

Department of
Finance

**NEW SMALL BUSINESS TAX DEDUCTION
CERTIFICATE APPLICATION**

For use by all corporations requesting a Certificate of Eligibility for the Nova Scotia New Small Business Tax Deduction.

Do not complete if the corporation:

- carried on the professional practice of an accountant, dentist, lawyer, medical doctor, veterinarian or chiropractor
- earned eligible income from a partnership or a joint venture where any partner or co-venturer was ineligible
- earned eligible income from a trust where any beneficiary was ineligible
- has been associated with any other corporation
- was a previous active business as a sole proprietorship, a partnership or a corporation whether registered as such or not.

(Please print or type)

Corporation Name: _____

Mailing Address: _____

Postal Code: _____

Phone: _____ **Fax:** _____

Corporation Income Tax Account Number: _____

Incorporation Date: _____
 (Only eligible if incorporation after April 18, 1986)

Taxation Year End Date: (Month / Day / Year) _____

Year of Application: **First Year** **Second Year** **Third Year**

| | | |
|---|---------------|---|
| Schedules or Information Required: (If space not sufficient, attach a separate sheet) | YES/NO | If yes, Corporate Income Tax Schedule Required |
|---|---------------|---|

1. Has the corporation any income other than active business income? _____ T2S(7)

2. Has the corporation carried on business as a member of a partnership? _____ T2S(7)(A)

3. Has the corporation any associated corporations? _____ T2013

4. Describe the nature of the business that the applicant company is carrying on.

5. List all shareholders and their individual percent ownership of shares.

| | | | |
|-------|---------|-------|---------|
| _____ | _____ % | _____ | _____ % |
| _____ | _____ % | _____ | _____ % |

6. Is the shareholder of the applicant company also a shareholder of any other corporation(s)? If so, provide the name(s) of the corporation(s) and the shareholder's percent ownership. **(YES or NO)**

| | | | |
|-------|---------|-------|---------|
| _____ | _____ % | _____ | _____ % |
| _____ | _____ % | _____ | _____ % |

7. Is any shareholder of the applicant company also a member of a partnership, or sole proprietorship? Provide the name and the nature of that business and the shareholder's percent ownership. **(YES or NO)**

| | | | |
|-------|---------|-------|---------|
| _____ | _____ % | _____ | _____ % |
| _____ | _____ % | _____ | _____ % |

8. Prior to incorporation was the same or substantially the same business activity carried on by the shareholders of the applicant company, or any person(s) related to the shareholders of the applicant company by way of a sole proprietorship, partnership or corporation whether registered as such or not? If so, give details. **(YES or NO)**

9. Were assets and/or shares purchased by this business from a previously existing business that carried on the same, or substantially the same, business activity as a sole proprietorship, partnership or corporation whether registered as such or not? If so, provide details. **(YES or NO)**
- _____
- _____
10. Has the applicant company acquired by purchase or otherwise, or leased property from another corporation in which any shareholder of the applicant company beneficially owed at the time, directly or indirectly, more than 10% of the issued shares? Indicate such transaction, the date of that transaction, the name of the shareholder(s) of the applicant company who owned more than 10% of the shares of the corporation, and the percent ownership of shares in that company. **(YES or NO)**
- _____
- _____
- _____
11. Has the applicant company acquired by purchase or otherwise, or leased property from a sole proprietorship or partnership in respect of which it, any of its shareholders, or any persons related to it or its shareholders beneficially owned that sole proprietorship or partnership? If so, provide this information. **(YES or NO)**
- _____
- _____
12. Please provide the number of people employed (part-time or full-time) by your company as at your company's taxation year end date. Part-time employees _____ Full-time employees _____
- Relationship of employees to shareholders (use separate sheet or back of application if necessary)
13. Total hours worked in the fiscal period ended by each full-time employee(s) (or total of part-time employees) unrelated to any shareholder
- _____
14. Please provide the **percent** of total wages and salaries paid by the corporation in the taxation year to employees who are residents in the Province of Nova Scotia.
- _____
15. Location of corporation's head office _____
16. Have you attached a copy of the applicant company's corporation tax return, schedules and financial statements as filed with Revenue Canada Taxation at the company's taxation year end? *This information must be provided before a certificate is provided.*

Second and Third Year Applicants

In addition to completing questions #1 through 14, second and third year applicants must also complete the following:

1. Has the status changed from previous application? **YES/NO**

If status has changed, outline changes, in particular if a name change has occurred.

CERTIFICATION

I, _____ of _____
am an authorized Signing Officer of the corporation. I certify that this application, including the accompanying
schedules, has been examined by me and is a true and complete application.

Date: _____, 20____

Signature

Title

WARNING: False or misleading information is punishable under the Income Tax Act.