

Be sure to use the **guide** in filling out your income tax return; the information in the guide follows the order of the lines on the return.

Information about you

(see page 11 of the guide)

T

If you received an identification label, attach it here.  
If you expect to change your address, see page 11 of the guide.

3 If this is your first income tax return, check this box.

Last name  
1 \_\_\_\_\_

First name  
2 \_\_\_\_\_

Date of birth  
6 Y M D

4 Sex: 1  Male 2  Female

5 Language of correspondence 1  French 2  English

7 Number Street, P.O. box Apartment

8 City, town or municipality Province Postal code 9

11 Social insurance number (SIN): \_\_\_\_\_

Check the box corresponding to your situation on December 31, 2005 (see the definition of the term "spouse on December 31, 2005").

12 1  You **did not** have a spouse. 2  You **had** a spouse.

If your situation (line 12) has changed since 2004,

13 indicate the date of the change. 2 0 0 M D

If Québec **was not** your province of residence on December 31, 2005, indicate the province or territory.

17 \_\_\_\_\_

If you were not resident in Canada throughout the year, indicate your date of arrival: your date of departure:

18 Y M D Y M D

If you indicated a date on line 18, enter the income you earned during the period in which you were not resident in Canada.

19 \_\_\_\_\_

Date of bankruptcy (where applicable) Period covered by the return

21 2 0 0 5 M D  pre-bankruptcy  post-bankruptcy

If you are the beneficiary of a designated trust, refer to the guide.

22 \_\_\_\_\_

If the above information concerns a deceased person, enter the **date of death**.

20 2 0 0 M D

Information about your spouse on December 31, 2005

31 Last name and first name: \_\_\_\_\_

If your spouse earned income from self-employment, check this box.

50 \_\_\_\_\_

36 Date of birth: 1 9 Y M D

Your spouse's income (line 275 of your spouse's return).

51 If your spouse had no income, enter "nil." \_\_\_\_\_

If your spouse died in 2005, enter the **date of death**.

37 2 0 0 5 M D

41 Social insurance number: \_\_\_\_\_

## QST credit

<input type="checkbox"/> 90 If you are claiming the QST credit, check this box.	<input type="checkbox"/> 92 If you did not have a spouse on December 31, 2005, see page 12 of the guide.	
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## Total income

OPP contributions, <i>RL-1 slip, box B</i> , and CPP contributions	98	
Commissions received, <i>RL-1 slip, box M</i>	100	

Employment income, <i>RL-1 slip, box A</i>	If you worked outside Canada, check this box.	94				
Correction of employment income, if you received an RL-22 slip (work chart 105)				+	105	
Other employment income (see the guide)	Specify:	106	0	+	107	
Employment insurance benefits, <i>T4E slip</i>				+	111	
Old age security pension, <i>T4A(OAS) slip</i>				+	114	
QPP or CPP benefits, <i>RL-2 slip, box C</i>				+	119	
Payments from a pension plan, <i>RL-2 slip, box A</i> , or <i>RL-16 slip, box D</i> , an RRSP, a RRF or a DPSP, or annuities (see the guide)				+	122	
Taxable amount of dividends from taxable Canadian corporations				+	128	
Interest and other investment income				+	130	
<b>Rental income.</b> Attach your financial statements or form TP-128-V.	Gross income	168		Net income	+	136
Taxable capital gains (see the guide). Complete Schedule G.				+	139	
Support payments received (taxable amount)				+	142	
Social assistance payments, <i>RL-5 slip, box A</i> , and similar financial assistance, <i>RL-5 slip, box B</i>				+	147	
Income replacement indemnities, <i>RL-5 slip, box C, D, E or K</i> , and net federal supplements, <i>T4A(OAS) slip</i>				+	148	
Other income (see the guide)	Specify:	153		+	154	
<b>Business income.</b> Complete Schedule L.				Net income	+	164
Add lines 101 through 164.	<b>Total income</b>			=	199	

## Net income

Registered pension plan deduction, <i>RL-1 slip, box D</i>		205				
Employment expenses and deductions	Specify:	206		+	207	
RRSP deduction	HBP or LLP	212		+	214	
Support payments made (deductible amount). See the guide. Attach the required documents.						
Name of recipient: _____						
Recipient's social insurance number: _____	224					
If there is another recipient, attach a note indicating his or her name and social insurance number.						
Support payments made (deductible amount)				+	225	
Moving expenses. Complete form TP-348-V.				+	228	
Carrying charges and interest expenses (see lines 231 and 260 in the guide)				+	231	
Business investment loss. Complete form TP-232.1-V.						
Total losses	233			Allowable loss	+	234
Deduction for residents of designated remote areas. Complete form TP-350.1-V.				+	236	
Deduction for exploration and development expenses				+	241	
Other deductions (see the guide)	Specify:	249		+	250	
Carry-over of the adjustment of investment expenses (see the guide)				+	252	
Add lines 205, 207, 214 through 231 and 234 through 252.	<b>Total deductions</b>			=	254	
Subtract line 254 from line 199.				=	256	
<b>Adjustment of investment expenses</b> (see the guide). Complete Schedule N.				+	260	
Add lines 256 and 260.						
If the result is negative, enter 0. Carry the result to page 3.	<b>Net income</b>			=	275	

Attach your documents here.



If you have a balance due, please attach your cheque or money order to page 1.

## Taxable income

Amount from line 275		275		
Adjustment of deductions (see the guide)	+	276		
Support-payment arrears	+	277		
Add lines 275 through 277.	=	279		279
Deduction for strategic investments. Complete Schedule D.				
Non-capital losses from other years	+	287		
Net capital losses from other years (see lines 276 and 290 in the guide)	+	289		
Capital gains deduction	+	290		
Deduction for an Indian or a person of Indian ancestry	+	292		
Deduction for certain income (see the guide)	+	293		
Miscellaneous deductions (see the guide)	+	295		
	Specify:	296		
Add lines 287 through 297.	+	297		
	Total deductions	=	298	298
Subtract line 298 from line 279.				
If the result is negative, enter 0.				
	Taxable income	=	299	

## Non-refundable tax credits

These credits reduce the income tax that you are required to pay. Be sure to claim all the amounts to which you are entitled.

Basic personal amount				350	6,365	00
OPP and CPP contributions. Enter the amount from line 98 on page 2 (maximum \$1,861.20). If you were self-employed, see the guide.		351				
Employment insurance premiums, <i>RL-1 slip, box C</i> (maximum \$760.50)	+	352				
Contribution to the health services fund (see the guide). Complete Schedule F.	+	354				
Add lines 351 through 354.	=	355				
Enter the higher of the following amounts: the amount from line 355 or \$2,965.	+	356				
Add lines 350 and 356.	=	357				
Adjustment for income replacement indemnities (maximum \$8,397). See the guide.	-	358				
Subtract line 358 from line 357.	=	359				
Amount with respect to age, for a person living alone or for retirement income. Complete Schedule B.	+	361				
Amount for children enrolled in post-secondary studies or amount for other dependants. Complete Schedule A.	+	367				
Union, professional or other dues	+	373				
Amount for a severe and prolonged impairment in mental or physical functions	+	376				
Expenses for medical services not available in your area	+	378				
Medical expenses. Complete Schedule B.	+	381				
Tuition or examination fees. Complete Schedule M.	+	384	Amount claimed			
Interest paid on a student loan. Complete Schedule M.	+	385	Amount claimed			
Impairment amount transferred by a dependant. Complete Schedule A.	+	386				
Donations and gifts (see the guide). Attach your receipts.	+	389				
Add lines 359 through 389.	=	395				
	X	396	20%			
Multiply line 395 by 20%. Carry the result to line 406.						
	Non-refundable tax credits	=	399			

