

FORM 70D

File No. FD \_\_\_\_\_

FINANCIAL STATEMENT

(Heading as in Form 70A)

FINANCIAL STATEMENT OF \_\_\_\_\_  
(Petitioner/Respondent)

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_,  
in the province of \_\_\_\_\_, SWEAR (or AFFIRM) THAT:

1. Attached are the following:
  - Part 1 — Annual Income
  - Part 2 — Monthly Expenses
  - Part 3 — Assets of Both Parties
  - Part 4 — Debts of Both Parties
  
2. To the best of my knowledge, information and belief, the information set out in this financial statement is true and complete.

SWORN (or affirmed) before me at the \_\_\_\_\_ )  
 \_\_\_\_\_ of \_\_\_\_\_, )  
 in the Province of Manitoba, )  
 this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. )

\_\_\_\_\_  
 A Commissioner for Oaths in and for the  
 Province of Manitoba  
 My Commission expires: \_\_\_\_\_

PART 1 – ANNUAL INCOME

1. I am

employed as (*describe occupation*) \_\_\_\_\_  
by (*name and address of employer*) \_\_\_\_\_  
\_\_\_\_\_.

self-employed, carrying on business under the name of (*name and address of business*)  
\_\_\_\_\_  
\_\_\_\_\_.

unemployed since \_\_\_\_\_.

2. (a) Attached are copies of my Canada Customs and Revenue Agency income and deduction computer printouts for each of the three most recent taxation years \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(*years*)

(b) I cannot obtain the printouts for the years \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ because (*give reasons*)  
(*years*)

\_\_\_\_\_  
\_\_\_\_\_

3. (a) I expect my total income for this year to be as follows:

**SOURCES OF INCOME**

Employment income ( <i>wages, salary, commissions, including overtime and bonuses</i> )		_____
Other employment income ( <i>including tips and gratuities</i> )		_____
Old age security pension		_____
Canada or Quebec Pension Plan benefits		_____
Other pensions or superannuation		_____
Employment insurance benefits		_____
Taxable amount of dividends from taxable Canadian corporations		_____
Interest and other investment income		_____
Net partnership income		_____
Rental income	Gross _____	Net _____
Taxable capital gains		_____
Spousal support		_____
Child support ( <i>taxable only</i> )		_____
Registered Retirement Savings Plan income		_____
Business income	Gross _____	Net _____
Professional income	Gross _____	Net _____
Commission income	Gross _____	Net _____
Farming income	Gross _____	Net _____
Fishing income	Gross _____	Net _____
Workers' Compensation benefits		_____
Social Assistance payments		_____
Net federal supplements		_____
Other income ( <i>specify</i> )		_____

**(A) TOTAL ANNUAL INCOME:** \_\_\_\_\_

Total income as declared in most recent personal income tax return  
 \_\_\_\_\_  
 (year)

**ADJUSTMENTS TO INCOME**

**Additions:**

Actual amount of dividends received from Canadian corporations		_____
Actual capital gains realized in excess of actual capital losses		_____
Salaries, benefits or other payments paid to non-arm's length persons, and deducted from self-employment income, unless necessary to earn self-employment income		_____
Allowable capital cost allowance for real property		_____
Employee stock options with a Canadian-controlled private corporation exercised (Do not include if you dispose of the shares in the same year you exercise the option.)		_____
Value of shares at the time the options are exercised	_____	
Less: Amount paid for the shares	_____	
Amount paid to acquire the options to purchase the shares	_____	
	=	_____

**(B) TOTAL ADDITIONS:** \_\_\_\_\_

**Deductions:**

Union, professional dues and other employment expenses allowed under Schedule III

Child support received and included in total income above	_____
Spousal support received from the other parent and included in total income above	_____
Social assistance received by the parent for other members of the household	_____
Taxable amount of dividends from taxable Canadian corporations	_____
Taxable capital gains	_____
Actual amount of business investment losses	_____
Carrying charges and interest expenses	_____
Self-employment income, net of reserves, included in income for tax purposes in excess of the self-employment income for the 12 months ending on December 31 of the reporting year	_____
Portion of partnership and sole proprietorship income that is required by the partnership to be re-invested	_____

**(C) TOTAL DEDUCTIONS:**

**Annual Income for Child Support Guidelines Table Amount**

*(Total income (A) plus additions (B) less deductions (C))*

\_\_\_\_\_

**Annual Income for Special or Extraordinary Expenses Amount**

*(Annual Income for Child Support Guidelines Table Amount less spousal support paid to the other parent, or, plus spousal support received from the other parent, as applicable)*

\_\_\_\_\_

(b) *(Do not complete this section where the only relief claimed is a table amount of child support under the child support guidelines and all children for whom relief is sought are under the age of majority.)*

(i) I receive child support for the following persons who are not the subject of this application:

Name	Annual amount	Taxable or not <i>(indicate)</i>
_____	_____	_____

(ii) I receive the following non-taxable benefits, allowances or amounts: *(This includes items such as use of a vehicle and room and board. Where the benefit is not an amount, include an estimate of the value of the benefit on an annual basis.)*

Benefit	Benefit	Annual amount or value
_____	_____	_____

*(Note: It is not necessary to complete Parts 2, 3 or 4 where the only relief claimed is a table amount of child support under the child support guidelines and all children for whom relief is sought are under the age of majority.)*



5. (Complete only if claiming child support and special or extraordinary expenses.)

I have the following special or extraordinary expenses for the named children:

(a) Child care expenses

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
<i>(specify expense)</i>	_____	_____
_____	_____	_____

(b) Health-related expenses that exceed insurance reimbursement by at least \$100 annually:

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
<i>(specify expense)</i>	_____	_____
_____	_____	_____

(c) Extraordinary expenses for primary or secondary school education or for any educational programs that meet the child's particular needs

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
<i>(specify expense)</i>	_____	_____
_____	_____	_____

(d) Post-secondary education

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
<i>(specify expense)</i>	_____	_____
_____	_____	_____

(e) Extraordinary expenses for extracurricular activities

Name of child _____	Gross annual cost	Net annual cost
_____	_____	_____
<i>(specify expense)</i>	_____	_____
_____	_____	_____

PART 3 — ASSETS OF BOTH PARTIES

6. Our assets are as follows:

*(Include all assets, whether or not shareable under The Family Property Act, including jointly owned assets. Where there is a claim under The Family Property Act, identify with an asterisk (\*) those assets alleged to be non-shareable. Do not complete the column headed "Market Value at Date of Separation" if there is no claim under The Family Property Act.)*

	Asset in Possession of Petitioner (P) or Respondent (R)	Present Market Value	Market Value at Date of Separation
Real estate (municipal address)	_____	\$ _____	\$ _____
Cars, boats, vehicles (year, make, model)	_____	\$ _____	\$ _____
Household goods, furniture and appliances	_____	\$ _____	\$ _____
Tools, sports and hobby equipment	_____	\$ _____	\$ _____
Bank accounts and cash on hand	_____	\$ _____	\$ _____
R.R.S.P.	_____	\$ _____	\$ _____
Bonds, shares, term deposits, investment certificates, mutual funds	_____	\$ _____	\$ _____
Money owed to us	_____	\$ _____	\$ _____
Life Insurance (cash value)	_____	\$ _____	\$ _____
Pension plans	_____	\$ _____	\$ _____
Business assets	_____	\$ _____	\$ _____
Other ( <i>specify</i> )	_____	\$ _____	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

PART 4 — DEBTS AND OTHER LIABILITIES OF BOTH PARTIES

7. Our debts and liabilities are as follows:

*(List all your debts and liabilities as well as any joint debts and liabilities. Identify joint liabilities with an asterisk (\*). Do not complete the column headed "Amount Outstanding at Date of Separation" if there is no claim under The Family Property Act.)*

	Debt of Petitioner (P) or Respondent (R) or Joint (*)	Present Amount Outstanding	Amount Outstanding at Date of Separation	Present Monthly Payments
Mortgage	_____	\$ _____	\$ _____	\$ _____
Loans <i>(specify)</i>	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
Credit cards	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
Other <i>(specify)</i>	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>