK         |           |             |   |                             |              | a decease<br>date of dea |                  | Ye       | ear   | Month   | n Day  <br> |
| City  |   |  | F           | Prov./Terr | . ,       | Postal cod  | le  |                             |              | Ma                       | rital            | etatue   |       |         |             |
|   | Marital status  Tick the box that applies to your marital status on |  |             |            |           |             |   | on                          |              |                          |                  |          |       |         |             |
|   |   |  |             |            |           |             |   |                             |              |                          |                  | 31, 2015 |       |         |             |
|   |   | Em   | nail ad     | dress      |           |             |   | 1 🔲 N                       | Married      | 2 🗌 Li                   | iving co         | mmon-lav | v з[  | Wide    | owed        |
| I understand the I have read ar   |   |  |             |            |           |             |   | 4 🗌 🛭                       | Divorced     | 5 🗌 S                    | eparate          | d        | 6 [   | Sing    | ıle         |
| i <b>nave reac</b> ar   | а г <b>ассер</b>  | t the terr   | ns and c    | onaitions  | s on page | e 15 or the | guide.  |                             | Inform       | nation a                 | about            | VOUR     | snou  | ISA OF  |             |
| Enter an email  | address:  |  |             |            |           |             |   | com                         | nmon-la      | aw partr                 | ner (if y        | ou ticke | d box | (1 or 2 | above)      |
|   | Inform  | ation  | ahout       | your r     | asidan    | CO          |   |                             |              |                          |                  |          |       |         |             |
|   |   |  | about       | your r     | Siden     | CG          |   | Enter hi                    | s or her SI  | IN:                      |                  |          |       |         |             |
| Enter your prov<br>residence on <b>D</b>  |   |  | :           |            |           |             |   | Enter hi                    | s or her fir | st name:                 |                  |          |       |         |             |
| Enter the province or territory where you <b>currently</b> reside if it is not the same as your mailing address above:  |   |  |             |            |           |             | Enter his or her net income for 2015 to claim certain credits:                              |                             |              |                          |                  |          |       |         |             |
| If you were self-employed in 2015, enter the province or territory of self-employment:  |   |  |             |            |           |             | Enter the amount of universal child care benefit (UCCB) from line 117 of his or her return: |                             |              |                          |                  |          |       |         |             |
| If you became or ceased to be a resident of Canada for income tax purposes in 2015, enter the date of:  Enter the amount of UCCB repayment from line 213 of his or her return:                              |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
| Month Day  entry   or departure   Tick this box if he or she was self-employed in 2015: 1   |   |  |             |            |           |             | 1 🗌   |                             |              |                          |                  |          |       |         |             |
| Do not use this area  |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
|   |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
| Elections Canada  | Elect   | ions (   | Canad       | a (see t   | he Elect  | ions Can    | ada page  | in the tax                  | guide fo     | r details o              | r visit <b>v</b> | vww.ele  | ction | s.ca)   |             |
|   | A) Are you a Canadian citizen?                                      |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
| Answer the following question <b>only if you are a Canadian citizen</b> .   |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
| 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</i>  |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
| Elections Act, which include sharing the information with provincial/territorial election agencies, members of Parliament, and registered political parties, as well as candidates at election time.        |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
|   |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
|   |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
|   |   |  |             |            |           |             |   |                             |              |                          |                  |          |       |         |             |
| Do not use this area  | 172   |  |             |            |           | 171         |   |                             |              |                          |                  |          |       |         |             |

| 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 2015, was more than CAN\$100,000?  See "Specified foreign property" in the guide for more information |  |
| If you had dealings with a non-resident trust or corporation in 2015, see "Foreign income" in the guide.  |  |

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

| As a resident of Canada, you have to report your in                   | ncome from all sourc     | es both inside and outs |
|---|--------------------------|-------------------------|
| Total income  |                          |                         |
| Employment income (box 14 of all T4 slips)                            |                          | 101                     |
| Commissions included on line 101 (box 42 of all T4 slips)             | 102                      |                         |
| Wage loss replacement contributions                                   |                          |                         |
| (see line 101 in the guide)   | 103                      |                         |
| Other employment income   |                          | 104 +                   |
| Old age security pension (box 18 of the T4A(OAS) slip)                |                          | 113 +                   |
| CPP or QPP benefits (box 20 of the T4A(P) slip)                       |                          | 114 +                   |
| Disability benefits included on line 114                              |                          |                         |
| (box 16 of the T4A(P) slip)   | 152                      | _                       |
| Other pensions and superannuation                                     |                          | 115 +                   |
| Elected split-pension amount (attach Form T1032)                      |                          | 116 +                   |
| Universal child care benefit (UCCB)                                   |                          | 117 +                   |
| UCCB amount designated to a dependant                                 | 185                      | _                       |
| Employment insurance and other benefits (box 14 of the T4)            | E slip)                  | 119 +                   |
| Taxable amount of dividends (eligible and other than eligible         |                          |                         |
| Canadian corporations (attach Schedule 4)                             | •                        | 120 +                   |
| Taxable amount of dividends other than eligible dividends,            |                          |                         |
| included on line 120, from taxable Canadian corporations              | 180                      |                         |
| Interest and other investment income (attach Schedule 4)              |                          | 121 +                   |
|   |                          |                         |
| Net partnership income: limited or non-active partners only           |                          | 122 +                   |
| Registered disability savings plan income                             |                          | 125 +                   |
|   |                          |                         |
| Rental income Gross 160   |                          | Net 126 +               |
| Taxable capital gains (attach Schedule 3)                             |                          | 127 +                   |
| O   |                          | . 100                   |
| Support payments received Total 156RRSP income (from all T4RSP slips) | Taxable amo              |                         |
|   |                          | 129 <u>+</u><br>130 +   |
| Other income Specify: Self-employment income                          |                          | 130 +                   |
| Business income Gross 162   |                          | Net 135 +               |
| Professional income Gross 164   |                          | Net 137 +               |
| Commission income Gross 166   |                          | Net 139 +               |
| Farming income Gross 168  |                          | Net 141 +               |
| Fishing income Gross 170  |                          | Net 143 +               |
|   |                          | 110 1                   |
| Workers' compensation benefits (box 10 of the T5007 slip)             | 144                      |                         |
| Social assistance payments  | 145 +                    | _                       |
|   |                          | _                       |
| Net federal supplements (box 21 of the T4A(OAS) slip)                 | 146 +                    |                         |
|   |                          |                         |
| Add lines 144, 145, and 146 (see line 250 in the guide).              | =                        | <b>▶</b> 147 +          |
|   |                          |                         |
| Add lines 101, 104 to 143, and 147.                                   | This is your total incor | ne. 150 =               |
|   |                          |                         |

Attach your Schedule 1 (federal tax) and Form 428 (provincial or territorial tax) here. Attach only the other documents (schedules, information slips, forms, or receipts) requested in the guide to support any claim or deduction. Keep all other supporting documents.

| N  |    | ın | $\sim$ | ma |  |
|----|----|----|--------|----|--|
| 17 | ŒL |    | LU     | me |  |

| Enter your total income from line 150.   |        |                 | _ 15        | 50  |   |
|--|--------|-----------------|-------------|---|---|
| Pension adjustment   |        |                 |             |   |   |
| (box 52 of all T4 slips and box 034 of all T4A slips) 206  |        |                 |             |   |   |
| Registered pension plan deduction (box 20 of all T4 slips and box 032 of all T4A slips)                  | 207    |                 | _           |   |   |
| RRSP/pooled registered pension plan (PRPP) deduction (see Schedule 7 and attach receipts)                | 208    | +               |             |   |   |
| PRPP employer contributions  |        |                 |             |   |   |
| (amount from your PRPP contribution receipts) 205  |        |                 |             |   |   |
| Deduction for elected split-pension amount (attach Form T1032)   | 210    | +               |             |   |   |
| Annual union, professional, or like dues (box 44 of all T4 slips, and receipts)                          | 212    | +               | _           |   |   |
| Universal child care benefit repayment (box 12 of all RC62 slips)  | 213    | _               |             |   |   |
| Child care expenses (attach Form T778)   | 214    |                 | -           |   |   |
| Disability supports deduction  | 215    |                 | -           |   |   |
| 210dSilly Capporto doddonon  |        | · -             | -           |   |   |
| 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 or Form RC381, whichever applies)   | 222    |                 | _ •         |   |   |
| Exploration and development expenses (attach Form T1229)   | 224    |                 |             |   |   |
| Other employment expenses  | 229    | +               |             |   |   |
| Clergy residence deduction   | 231    |                 | _           |   |   |
| Other deductions Specify:  | _232   |                 | _ 、         |   |   |
| Add lines 207, 208, 210 to 224, 229, 231, and 232.   | _233   |                 | _           | <u> </u>  |   |
| Line 150 minus line 233 (if negative, enter "0")  This is your <b>net incon</b>                          |        |                 | <u>.</u> 23 | 34 <u>=                                    </u> |   |
| Social benefits repayment (if you reported income on line 113, 119, or 146, see line 235                 | in the | e guide)        | 01          | ) F   |   |
| Use the federal worksheet to calculate your repayment.  Line 234 minus line 235 (if negative, enter "0") |        |                 | _ 23        | 35  |   |
|  | s is   | your net income | 25          | 36 _  |   |
|  | 0 10   | your not moonio |             | ν <u>Г</u>                                      |   |
| Taxable income   |        |                 |             |   |   |
| Canadian Forces personnel and police deduction (box 43 of all T4 slips)                                  | 244    |                 |             |   |   |
| Employee home relocation loan deduction (box 37 of all T4 slips)   | 248    | +               |             |   |   |
| Security options deductions  | 249    | +               |             |   |   |
| Other payments deduction   |        |                 |             |   |   |
| (if you reported income on line 147, see line 250 in the guide)  | 250    |                 |             |   |   |
| Limited partnership losses of other years  | 251    |                 |             |   |   |
| Non-capital losses of other years  | 252    |                 | _           |   |   |
| Net capital losses of other years  | 253    |                 | _           |   |   |
| Capital gains deduction  | 254    |                 | _           |   |   |
| Northern residents deductions (attach Form T2222)  | 255    |                 | _           |   |   |
| Additional deductions Specify:   | 256    |                 |             |   | 1 |
| Add lines 244 to 256.  | _257   | =               | _ •         | <u> </u>  |   |
| Line 236 minus line 257 (if negative, enter "0")  This is  | your   | taxable income  | . 26        | 30 =  |   |

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

| Refund or balance owing   |  | Protected B when completed 4      |  |  |  |  |  |
|---|--|-----------------------------------|--|--|--|--|--|
| Net federal tax: enter the amount from line 64 of Schedule 1 (attach Schedule 1, even i   | f the result is "0")   | 420                               |  |  |  |  |  |
| CPP contributions payable on self-employment and other earnings (attach Schedule 8 or Form RC381, whichever applies)  | 421 +  |                                   |  |  |  |  |  |
| Employment insurance premiums payable on self-employment and other eligible earnin  | 13) 430 +  |                                   |  |  |  |  |  |
| Social benefits repayment (amount from line 235)  | 422 +  |                                   |  |  |  |  |  |
| Provincial or territorial tax (attach Form 428, even if the result is "0")  |  | 428 +                             |  |  |  |  |  |
| Add lines 420, 421, 430, 422, and 428. This   | is your total payal  | ble. 435 <u>=</u> •               |  |  |  |  |  |
| Total income tax deducted   | 437  | •                                 |  |  |  |  |  |
| Refundable Quebec abatement   | 440 +  | •                                 |  |  |  |  |  |
| CPP overpayment (enter your excess contributions)   | 448 +  | •                                 |  |  |  |  |  |
| Employment insurance overpayment (enter your excess contributions)  | 450 <u>+</u>   | •                                 |  |  |  |  |  |
| Refundable medical expense supplement (use the federal worksheet)   | 452 +  | •                                 |  |  |  |  |  |
| Working income tax benefit (WITB) (attach Schedule 6)  Refund of investment tax credit (attach Form T2038(IND))   | 453 +  | •                                 |  |  |  |  |  |
| Part XII.2 trust tax credit (box 38 of all T3 slips)  | 454 <u>+</u><br>456 +  | <del></del> :                     |  |  |  |  |  |
| Employee and partner GST/HST rebate (attach Form GST370)  | 457 <del>+</del>   |                                   |  |  |  |  |  |
| Children's fitness tax credit Eligible fees 458 × 15% =   | 459 +  | •                                 |  |  |  |  |  |
| Tax <b>paid</b> by instalments  | 476 +  | •                                 |  |  |  |  |  |
| Provincial or territorial credits (attach Form 479 if it applies)   | 479 +  | •                                 |  |  |  |  |  |
| Add lines 437 to 479. These are your <b>total credits</b>   | . 482 =  | <b>&gt;</b> -                     |  |  |  |  |  |
| Line 435 minus line 482  This is your refule to the result is negative, you have a refund. If the result is negative, you have a refund. If the result is negative, you have a refund.  | ind or balance owi   |                                   |  |  |  |  |  |
| Generally, we do not charge or refund a  For more information on how to material to www.cra.gc.ca/payments.   | difference of \$2 or le <b>Balance ow</b> ake your payment, se | e line 485 in the guide or go     |  |  |  |  |  |
| Direct deposit – Enrol or update (see line 484 in the guide)  |  |                                   |  |  |  |  |  |
| You do not have to complete this area every year. Do not complete it this year if you   | ur direct deposit infor  | mation has not changed.           |  |  |  |  |  |
| To enrol for direct deposit, to update your banking information, or to request that all of or owed be deposited into the same account as your T1 refund, complete lines 460, 46   |  | ou may be receiving               |  |  |  |  |  |
| By providing my banking information I authorize the Receiver General to deposit in the amounts payable to me by the CRA, until otherwise notified by me. I understand that direct deposit authorizations.   |  |                                   |  |  |  |  |  |
| Branch number 460 Institution number 461 Acco   | ount number 462  |                                   |  |  |  |  |  |
| (5 digits) (3 digits)   |  | (maximum 12 digits)               |  |  |  |  |  |
| (5 digits)  |  | (maximum 12 digits)               |  |  |  |  |  |
|   |  |                                   |  |  |  |  |  |
| attached is correct and complete and fully discloses all my income.  Sign here  Name of   | complete the preparer:   | preparing this return, following: |  |  |  |  |  |
| It is a serious offence to make a false return.   |  | 400                               |  |  |  |  |  |
| Personal information is collected under the <i>Income Tax Act</i> to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the <i>Privacy Act</i> , individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source www.cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, personal information bank CRA PPU 005. |  |                                   |  |  |  |  |  |
|   |  | 100                               |  |  |  |  |  |
| Do not use this area 487 488  | •  | 486                               |  |  |  |  |  |