

Tax Return Enclosures List

Please assemble your return as described below and, where appropriate, sign and date the indicated forms.

If you are using NETFILE to submit your return, DO NOT MAIL a paper copy of the return as well. However, be sure to keep all your slips, receipts, and supporting documents for six years in case CRA selects the return for review.

If you are not using NETFILE, the following instructions apply:

T1 - Income Tax and Benefit Return should be signed on the bottom of page 4.

The following enclosures should be attached to the top left corner of page 3 of the T1 return:

All tax information slips (T4, T3, T5, T4E, etc.)

Official RRSP receipts (if photocopy, must be certified as true copy by issuer)

Charitable donation receipts (including all e-receipts)

Schedule 1 - Federal Tax

Schedule 3 - Capital Gains (or Losses) in 2006

Schedule 8 - CPP Contributions on Self-Employment and Other Earnings

Schedule 9 - Donations and Gifts

ON428 - Ontario Tax

Statements of Self-employed Income and Expenses (Do not attach receipts):

T2124 - Business Activities

Make sure you attach receipts for all the deductions or credits you are claiming.

Keep all other supporting documents for six years in case the Canada

Revenue Agency requests them.

Additional instructions:

If you have a correct personalized label from the CRA, affix it over the name and address section on page 1 of the return.

Do not staple together returns of more than one taxpayer

or returns of the same taxpayer for different years.

Note: Do not submit this enclosures list with your return.



Income Tax and Benefit Return

Identification

ON **7**

First name **YINGXIONG**
 Last name **GUO**
 Mailing Address:
 Apt. No. **706**
 No./Street **10 STONEHILL CRT**
 PO Box, RR _____
 City **SCARBOROUGH**
 Prov./Terr. **ON** Postal code **M1W 2X8**

Information about you
 Your social insurance number: **541 691 903**
 Your date of birth: **1973/05/03**
 Your language of correspondence:
 Votre langue de correspondance :
 English Français
 Marital status on December 31, 2006:
1. Married

Information about your residence
 Province or territory of residence
 on **December 31, 2006:**
Ontario
 Province/territory where you **currently** reside if
 not the same as your mailing address above:

 Province or territory of self-employment:
ON
 Canadian residency change in **2006:**
 Date of **entry:** _____ or **departure:** _____

**Information about your spouse or
common-law partner (if applicable)**
 His or her SIN: **541 693 560**
 His/her first name: **LIQING**
 Enter his or her net income for 2006 to claim
 certain credits: (see Help for details)
 14,620 | 22
 Enter amount of Universal Child Care Benefit
 included in his or her net income above:
 (see Help for details) 600 | 00
 Check this box if he or she
 was self-employed in 2006: 1

If this **return** is for a **deceased
person**, enter the date of death:
 Do not use this area

Elections Canada (Canadian citizens only; see Help for details)
DO NOT ANSWER THIS QUESTION IF YOU ARE NOT A CANADIAN CITIZEN.
 As a Canadian citizen, I authorize the Canada Revenue Agency to
 provide my name, address, and date of birth to Elections Canada for
 the National Register of Electors. Yes 1 No 2
 Your authorization is required each year. This information will be used
 only for purposes permitted under the *Canada Elections Act*.

Goods and services tax/harmonized sales tax (GST/HST) credit application
 See **Help** for details.
 Are you applying for the GST/HST credit? Yes 1 No 2

| | | | | | | | | | | |
|-------------------------|------------|--|--|--|--|------------|--|--|--|--|
| Do not use this area | 172 | | | | | 171 | | | | |
|-------------------------|------------|--|--|--|--|------------|--|--|--|--|

Please answer the following question:

Did you own or hold foreign property at any time in 2006 with a total cost of more than CAN\$100,000?

(see "Foreign Income" in Help for details)

If yes, attach a completed Form T1135.

If you had dealings with a non-resident trust or corporation in 2006, see **Help**.

266 Yes 1 No 2

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

Total income

| | | | | | | |
|--|-------|------------|---------------|----------------|---------------|------------------|
| Employment income (box 14 on all T4 slips) | | 101 | | | 39,352 | 00 |
| Commissions included on line 101 (box 42 on all T4 slips) | | 102 | | | | |
| Other employment income | | 104 | | | | |
| Old Age Security pension (box 18 on the T4A(OAS) slip) | | 113 | | | | |
| CPP or QPP benefits (box 20 on the T4A(P) slip) | | 114 | | | | |
| Disability benefits included on line 114 (box 16 on the T4A(P) slip) | | 152 | | | | |
| Other pensions or superannuation | | 115 | | | | |
| Universal Child Care Benefit (see Help) | | 117 | | | | |
| Employment Insurance and other benefits (T4E slip, box 14) | | 119 | | | | |
| Taxable amount of dividends (eligible and other than eligible) from taxable Canadian corporations (attach Schedule 4) | | 120 | | | | |
| Taxable amount of dividends other than eligible dividends, included on l. 120, from taxable Cdn. corporations | | 180 | | | | |
| Interest and other investment income (attach Schedule 4) | | 121 | | | | |
| Net partnership income: limited or non-active partners only (attach Schedule 4) | | 122 | | | | |
| Rental income | Gross | 160 | | Net | 126 | |
| Taxable capital gains (attach Schedule 3) | | | | | 127 | |
| Support payments received | Total | 156 | | Taxable amount | 128 | |
| RRSP income (from all T4RSP slips) | | | | | 129 | |
| Other income Specify: | | | | | 130 | |
| Self-employment income (see Help) | | | | | | |
| Business income | Gross | 162 | 30,000 | Net | 135 | 15,482 09 |
| Professional income | Gross | 164 | | Net | 137 | |
| Commission income | Gross | 166 | | Net | 139 | |
| Farming income | Gross | 168 | | Net | 141 | |
| Fishing income | Gross | 170 | | Net | 143 | |
| Workers' compensation benefits (box 10 on the T5007 slip) | | 144 | | | | |
| Social assistance payments | | 145 | | | | |
| Net federal supplements (box 21 on the T4A(OAS) slip) | | 146 | | | | |
| Add lines 144, 145, and 146 | | | | ▶ | 147 | |
| Add lines 101, 104 to 143, and 147 | | | | | | |
| This is your total income . | | | | | 150 | 54,834 09 |

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.

Net Income

Enter your **total income** from line 150. 150 54,834 09

| | | | | |
|--|------------|---------------------|------------|----|
| Pension adjustment (box 52 on all T4s, box 34 on all T4As) | 206 | | | |
| 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 | 2,000 | | 00 |
| Saskatchewan Pension Plan deduction (maximum \$600) | 209 | | | |
| 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 QPP contributions on self-employment and other earnings (attach Schedule 8) | 222 | 130 | | 23 |
| Exploration and development expenses (attach Form T1229) | 224 | | | |
| Other employment expenses | 229 | | | |
| Clergy residence deduction | 231 | | | |
| Other deductions Specify: | 232 | | | |
| Add lines 207 to 224, 229, 231, and 232. | | 233 | 2,130 | 23 |
| Line 150 minus line 233. This is your net income before adjustments. | | 234 | 52,703 | 86 |
| Social benefits repayment (if you reported income on line 113, 119, or 146, see Help) | 235 | | | |
| Line 234 minus line 235 (if negative, enter "0"). If you have a spouse or common-law partner, see Help . | | | | |
| This is your net income. | | 236 | 52,703 | 86 |

Taxable income

| | | | | |
|---|------------|------------|--------|----|
| Canadian Forces personnel and police ded. (box 43 on T4s) | 244 | | | |
| Employee home relocation loan deduction (box 37 on T4s) | 248 | | | |
| Security options deductions | 249 | | | |
| Other payments deduction (if you reported income on line 147, see line 250 in Help) | 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 | | | |
| Add'l deductions Specify: | 256 | | | |
| Add lines 244 to 256. | | 257 | | |
| Line 236 minus line 257 (if negative, enter "0") This is your taxable income. | | 260 | 52,703 | 86 |

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

| | | | |
|---|-----|-----|----|
| Net federal tax: line 50 of Sch. 1 (attach Schedule 1, even if the result is "0") | 420 | 418 | 52 |
| CPP contributions payable on self-employment and other earnings (Sch. 8) | 421 | 260 | 46 |
| Social benefits repayment (enter the amount from line 235) | 422 | | |

| | | | |
|---|------------|--------------|-----------|
| Provincial or territorial tax (attach Form 428, even if the result is "0") | 428 | 600 | 00 |
| Add lines 420 to 428 | | | |
| This is your total payable . | 435 | 1,278 | 98 |

| | | | |
|--|------------|--------------|-----------|
| Total income tax deducted (from all information slips) | 437 | 6,918 | 00 |
| Refundable Québec abatement | 440 | | |
| CPP overpayment (enter your excess contributions) | 448 | | |
| Employment Insurance overpayment | 450 | | |
| Refundable medical expense supplement | 452 | | |
| Refund of investment tax credit (attach Form T2038(IND)) | 454 | | |
| Part XII.2 trust tax credit (box 38 on all T3 slips) | 456 | | |
| Employee and partner GST/HST rebate (attach Form GST370) | 457 | | |
| Tax paid by instalments | 476 | | |
| Provincial or territorial credits (attach Form 479) | 479 | | |

| | | | |
|---------------------------------------|-----|-------|-------------------|
| Add lines 437 to 479. | | | |
| These are your total credits . | 482 | 6,918 | 00 |
| Line 435 minus line 482 | | | (5,639 02) |

| | | | |
|--|-----------------|----------------------------|--|
| Generally, we do not charge or refund a difference of \$2 or less. | | | |
| Refund 484 | 5,639 02 | Balance owing 485 | |
| | | Amount enclosed 486 | |

Direct Deposit - Start or change (see Help)

You do not have to complete this area every year. Do not complete it this year if your direct deposit information for your refund has not changed.

Refund and GST/HST credit - To start direct deposit or to change account information only, **attach** a "void" cheque or complete lines 460, 461, and 462.

Notes: To deposit your **CCTB** payments (including certain related provincial or territorial payments) into the **same** account, also check box 463.

To deposit your **UCCB** payments into the **same** account, also check box 491.

| | | | | |
|------------|---------------|---------------------|------------|------------|
| Branch # | Institution # | Account number | CCTB | UCCB |
| 460 | 461 | 462 | 463 | 491 |
| (5 digits) | (3 digits) | (maximum 12 digits) | | |

Attach to page 1 a **cheque** or **money order** payable to the Receiver General. Your payment is due no later than April 30, 2007.

Ontario Opportunities Fund

You can help reduce Ontario's debt by completing this area to donate some or all of your 2006 refund to the Ontario Opportunities Fund. Please see **Help** for details.

| | | | |
|---|------------|-----------------|----------|
| Amount from line 484 above | | 5,639 02 | 1 |
| Your donation to the Ontario Opportunities Fund | 465 | | 2 |
| Net refund | 466 | 5,639 02 | 3 |

I certify that the information given on this return and in any documents attached is correct, complete, and fully discloses all my income.

Sign here _____
 It is a serious offence to make a false return.
 Telephone _____ Date: _____

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For professional tax preparers only

Name: _____
 Address: _____
 Telephone: _____

Do not use this area

| | | | | | | | | | |
|------------|--|------------|--|--|--|--|--|--|--|
| 487 | | 488 | | | | | | | |
|------------|--|------------|--|--|--|--|--|--|--|

T1-2006

Federal Tax

Schedule 1

Complete this schedule to claim your federal non-refundable tax credits and to calculate your net federal tax.

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

| | | | | | | | | |
|---|---------------------------|---|--|---------------------|-----|--|--|---|
| Enter your taxable income from line 260 of your return. | | | 52,703 | 86 | 1 | | | |
| Use the amount on line 1 to determine which ONE of the following you have to complete. | | | | | | | | |
| If the amount on line 1 is: | \$36,378 or less | more than \$36,378 but not more than \$72,756 | more than \$72,756 but not more than \$118,285 | more than \$118,285 | | | | |
| Amount from line 1. | | 52,703 86 | | | 2 | | | 2 |
| Base amount | 0 00 | 36,378 00 | 72,756 00 | 118,285 00 | 3 | | | 3 |
| Line 2 minus line 3 (cannot be negative) | | 16,325 86 | | | 4 | | | 4 |
| Rate | 15.25% | 22% | 26% | 29% | 5 | | | 5 |
| Multiply line 4 by line 5. | | 3,591 69 | | | 6 | | | 6 |
| Tax on base amount | 0 00 | 5,548 00 | 13,551 00 | 25,388 00 | 7 | | | 7 |
| Add lines 6 and 7. | | 9,139 69 | | | 8 | | | 8 |
| Federal non-refundable tax credits (see Help) | | | | | | | | |
| Basic personal amount | claim \$8,839 | | 300 | 8,839 00 | 9 | | | |
| Age amt. (if you were born in 1941 or earlier) | (max. \$5,066) | | 301 | | 10 | | | |
| Spouse or common-law partner amount: | | | | | | | | |
| Base amount | 8,256 00 | | | | | | | |
| Minus: his or her net income | 14,620 22 | | | | | | | |
| Result: (if neg., enter "0") (max \$7,505) | | | 303 | | 11 | | | |
| Amount for an eligible dependant | (maximum \$7,505) | | 305 | | 12 | | | |
| Amount for infirm dependants age 18 or older | | | 306 | | 13 | | | |
| CPP or QPP contributions: | | | | | | | | |
| through employment from box 16 and 17 on all T4 slips | | | 308 | 1,780 47 | 14 | | | |
| on self-employment and other earnings (attach Sch. 8) | | | 310 | 130 23 | 15 | | | |
| EI premiums from box 18 on all T4 slips | (max. \$729.30) | | 312 | 729 30 | 16 | | | |
| Canada employment amount | (maximum \$250) | | 363 | 250 00 | 17 | | | |
| Public transit passes amount (see Help) | | | 364 | | 18 | | | |
| Adoption expenses | | | 313 | | 19 | | | |
| Pension income amount | (maximum \$2,000) | | 314 | | 20 | | | |
| Caregiver amount (attach Schedule 5) | | | 315 | | 21 | | | |
| Disability amount (for self) | | | 316 | | 22 | | | |
| Disability amount transferred from a dependant | | | 318 | | 23 | | | |
| Interest paid on your student loans | | | 319 | | 24 | | | |
| Tuition, education, and textbook amounts (Schedule 11) | | | 323 | | 25 | | | |
| Tuition, education, and textbook amts. transf. from a child | | | 324 | | 26 | | | |
| Amts. transferred from your spouse or common-law partner | | | 326 | | 27 | | | |
| Medical expenses for self, spouse or common-law partner, and your dependent children born in 1989 or later | | | | | | | | |
| Minus: lesser of \$1,884, or 3% of l. 236 | 1,581 12 | | 330 | | | | | |
| Subtotal (if negative, enter "0") | | | | | (A) | | | |
| Allowable amount of medical expenses for other dependants (attach Sch 5) | | | | | | | | |
| Add lines (A) and (B). | | | 331 | | (B) | | | |
| Add lines 9 to 28. | | | 332 | | 28 | | | |
| Multiply the amount on the line above by 15.25%. | | | 335 | 11,729 00 | 29 | | | |
| Donations and gifts (attach Schedule 9) | | | 338 | 1,788 67 | 30 | | | |
| | | | 349 | 6,932 50 | 31 | | | |
| Total federal non-refundable tax credits | | | 350 | 8,721 17 | 32 | | | |

Net federal tax

Enter the amount from line 8 on page 1.

| | | | | | | |
|---|-----|-------|----|----|---|----|
| Federal tax on split income (from line 5 of Form T1206) | 424 | 9,139 | 69 | 33 | ● | 34 |
| Add lines 33 and 34. | 404 | 9,139 | 69 | ▶ | | 35 |

Enter the amount from line 32 on page 1.

| | | | | | | |
|---|-----|-------|----|----|---|----|
| Federal dividend tax credit (see Help) | 425 | | | 36 | ● | 37 |
| Overseas employment tax credit (attach Form T626) | 426 | | | | ● | 38 |
| Minimum tax carry-over (attach Form T691) | 427 | | | | ● | 39 |
| Add lines 36 to 39. | | 8,721 | 17 | ▶ | | 40 |

Basic federal tax: line 35 minus line 40 (if negative, enter "0") 429 418 52 41

Federal foreign tax credit:

Where you **only** have foreign non-business income, calculate your federal foreign tax credit below. Otherwise, use Form T2209, *Federal Foreign Tax Credits*, if you have foreign business income. **Enter on this line the amount you calculated.**

| | | | | | | |
|---|-----|-----|----|--|--|----|
| Subtotal: Basic federal tax minus foreign tax credits | 405 | | | | | 42 |
| | | 418 | 52 | | | |

Recapture of investment tax credit (attach form T2038(IND))

Federal tax: Subtotal plus recapture of investment tax credit 406 418 52 43

Federal logging tax credit

Total federal tax: Federal tax minus logging tax cr. (if negative, enter "0") 418 52

Total federal political contributions (attach receipts)

| | | | | | | |
|--|-----|--|--|--|---|----|
| Federal political contribution tax credit (see Help) | 409 | | | | ● | 44 |
| Investment tax credit (attach Form T2038(IND)) | 412 | | | | ● | 45 |

Labour-sponsored funds tax credit

| | | | | | | | |
|----------|-----|--|--|---------------------|-----|---|----|
| Net cost | 413 | | | Allowable credit | 414 | ● | 46 |
| | | | | Add lines 44 to 46. | 416 | ▶ | 47 |

Line 43 minus line 47 (if negative, enter "0")

(if you have an amount on line 34 above, see Form T1206) 417 418 52 48

Additional tax on RESP accumulated income payments (attach Form T1172) 418 49

Net federal tax: add lines 48 and 49.

Enter this amount on line 420 of your return. 420 418 52 50

Federal foreign tax credit: (see Help)

Make a separate calculation for each foreign country.

Enter on line 42 above the result from line (i) or (ii), whichever is less.

| | | | | | | | |
|---|-----|--------|----|-----|-------------------|------|------|
| Non-business income tax paid to a foreign country | | | | 431 | | ●(i) | |
| Net foreign non-business income | 433 | | | X | 418 52 | = | (ii) |
| Net income | | 52,703 | 86 | | Basic federal tax | | |

5. Bonds, debentures, promissory notes, and other similar properties

| Face value | Name of issuer | Year Acq. | Proceeds of Disposition | Adjusted Cost base | Outlays and Expenses | Gain (or loss) |
|-----------------------|----------------|-----------|-------------------------|--------------------|----------------------|----------------|
| | | | | | | |
| Maturity date | | | | | | |
| Maturity date | | | | | | |
| | See form T1170 | | | | | |
| Total | | | | | | 151 |
| Gain (or loss) | | | | | | 153 |

6. Other mortgage foreclosures and conditional sales repossessions

| Address or legal description | Prov./ Terr. | Year Acq. | Proceeds of Disposition | Adjusted Cost base | Outlays and Expenses | Gain (or loss) |
|------------------------------|--------------|-----------|-------------------------|--------------------|----------------------|----------------|
| | | | | | | |
| Total | | | | | | 154 |
| Gain (or loss) | | | | | | 155 |

7. Personal-use property

| Full description | Year Acq. | Proceeds of Disposition | Adjusted Cost base | Outlays and Expenses | Gain (or loss) |
|------------------------------------|-----------|-------------------------|--------------------|----------------------|----------------|
| ESSENTIAL MEDICINE, VITAMINS&NUTRI | 2006 | 20,000 00 | 20,000 00 | | |
| ONAL SUPPLEMENTS AND/OR OTHER ITEM | | | | | |
| Gain only | | | | | 158 |

8. Listed personal property (LPP)

| Full description | Year Acq. | Proceeds of Disposition | Adjusted Cost base | Outlays and Expenses | Gain (or loss) |
|--|-----------|-------------------------|--------------------|----------------------|----------------|
| | | | | | |
| Subtract: Unapplied LPP losses from other years | | | | | |
| Net gain only | | | | | 159 |

Note: You can only apply LPP losses against LPP gains.

| | |
|---|------------|
| Capital gains deferral from qualifying dispositions of eligible small business corporation shares (included in 3 above) | 161 |
|---|------------|

| | |
|--|------------|
| Farming and fishing income eligible for the capital gains deduction from the disposition of eligible capital property (see Help on farming income for details) | |
| From information slips | |
| Total | 173 |

| | |
|---|------------|
| T5, T5013, T5013A and T4PS Information slips – Capital gains (or losses) | 174 |
|---|------------|

| | |
|---|------------|
| T3 information slips – Capital gains (or losses) | 176 |
|---|------------|

| | |
|--|------------|
| Capital loss from a reduction in your business investment loss | 178 |
|--|------------|

| | |
|---|-----|
| Total of all gains (or losses) in column 5 before reserves | 191 |
|---|-----|

| | |
|---|-----|
| Reserves from line 6706 of Form T2017 (if negative, show in brackets) | 192 |
|---|-----|

| | |
|--|-----|
| Amount from line 7 of Form T1170 (attach Form T1170) | 193 |
|--|-----|

| | |
|--|-----|
| Total capital gains (or losses) | 197 |
|--|-----|

Taxable capital gains (or net capital loss) in 2006:

Multiply the amount on line 197 by 50%.

Enter the taxable capital gains on line 127 of your return.

| | | |
|--|-----|--|
| If it is a net capital loss, see Help topic for line 127. | 199 | |
|--|-----|--|

CPP Contributions on Self-Employment and Other Earnings

Complete this schedule to determine the amount of your Canada Pension Plan (CPP) contributions if:

- you reported self-employment income on lines 135 to 143 of your return;
- you reported business or professional income from a partnership on line 122 of your return; or
- you made an election on Form CPT20 to pay additional CPP contributions on other earnings.

Attach a copy of this schedule to your return. See **Help** for more information.

| | | | |
|---|------------|----|----|
| Pensionable net self-employment earnings (amounts from line 122 and lines 135 to 143 of your return) | 15,482 | 09 | 1 |
| Employment earnings not shown on a T4 slip on which you elect to pay additional CPP contributions (attach Form CPT20) | 373 | | 2 |
| Add lines 1 and 2 (if the result is negative, enter "0"). | 15,482 | 09 | 3 |
| Enter the amount from box 26 (or if blank, box 14) on all T4 slips (this amount already includes the amount entered on line 11 of Form CPT20, if it applies) | 39,352 | 00 | 4 |
| Total pensionable earnings (add lines 3 and 4) | 54,834 | 09 | 5 |
| Basic exemption claim \$3,500 | 3,500 | 00 | 6 |
| Earnings subject to contribution: line 5 minus line 6 (if negative, enter "0") (maximum \$38,600) | 38,600 | 00 | 7 |
| Multiply the amount on line 7 by 9.9% = | 3,821 | 40 | 8 |
| Contributions through employment (from box 16 and box 17 on all T4 slips) | 1,780 | 47 | 9 |
| x 2 = | 3,560 | 94 | 9 |
| CPP contributions payable on self-employment and other earnings: Line 8 minus line 9 (if negative, enter "0"). Enter this amount on line 421 of your return. | 260 | 46 | 10 |
| Deduction and tax credit for CPP contributions on self-employment and other earnings: Amount from line 10 | 260 | 46 | 11 |
| x 50% = | 130 | 23 | 11 |
| Enter this amount on line 222 of your return and on line 310 of Schedule 1. | | | |

Donations and Gifts

Attach a copy of this schedule to your return along with those official receipts that support your claim. Remember, you may have charitable donations shown on your T4 and T4A slips. See **Help** for more information.

| | | | |
|--|--------|----|---------|
| Total eligible amount of charitable donations and government gifts | 24,000 | 00 | 1 |
| Enter your net income from line 236 of your return | 52,703 | 86 | x 75% = |
| | 39,527 | 90 | 2 |

Note: If the amount on line 1 is less than the amount on line 2, enter the amount from line 1 on line 340 below and continue completing the schedule from line 340.

| | | | |
|--|-----|--|--|
| Gifts of depreciable property (see Help) | 337 | | 3 |
| Gifts of capital property (see Help) | 339 | | 4 |
| Add lines 3 and 4. | | | x 25% = |
| | | | 5 |
| | | | Total donations limit: add lines 2 and 5. (not to exceed the amount on line 236 of your return) |
| | | | 39,527 90 6 |

| | | | | | |
|---|-----|--------|----|------------|------------|
| Allowable charitable donations and government gifts (enter the amount from line 1 or line 6, whichever is less) | 340 | 24,000 | 00 | | |
| Eligible amount of cultural and ecological gifts (see line 349 in Help) | 342 | | | | |
| Add lines 340 and 342. | 344 | 24,000 | 00 | | |
| Enter \$200, or the amount from line 344, whichever is less . | 345 | 200 | 00 | x 15.25% = | 346 |
| Line 344 minus line 345 | 347 | 23,800 | 00 | x 29% = | 348 |
| | | | | | 30 50 7 |
| | | | | | 6,902 00 8 |
| | | | | | 6,932 50 9 |

Donations and gifts: add lines 7 and 8.

Enter this amount on line 349 of Schedule 1.

Ontario Tax

Complete this form and **attach a copy** of it to your return. See **Help** for more information.

Step 1 - Ontario tax on taxable income

Enter your taxable income from line 260 of your return. (If this amt. is more than \$20,000, you **must** complete **Step 7, Ontario Health Premium**)

Use the amount on line 1 to determine which **ONE** of the following columns you have to complete.

| Enter the amount from line 1 in the applicable column | If line 1 is \$34,758 or less | If line 1 is more than \$34,758, but not more than \$69,517 | If line 1 is more than \$69,517 |
|---|-------------------------------|---|---------------------------------|
| Line 2 minus line 3 (cannot be negative) | 0 00 | 52,703 86 | 52,703 86 |
| Multiply line 4 by line 5 | 6.05% | 9.15% | 11.16% |
| Add lines 6 and 7 | 0 00 | 2,103 00 | 5,283 00 |
| Ontario tax on taxable income | | 3,745 05 | |
| | Go to Step 2 | Go to Step 2 | Go to Step 2 |

Step 2 - Ontario non-refundable tax credits

| | | | | |
|---|---------------|------------|----------|----|
| Basic personal amount | claim \$8,377 | 5804 | 8,377 00 | 9 |
| Age amount (if born in 1941 or earlier) | | 5808 | | 10 |
| Spouse or common-law partner amount | | | | |
| Base amount | 7,824 00 | | | |
| Minus: his or her net income (if neg., enter "0") (max. \$7,113) | 14,620 22 | 5812 | | 11 |
| Amount for an eligible dependant | | 5816 | | 12 |
| Amount for infirm dependants age 18 or older | | 5820 | | 13 |
| Canada Pension Plan or Québec Pension Plan contributions: | | | | |
| (amount from line 308 of your federal Schedule 1) | 5824 | 1,780 47 | | 14 |
| (amount from line 310 of your federal Schedule 1) | 5828 | 130 23 | | 15 |
| Employment Insurance premiums (line 312 - fed. Sch.1) | 5832 | 729 30 | | 16 |
| Adoption expenses (amount from line 313, Schedule 1) | 5833 | | | 17 |
| Pension income amount (maximum \$1,158) | 5836 | | | 18 |
| Caregiver amount | 5840 | | | 19 |
| Disability amount (for self) | 5844 | | | 20 |
| Disability amount transferred from a dependant | 5848 | | | 21 |
| Interest paid on your student loans (line 319, Sch. 1) | 5852 | | | 22 |
| Tuition/education amounts [attach Schedule ON(S11)] | 5856 | | | 23 |
| Tuition and education amounts transferred from a child | 5860 | | | 24 |
| Amounts transferred from your spouse or common-law partner [attach Schedule ON(S2)] | 5864 | | | 25 |
| Medical expenses | 5868 | | | 26 |
| \$1,896 or 3% of 1.236, whichever is less | 1,581 12 | | | 27 |
| Line 26 minus line 27 (if neg., enter "0") | | | | 28 |
| Allowable medical expenses for other dependants (see Help) | 5872 | | | 29 |
| Add lines 28 and 29 | 5876 | | | 30 |
| Add lines 9 through 25, and line 30 | 5880 | 11,017 00 | | 31 |
| Non-refundable tax credit rate | | | 6.05% | 32 |
| Multiply line 31 by line 32 | | 5884 | 666 53 | 33 |
| Donations and gifts: | | | | |
| Line 345 of your federal Sch. 9 | 200 00 | x 6.05% = | 12 10 | 34 |
| Line 347 of your federal Sch. 9 | 23,800 00 | x 11.16% = | 2,656 08 | 35 |
| Add lines 34 and 35 | 5896 | 2,668 18 | | 36 |
| Add lines 33 and 36 | | 6150 | 3,334 71 | 37 |
| Ontario non-refundable tax credits | | | | |

Go to Step 3

Step 3 - Ontario tax

| | | | | | |
|--|------|------------|----------------------|----|----|
| Enter your Ontario tax on taxable income from line 8 | | | 3,745 | 05 | 38 |
| Enter your Ontario tax on split income from Form T1206 | 6151 | | | | 39 |
| Add lines 38 and 39 | | | 3,745 | 05 | 40 |
| Enter your Ontario non-refundable tax credits from line 37 | | 3,334 | 71 | | 41 |
| Ontario dividend tax credit: | | | | | |
| Credit calculated | 6152 | | | | 42 |
| Ontario overseas employment tax credit: | | | | | |
| Amt. from line 426 on Sch. 1 | | x 38.5% = | 6153 | | 43 |
| Ontario minimum tax carryover from Form T1219-ON | 6154 | | | | 44 |
| Add lines 41 through 44 | | 3,334 | 71 | | 45 |
| Line 40 minus line 45 (if negative, enter "0") | | | 410 | 34 | 46 |
| Ontario additional tax for minimum tax purposes: | | | | | 47 |
| Amount from line 95 of Form T691 | | x 39.67% = | | | |
| Add lines 46 and 47 | | | 410 | 34 | 48 |
| Ontario surtax | | | | | |
| (Line 48 | 410 | 34 | minus \$4,016) x 20% | | 49 |
| (Line 48 | 410 | 34 | minus \$5,065) x 36% | | 50 |
| Add lines 49 and 50 | | | | | 51 |
| Add lines 48 and 51 | | | 410 | 34 | 52 |

If you are **not** claiming the Ontario tax reduction and the credits in Steps 5 and 6, enter the amount from line 52 on line 69 and **complete Step 7**. Otherwise, continue below.

Step 4 - Ontario tax reduction

| | | | | | |
|---|------|----|-----------|-------|----|
| Basic reduction | | | 194 | 00 | 53 |
| If you had a spouse or common-law partner on December 31, 2006, only the individual with the higher net income can claim the reductions on lines 54 and 55. See Help for more information. | | | | | |
| Reduction for dependent children born in 1988 or later | | | | | |
| Number of dependent children | 6269 | 1 | x \$357 = | 357 | 00 |
| Reduction for disabled or infirm dependants | | | | | |
| Number of disabled or infirm dependants | 6097 | | x \$357 = | | 55 |
| Add lines 53, 54, and 55 | | | 551 | 00 | 56 |
| Enter the amount from line 56 | 551 | 00 | x 2 = | 1,102 | 00 |
| Enter the amount from line 52 | | | | 410 | 34 |
| Line 57 minus line 58 (if negative, enter "0") | | | | | 58 |
| Total Ontario tax reduction claimed | | | 691 | 66 | 59 |
| Line 52 minus line 59 (if negative, enter "0") | | | | | 60 |

Go to Step 5

Step 5 - Ontario foreign tax credit

| | | | | | |
|--|--|--|--|--|----|
| Enter the Ontario foreign tax credit from Form T2036 | | | | | 61 |
| Line 60 minus line 61 | | | | | 62 |

Go to Step 6

Step 6 - Ontario labour sponsored investment fund (LSIF) and employee ownership (EO) tax credits

| | | | | |
|---|---------|--------------------------------|-------------|---------------------|
| Total cost of shares from boxes 02 and 04 of LSIF tax credit certificate(s) A | x 15% = | (max. \$750) | 6275 | ● 63 |
| Total cost of ROIF eligible shares from boxes 03 and 05 of LSIF tax credit certificate(s) B | x 5% = | (max. \$250) | 6276 | ● 64 |
| Credit amount from boxes 09 and 11 of EO tax credit certificate(s) (max. \$4,150) | | | 6280 | ● 65 |
| Unused employee ownership (EO) tax credits from the previous five years | | | | 66 |
| Add lines 65 and 66 | | | | 67 |
| Add lines 63, 64, and 67 | | LSIF and EO tax credits | | 68 |
| Line 62 minus line 68 (if negative, enter "0") | | | | 69 |
| | | | | Go to Step 7 |

Step 7 – Ontario Health Premium

If your taxable income (from line 1) is \$20,000, or less, enter "0" on this line. Otherwise, enter the amount calculated for line 70 on the *Provincial Worksheet*

| | | | | |
|---|--|--|------------------------------------|-------------|
| Add lines 69 and 70 | | | 2006 Ontario Health Premium | 600 00 70 |
| Enter the result on line 428 of your return | | | Ontario tax | 600 00 71 |

STATEMENT OF BUSINESS ACTIVITIES

Identification

| | | | | | |
|------------------|-----------------------|-------------|--------------------------------------|-------------------------|---|
| Your name | YINGXIONG GUO | | SIN | 541 691 903 | |
| From: | 2006/01/01 | to: | 2006/12/31 | Final year of business? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Business name | YINGXIONG GUO | | Main prod/service | IT SERVICE | |
| Business address | 706-10 STONEHILL CRT. | | Industry code | 518110 | |
| City or town | SCARBOROUGH | | Partnership ID # | | |
| Province | ON | Postal code | M1W 2X8 | Tax shelter ID # | |
| Preparer's name | | | | | |
| Address | | | | | |
| Business number | | | Your percentage of the partnership % | | |

Income

| | | | | |
|---|------|--------|----|---|
| Sales, commissions, or fees | | 30,000 | 00 | a |
| Minus - GST/HST and PST (if included in sales above) | | | | |
| - Returns, allowances (if included in sales above) | | | | |
| Total of above two lines | | | | b |
| Net sales, commissions or fees (line a minus line b) | 8000 | 30,000 | 00 | |
| Foreign business income (from T3 slips) | | | | |
| Reserves deducted last year | 8290 | | | |
| Other income | 8230 | | | |
| Recapture of capital cost allowance | | | | |
| Gross income - Enter on appropriate line of your income tax return | 8299 | 30,000 | 00 | c |

Calculation of cost of goods sold (enter business part only)

| | | | | |
|---|------|--------|----|---|
| Opening inventory | 8300 | | | |
| Purchases during the year | 8320 | | | |
| Subcontracts | 8360 | | | |
| Direct wage costs | 8340 | | | |
| Other costs, specify: | 8450 | | | |
| Total of above five lines | | | | |
| Minus - Closing inventory | 8500 | | | |
| Cost of goods sold | 8518 | | | d |
| Gross profit (line c minus line d) | 8519 | 30,000 | 00 | e |

Expenses (enter business part only)

| | | | | |
|---|------|--------|----|---------|
| Advertising | 8521 | 2,933 | 05 | |
| Bad debts | 8590 | | | |
| Business tax, fees, licences, dues, memberships | 8760 | | | |
| Delivery, freight, and express | 9275 | | | |
| Fuel costs (except for motor vehicles) | 9224 | | | |
| Insurance | 8690 | | | |
| Interest | 8710 | | | |
| Maintenance and repairs | 8960 | | | |
| Management and administration fees | 8871 | | | |
| Meals & entertainment | 750 | 00 | X | 50.00 % |
| Motor vehicle expenses (not including CCA) | 8523 | 375 | 00 | |
| Office expenses | 9281 | 1,429 | 67 | |
| Supplies | 8810 | 2,905 | 78 | |
| Legal, accounting, and other professional fees | 8811 | 100 | 00 | |
| Property taxes | 8860 | | | |
| Rent | 9180 | | | |
| Salaries, wages, and benefits | 8910 | | | |
| Travel | 9060 | | | |
| Telephone and utilities | 9200 | | | |
| Other expenses | 9220 | 1,585 | 00 | |
| | 9270 | | | |
| Subtotal | | 9,328 | 50 | |
| Allowance on eligible capital property | 9935 | | | |
| Capital cost allowance (from Area A on page 3) | 9936 | 2,034 | 90 | |
| Total business expenses | 9368 | 11,363 | 40 | f |
| Net income (loss) before adjustments (line e minus line f) | 9369 | 18,636 | 60 | |

STATEMENT OF BUSINESS ACTIVITIES

YINGXIONG GUO

| | | | |
|--|--------|--------|----|
| Net income (loss) before adjustments (from line 9369 page 1) | 18,636 | 60 | g |
| Your share of line g above | 18,636 | 60 | h |
| Minus - Other deductions from your share of partnership income (loss) | 9943 | | i |
| Net income (loss) after adjustments (line h minus line i) | 18,636 | 60 | j |
| Minus - Business-use-of-home expenses (from chart below) | 9945 | 3,154 | 51 |
| Your net income (loss) line j minus line 9945 (to line 135 of your return) | 9946 | 15,482 | 09 |

Other amounts deductible from your share of 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.

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Total (enter this amount on line i above) | | | |

Calculation of business-use-of-home expenses

| | | | |
|---|----------------|--------|-----|
| Area or number of rooms of the work space | | 1 | (A) |
| Total area or rooms in the home | | 4 | (B) |
| Percentage of business portion (A divided by B) | | 25.0 | (C) |
| Heat | | | |
| Electricity | | | |
| Insurance | | | |
| Maintenance | | 200 | 00 |
| Mortgage interest | | 5,244 | 00 |
| Property taxes | | 1,479 | 80 |
| Other expenses | MANAGEMENT FEE | 5,694 | 24 |
| | | | |
| | | | |
| Subtotal | | 12,618 | 04 |
| Minus - Personal use part | | 9,463 | 53 |
| Subtotal | | 3,154 | 51 |
| Plus - Capital cost allowance (business part only) | | | |
| Subtotal | | 3,154 | 51 |
| Plus - Amount carried forward from previous year | | | |
| Subtotal | | 3,154 | 51 |
| Minus - Net income (loss) after adjustments (from line j) - If neg, enter "0". | | 18,636 | 60 |
| Business-use-of-home expenses available to carry forward | | | 2 |
| Allowable claim (lesser of amounts 1 or 2 above) to line 9945 above | | 3,154 | 51 |

Details of other partners

| Partner's name and address | | | Partnership share | |
|----------------------------|------|-----|-------------------|------------------|
| First | Last | SIN | % | Net income(loss) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Details of equity

| | | | |
|-------------------------------|------|--|--|
| Total business liabilities | 9931 | | |
| Drawings in 2006 | 9932 | | |
| Capital contributions in 2006 | 9933 | | |

STATEMENT OF BUSINESS ACTIVITIES

Area D - Details of equipment dispositions in the year

| Class # | Property details | Proceeds | Personal | Business |
|-----------------|------------------|----------|----------|----------|
| | | | | |
| | | | | |
| | | | | |
| Subtotal | | | | |

Details of motor vehicle dispositions in the year

| Class # | Property details | Proceeds | Personal | Business |
|---|------------------|----------|----------|----------|
| | | | | |
| | | | | |
| | | | | |
| Subtotal | | | | |
| Total equipment dispositions in the year | | | | 9926 |

Area E - Details of building dispositions in the year

| Class # | Property details | Proceeds | Personal | Business |
|--|------------------|----------|----------|----------|
| | | | | |
| | | | | |
| Total building dispositions in the year | | | | 9928 |

Note: If you disposed of property from your business in the year see Help

Area F - Details of 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.

Chart A – Motor vehicle expenses

| | Auto A | Auto B |
|--|----------|----------|
| Kilometres driven in the taxation year to earn income | 4,000 | 1 |
| Total kilometres driven in the taxation year | 12,000 | 2 |
| Percentage | 33.3 | |
| | | |
| Fuel and oil | 1,515 00 | 3 |
| Interest | | 4 |
| Insurance | 2,100 00 | 5 |
| Licence and registration fees | 74 00 | 6 |
| Maintenance and repairs | 600 00 | 7 |
| Leasing costs | | 8 |
| Other expenses | | 9 |
| | | 10 |
| Total motor vehicle expenses: Add lines 3 to 10 | 4,289 00 | 11 |
| Business use part | 1,429 67 | 12 |
| | | |
| Business parking fees | | 13 |
| Supplementary business insurance | | 14 |
| Add lines 12, 13, and 14 | 1,429 67 | 15 |
| | | |
| Allowable motor vehicle expenses (to line 9281) | | 1,429 67 |

Note: You can claim CCA on motor vehicles in Area A on page 3.

STATEMENT OF BUSINESS ACTIVITIES

Chart B – Available interest expense for passenger vehicles

| | Auto A | | Auto B |
|--|--------|---|--------|
| Total interest payable (accrual method) or paid (cash method) in the fiscal period | | A | |
| Date interest payments | | | |
| Auto A: started: _____ ended: _____ Total days interest paid | | | |
| Auto B: started: _____ ended: _____ Total days interest paid | | | |
| Purchase date of vehicle | | | |
| Auto A: _____ = * _____ /day = | | B | |
| Auto B: _____ = * _____ /day = | | | |
| Available interest expense: Lower of A or B | | | |

* If bought after 2000 or between Sept. 1/89 and Dec. 31/96 equals \$10.00 (\$8.33 otherwise).

Chart C - Eligible Leasing Costs Chart for Passenger Vehicles

| | Auto A | | Auto B |
|--|--------|--|--------|
| Lease commencement date | | | |
| Lease termination date (if terminated in 2006) | | | |
| Lease payments made before July 1, 2006 | | | |
| Lease payments made after June 30, 2006 | | | |
| Total lease charges paid for the vehicle in 2006 | | | |
| Total lease payments deducted in previous years | | | |
| Manufacturer's list price | | | |
| Eligible leasing costs with a GST rate of | | | |
| # of days the vehicle was leased in 2006 and previous years | | | |
| Total number of days the vehicle was leased in 2006 with the applicable GST rate | | | |
| PST rate | | | |
| Total lease charges paid for the vehicle in 2006 with the applicable GST rate | | | |
| Total lease payments deducted in previous years | | | |
| Manufacturer's list price | | | |
| Greater of ((\$35,294* + GST + PST) and line 4) x 85% | | | |
| [((\$800* + GST + PST x line 1) / 30] - line 3 | | | |
| [((\$30,000* + GST + PST x line 2) / line 5 | | | |
| Eligible leasing cost: Lower of line 6 or 7 | | | |
| Eligible leasing costs with a GST rate of | | | |
| # of days the vehicle was leased in 2006 and previous years | | | |
| Total number of days the vehicle was leased in 2006 with the applicable GST rate | | | |
| PST rate | | | |
| Total lease charges paid for the vehicle in 2006 with the applicable GST rate | | | |
| Total lease payments deducted in previous years | | | |
| Manufacturer's list price | | | |
| Greater of ((\$35,294* + GST + PST) and line 4) x 85% | | | |
| [((\$800* + GST + PST x line 1) / 30] | | | |
| [((\$30,000* + GST + PST x line 2) / line 5 | | | |
| Eligible leasing cost: Lower of line 6 or 7 | | | |

If you reside in one of the participating prov., replace the GST and PST in the calcs. with HST

** If you entered into a lease agreement before Jan. 1, 2001, make the following changes:

| | After 1990 and before 1997 | 1997 | 1998 1999 | 2000 |
|----------------------------------|-------------------------------|----------|--------------|----------|
| • line 5, replace \$35,294 with: | \$28,235 | \$29,412 | \$30,588 | \$31,765 |
| • line 6, replace \$800 with: | 650 | 550 | 650 | 700 |
| • line 7, replace \$30,000 with: | 24,000 | 25,000 | 26,000 | 27,000 |

Business Income Summary

| | | | |
|---|--------------------------|------------------------|-------------|
| Business #1: | | Gross income | Net income |
| Name | YINGXIONG GUO | 30,000 00 | 15,482 09 |
| Business number | Fiscal period | | |
| | 2006/01/01 to 2006/12/31 | | |
| Reconciliation of 2006 Business Income (T1139): | | Net income (loss) from | |
| 2005 additional business income | | T1139 form for 2006 | |
| (from line N of your 2005 T1139 form) | | (if applicable) | |

| | | | |
|---|---------------|------------------------|------------|
| Business #2: | | Gross income | Net income |
| Name | | | |
| Business number | Fiscal period | | |
| | to | | |
| Reconciliation of 2006 Business Income (T1139): | | Net income (loss) from | |
| 2005 additional business income | | T1139 form for 2006 | |
| (from line N of your 2005 T1139 form) | | (if applicable) | |

| | | | |
|---|---------------|------------------------|------------|
| Business #3: | | Gross income | Net income |
| Name | | | |
| Business number | Fiscal period | | |
| | to | | |
| Reconciliation of 2006 Business Income (T1139): | | Net income (loss) from | |
| 2005 additional business income | | T1139 form for 2006 | |
| (from line N of your 2005 T1139 form) | | (if applicable) | |

| | | | |
|---|---------------|------------------------|------------|
| Business #4: | | Gross income | Net income |
| Name | | | |
| Business number | Fiscal period | | |
| | to | | |
| Reconciliation of 2006 Business Income (T1139): | | Net income (loss) from | |
| 2005 additional business income | | T1139 form for 2006 | |
| (from line N of your 2005 T1139 form) | | (if applicable) | |

| | | | |
|---|--|--------------|------------|
| T5013 slips: | | Gross income | Net income |
| Business income from your T5013 slips | | | |
| (including adjustments from form T1139) | | | |

| | | | | |
|--|------------|--------------------|------------|--------------------|
| Business income to report on your tax return | 162 | 30,000 00 | 135 | 15,482 09 |
|--|------------|--------------------|------------|--------------------|