



MANITOBA CORPORATE TAX REDUCTION FOR NEW SMALL BUSINESSES

Name of Corporation	Corporation Account Number	Taxation Year End		
		Day	Month	Year

- The Manitoba Corporate Tax Reduction for New Small Businesses applies to the first five taxation years of a newly formed Canadian - controlled private corporation, credit union, or cooperative corporation incorporated in Manitoba after August 8, 1988 and before 1992.
- The corporation must be a Canadian - controlled private corporation, credit union, or cooperative corporation throughout the year and maintain a permanent establishment in Manitoba at any time during the year.
- The corporation must never have been associated with any other business since the date of incorporation. However, associated corporations may have their ineligibility waived by the Provincial Minister of Finance.
- This reduction is only available to a corporation that is eligible to claim a federal small business deduction for the year or a deduction under subsection 137(3) of the federal Income Tax Act (credit union).
- One completed copy of this form and the CONFIRMATION NOTICE issued by the Province are to be filed with the T2 return.

Calculation of Manitoba Small Business Corporate Tax Reduction

Least of amounts from lines 223, 225, and 227 of the small business deduction calculation on page 3 of the T2 return _____ = _____ (A)

Amount (A) _____ X $\frac{\text{Taxable income earned in Manitoba}^*}{\text{Taxable income earned in all Provinces}^*}$ _____ X _____ (B)** = _____ (C)

Enter Amount (B) on line 610 of form T2S-TC.
Enter Amount (C) on line 611 of form T2S-TC.

* Taxable income determined in accordance with paragraph 124(4)(a) of the Income Tax Act and Part IV of the Income Tax Regulations.

** Amount (B) - Rate of reduction:

- corporation's first taxation year 10%
- corporation's second taxation year. 8%
- corporation's third taxation year. 6%
- corporation's fourth taxation year. 4%
- corporation's fifth taxation year. 2%

Certification

I hereby certify that the information given in this form is true, correct and complete in every respect.

_____ Date

_____ Signature of Authorized Person

_____ Position or Office