Name of taxpayer	Social Insurance Number	Printed
ANATOLIY MELNICHUK	737-164-517	2015/05/14

2014 Tax Return Summary

Identification

First name:	ANATOLIY
Last name:	MELNICHUK
C/O:	
Street:	13157 SHORELINE DR
City:	WINFIELD
PO Box, RR:	
Province/State:	British Columbia
Postal/Zip code:	V4V 2T2
Telephone:	(250)808-9110
Birth date:	1983/07/18

Sin:	737-164-517
Marital status:	Married
Spouse's first name:	SVETLANA
Spouse's last name:	MELNICHUK
Spouse's SIN:	749-054-789
Spouse's net income:	6,981.78
Universal Child Care Benefit:	3,600.00
Universal Child Care Benefit repayment:	
Child Tax Benefit (July 2015 to June 2016)	
GST/HST credit and provincial benefits:	

Total income

Business income	Gross	162	63,065 74	Net	135	21,784 28
				Total income	150	21,784 28

Net income

Deduction for CPP or QPP contributions on self-employment and other earnings	222	905 07	
Add lines 207 to 224, 229, 231, and 232.	233	905 07	905 07
Net income	236		20,879 21

Taxable income

Taxable income	260	20,879 21

Federal non-refundable tax credits

Basic personal amount	300	11,138 00	
Spouse or common-law partner amount	303	4,156 22	
Amount for children born in 1997 or later	367	6,765 00	
CPP or QPP contributions payable on self-employment and other earnings	310	905 07	
Total federal non-refundable credits	335	22,964 29	
Multiply the amount on line 335 by 15% =	338		3,444 64
Total federal non-refundable tax credits	350		3,444 64

Refund or Balance owing

Federal tax	406	<NIL>
Net federal tax	420	<NIL>
CPP contributions payable on self-employment and other earnings	421	1,810 14
British Columbia tax	428	71 01
Total payable	435	1,881 15

Working income tax benefit (WITB)	453	671 06	
British Columbia tax credits	479	24 78	
Total credits	482	695 84	695 84
Line 435 minus line 482			1,185 32
Balance owing	485		1,185 32

2015 RRSP/PRPP contribution limit 21,605 00

Name of taxpayer	Social Insurance Number	Printed
ANATOLIY MELNICHUK	737-164-517	2015/05/14

2014 Tax Return Summary

Identification

First name:	ANATOLIY	Sin:	737-164-517
Last name:	MELNICHUK	Marital status:	Married
C/O:		Spouse's first name:	SVETLANA
Street:	13157 SHORELINE DR	Spouse's last name:	MELNICHUK
City:	WINFIELD	Spouse's SIN:	749-054-789
PO Box, RR:		Spouse's net income:	6,981.78
Province/State:	British Columbia	Universal Child Care Benefit:	3,600.00
Postal/Zip code:	V4V 2T2	Universal Child Care Benefit repayment:	
Telephone:	(250)808-9110	Child Tax Benefit (July 2015 to June 2016)	
Birth date:	1983/07/18	GST/HST credit and provincial benefits:	

Total income

Business income	Gross	162	63,065 | 74	Net 135	21,784 | 28	
				Total income	150	21,784 | 28

Net income

Deduction for CPP or QPP contributions on self-employment and other earnings	222	905 | 07	
Add lines 207 to 224, 229, 231, and 232.	233	905 | 07	905 | 07
Net income	236		20,879 | 21

Taxable income

Taxable income	260	20,879 | 21

Federal non-refundable tax credits

Basic personal amount	300	11,138 | 00	
Spouse or common-law partner amount	303	4,156 | 22	
Amount for children born in 1997 or later	367	6,765 | 00	
CPP or QPP contributions payable on self-employment and other earnings	310	905 | 07	
Total federal non-refundable credits	335	22,964 | 29	
Multiply the amount on line 335 by 15% =	338		3,444 | 64
Total federal non-refundable tax credits	350		3,444 | 64

Refund or Balance owing

Federal tax	406	<NIL>
Net federal tax	420	<NIL>
CPP contributions payable on self-employment and other earnings	421	1,810 | 14
British Columbia tax	428	71 | 01
Total payable	435	1,881 | 15

Working income tax benefit (WITB)	453	671 | 06	
British Columbia tax credits	479	24 | 78	
Total credits	482	695 | 84	695 | 84
Line 435 minus line 482			1,185 | 32
Balance owing	485		1,185 | 32

2015 RRSP/PRPP contribution limit 21,605 | 00

Canada Revenue Agency

Information Return for Electronic Filing of an Individual's Income Tax and Benefit Return

Protected B when completed

- The information found on this form corresponds to the tax year indicated on the right.
- Before you complete this form, read the information and instructions on page 2 of this form.
- **Parts A, B, E, F, and G of this form must be completed.** Parts **C** and **D** are optional.
- The individual (or legal representative) identified in Part **A** must sign Part **E**.
- Part **G** is to be completed by your electronic filer once the return has been submitted.

Tax year: 2014

Part A - Identification and address as shown on your return (mandatory)

First name	Last name	Social insurance number
ANATOLIY	MELNICHUK	737-164-517

Mailing address: Apt. No. - Street number and name: 13157 SHORELINE DR

PO Box	RR	City	Prov./Terr.	Postal code
		WINFIELD	BC	V4V 2T2

Email address (optional)

I understand that by providing an email address, I am **registering** for online mail and **I accept the terms and conditions**. For more information, refer to the information and instructions on the back of the form.

Part B - Declaration of amounts from your General Income Tax and Benefit Return (mandatory)

Enter the following amounts from your return, if applicable:

Total income (line 150)	21,784 | 28	Refund (line 484)	
Taxable income (line 260)	20,879 | 21	or	
Total federal non-refundable tax credits (line 350 of Schedule 1)	3,444 | 64	**Balance owing (line 485)**	1,185 | 32

Part C - Alternative address information (optional)

Complete this part if you want us to mail your notice of assessment and your tax refund, or only your notice of assessment, to you at the address of the electronic filer named in Part F. Tick (X) the appropriate box to tell us which information to mail to the electronic filer's address. This authorization is valid for the current tax year only. Read the back of this form for more details.

☐ notice of assessment and tax refund **or** ☐ notice of assessment

Part D - Authorizing an electronic filer to represent you (optional)

☐ By completing and transmitting this part of the T183 form, I authorize the Canada Revenue Agency to deal with the electronic filer named in Part F as my representative for income tax matters on my tax return. This authorization is limited to the specific tax year and does not provide online access to the taxpayer's representative. This authorization will expire on _____ (**YYYY/MM/DD**). If you do not show an expiry date, this authorization **will remain in effect** until you, the undersigned, cancel it. Read the back of this form for more details

Signature (individual identified in Part A or legal representative) | Name and title of legal representative | Date

Part E - Declaration and authorization (mandatory)

I declare that the information entered in Part A and the amounts shown in Part B above are correct and complete, and fully discloses my income from all sources. I also declare that I have read the information on page 2 of this form, and that the electronic filer identified in Part F is filing my return. I allow this electronic filer to communicate with the Canada Revenue Agency to correct any errors or omissions.

Signature (individual identified in Part A or legal representative) | Name and title of legal representative | Date

Part F - Electronic filer identification (mandatory)

By signing Part E above, the individual in Part A declares that the following person or firm is electronically filing his or her return. Part E **must be signed** before the return is electronically transmitted.

Name of person or firm: ACCSER BOOKKEEPING

Electronic filer number: J7770

Part G - Document control number or confirmation number (mandatory)

Enter the document control or confirmation number for the individual's electronic record:

J777014NZ0F75

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 175

Canada Revenue Agency

Statement of Business or Professional Activities

Protected B when completed

- For each business or profession, complete a **separate** Form T2125.
- File each completed Form T2125 with your income tax and benefit return.
- For more information on how to complete this form, see Guide T4002, *Business and Professional Income*.

Identification

Your name	Your social insurance number
ANATOLIY MELNICHUK	737-164-517
Business name	**Account number (15 characters)**
TONY'S STONE AND TILES	839096567RT0001

Business address	City and province or territory	Postal code
13157 SHORELINE DR	WINFIELD BC	V4V 2T2

Fiscal period — From: YYYY MM DD 2014/01/01 to: YYYY MM DD 2014/12/31

Was 2014 your last year of business? Yes ☐ No ☒

Main product or service	Industry code (see the appendix in Guide T4002)
STONE AND TILES, HOME RENO SER	238340

Tax shelter identification number	Partnership business number (9 digits)	Your percentage of the partnership
		100.00 %

Name and address of person or firm preparing this form

ACCSER BOOKKEEPING
9392 GRANBY ROAD GRAND FORKS BC V0H 1H1

Internet business activities

How many Internet webpages and websites does your business earn income from? Enter "0" if none. 0

Provide the main webpage or site address(es) (also known as URL address(es)):

http:// _____
http:// _____
http:// _____
http:// _____
http:// _____

Percentage of your gross income generated from the webpages and websites. 0 %
(If no gross income was generated from the Internet, enter "0")

Name of taxpayer	Social Insurance Number	Printed
ANATOLIY MELNICHUK	737-164-517	2015/05/14

Protected B when completed

T2125

Statement of Business or Professional Activities

Part 1 - Business income

[X] If you have business income, tick this box and complete this part. **Do not complete parts 1 and 2 on the same form.**

Gross sales, commissions, or fees (including GST/HST collected or collectible) (See Page 7 for details)	66,219 02	A
Minus any GST/HST, provincial sales tax, returns, allowances, discounts, and GST/HST adjustments (incl. on line A above)	3,153 28	(i)
Subtotal (amount A **minus** amount (i))	63,065 74	B
For those using the quick method - Government assistance calculated as follows: GST/HST collected or collectible on sales, commissions and fees eligible for the quick method	(ii)	
GST/HST remitted, calculated on (sales, commissions, and fees eligible for the quick method plus GST/HST collected or collectible) multiplied by the applicable quick method remittance rate	(iii)	
Subtotal (amount (ii) **minus** amount (iii))		(iv)
Adjusted gross sales (amount B **plus** amount (iv)) - Enter this amount on line 8000 in Part 3 below	63,065 74	C

Part 2 - Professional income

[ ] If you have professional income, tick this box and complete this part. **Do not complete parts 1 and 2 on the same form.**

Gross professional fees including work-in-progress (WIP) (including GST/HST collected or collectible) (See Page 7 for details)		D
Minus any GST/HST, provincial sales tax, returns, allowances, discounts, and GST/HST adjustments (included on line D above) and any WIP at the end of the year you elected to exclude (see Chapter 2 of Guide T4002)		(i)
Subtotal (amount D **minus** amount (i))		E
For those using the quick method - Government assistance calculated as follows: GST/HST collected or collectible on professional fees eligible for the quick method	(ii)	
GST/HST remitted, calculated on (professional fees eligible for the quick method plus GST/HST collected or collectible) multiplied by the applicable quick method remittance rate	(iii)	
Subtotal (amount (ii) **minus** amount (iii))		(iv)
Work-in-progress (WIP), start of the year, per election to exclude WIP (see Chapter 2 of Guide T4002)		(v)
Adjusted professional fees (Amount E **plus** amount (iv), and (v)) - Enter this amount on line 8000 in Part 3 below		F

Part 3 - Gross business or professional income

Adjusted gross sales (from amount C in Part 1) or adjusted professional fees (from amount F in Part 2)	8000	63,065 74	G
Plus			
Reserves deducted last year	8290		
Other income Recapture of CCA and/or CEC	8230		
Total of the above two lines			H
Gross business or professional income (amount G **plus** amount H)	8299	63,065 74	

Enter this amount on the appropriate line of your income tax and benefit return: business on line 162, professional on line 164, commissions on line 166.

If GST/HST has been remitted or an input tax credit has been claimed, do not include GST/HST when you calculate the cost of goods sold, expenses, or net income (loss) in parts 4 to 6.

Part 4 - Cost of goods sold and gross profit

If you have business income, complete this part. Enter only the business part of the costs.

Gross business income from line 8299 in Part 3 above			63,065 74	I
Opening inventory (include raw materials, goods in process, and finished goods)	8300			
Purchases during the year (net of returns, allowances, and discounts)	8320			
Direct wage costs	8340			
Subcontracts	8360	6,000 00		
Other costs	8450			
Total of the above five lines		6,000 00		
Minus				
Closing inventory (include raw materials, goods in process, and finished goods)	8500			
Cost of goods sold	8518	6,000 00	6,000 00	J
Gross profit (amount I **minus** amount J)	8519		57,065 74	

Name of taxpayer	Social Insurance Number	Printed
ANATOLIY MELNICHUK	737-164-517	2015/05/14

Statement of Business or Professional Activities

Protected B when completed
T2125

Part 5 - Net income (loss) before adjustments

Gross profit from line 8519 in Part 4 on page 2, or gross income from line 8299 in Part 3 on page 2 ..... 57,065 | 74 K

Expenses (enter only business part)

Advertising	8521	428	58
Meals and entertainment (allowable part only)	8523	1,116	12
Bad debts	8590		
Insurance	8690		
Interest	8710	246	73
Business tax, fees, licences, dues, memberships, and subscriptions	8760	100	00
Office expenses	8810	636	46
Supplies	8811	7,634	39
Legal, accounting, and other professional fees	8860	300	00
Management and administration fees	8871		
Rent	8910		
Maintenance and repairs	8960	92	63
Salaries, wages, and benefits (including employer's contributions)	9060		
Property taxes	9180		
Travel (including transportation fees, accommodations, and allowable portion of meals)	9200		
Telephone and utilities	9220	1,883	45
Fuel costs (except for motor vehicles)	9224		
Delivery, freight, and express	9275		
Motor vehicle expenses (not including CCA)(see Chart A on page 7)	9281	9,786	03
Allowance on eligible capital property	9935		
Capital cost allowance (from Area A on page 5)	9936	5,423	79
Other expenses (specify): See Page 7 for details	9270	2,978	30
Total business expenses (total of lines 8521 to 9270)		30,626	49

9368 30,626 | 49 L

Net income (loss) before adjustments (amount K **minus** amount L) ..... 9369 26,439 | 25

Part 6 - Your net income (loss)

Your share of the amount on line 9369 in Part 5 or the amount from your T5013 slip		26,439	25 M	
Plus: GST/HST rebate for partners received in the year (see Chapter 3 of Guide T4002)	9974		N	
Total (amount M **plus** amount N)		26,439	25	26,439 | 25 O
Minus: Other amounts deductible from your share of the net partnership income (loss) (from the chart in Part 7 below)	9943			P
Net income (loss) after adjustments (amount O **minus** amount P)				26,439 | 25 Q
Minus: Business-use-of-home expenses (your share of amount 3 in part 8)	9945			4,654 | 97 R
Your net income (loss) (amount Q **minus** amount R)	9946			21,784 | 28

Enter this amount on the appropriate line of your income tax and benefit return: business on line 135, professional on line 137, or commissions on line 139.

Part 7 - Other amounts deductible from your share of the 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.

Automobile expenses from AUTO schedule

Automobile expenses (except CCA)

CCA on motor vehicle

Private health services plan premiums

Other amounts deductible from your share of the partnership (total of the above amounts)
Enter this amount on line 9943, in Part 6 above

Name of taxpayer	Social Insurance Number	Printed
ANATOLIY MELNICHUK	737-164-517	2015/05/14

Statement of Business or Professional Activities

Protected B when completed
T2125

Part 8 - Calculation of business-use-of-home expenses

Heat	377	55	
Electricity	1,469	03	
Insurance			
Maintenance			
Mortgage interest			
Property taxes			
Other expenses (specify): RENT	13,670	00	
Subtotal	15,516	58	
Minus: Personal-use part	10,861	61	
Subtotal	4,654	97	
Plus: Capital cost allowance (business part only)			
Amount carried forward from previous year			
Subtotal	4,654	97	1
Minus: Net income (loss) after adjustments (from amount Q in Part 6 on page 3 - if negative, enter "0")	26,439	25	2
Business-use-of-home expenses available to carry forward (amount 1 **minus** amount 2 - if negative, enter "0")			
Allowable claim (the lesser of amounts 1 and 2 - Enter your share of this amount on line 9945 in Part 6)	4,654	97	3

Details of other partners

Partner's name and Address	Share of net income or (loss)	Percentage of partnership
	$	%
	$	%
	$	%
	$	%
	$	%

Details of equity

Total business liabilities	9931	
Drawings in 2014	9932	
Capital contributions in 2014	9933	

Name of taxpayer	Social Insurance Number	Printed
SVETLANA MELNICHUK	749-054-789	2015/05/14

2014 Tax Return Summary

Identification

First name:	SVETLANA
Last name:	MELNICHUK
C/O:	
Street:	13157 SHORELINE DR
City:	WINFIELD
PO Box, RR:	
Province/State:	British Columbia
Postal/Zip code:	V4V 2T2
Telephone:	(250)808-9110
Birth date:	1989/01/05

Sin:	749-054-789
Marital status:	Married
Spouse's first name:	ANATOLIY
Spouse's last name:	MELNICHUK
Spouse's SIN:	737-164-517
Spouse's net income:	20,879.21
Universal Child Care Benefit:	
Universal Child Care Benefit repayment:	
Child Tax Benefit (July 2015 to June 2016)	10,729.00
Provincial Benefit (July 2015 to June 2016)	1,375.00
GST/HST credit and provincial benefits:	1,307.52

Total income

Universal child care benefit (UCCB)				117	3,600 00	
Business income	Gross	162	6,000 00	Net 135	3,381 78	
					Total income 150	6,981 78

Net income

Net income	236	6,981 78

Taxable income

Taxable income	260	6,981 78

Federal non-refundable tax credits

Basic personal amount	300	11,138 00	
Total federal non-refundable credits	335	11,138 00	
Multiply the amount on line 335 by 15% =	338		1,670 70
Total federal non-refundable tax credits	350		1,670 70

Refund or Balance owing

Federal tax	406	<NIL>
Net federal tax	420	<NIL>
Total payable	435	<NIL>
Line 435 minus line 482		<NIL>
Balance owing	485	<NIL>

2015 RRSP/PRPP contribution limit 5,106 00

Canada Revenue Agency

Information Return for Electronic Filing of an Individual's Income Tax and Benefit Return

Protected B when completed

Tax year: 2014

- The information found on this form corresponds to the tax year indicated on the right.
- Before you complete this form, read the information and instructions on page 2 of this form.
- **Parts A, B, E, F, and G of this form must be completed**. Parts **C** and **D** are optional.
- The individual (or legal representative) identified in Part **A** must sign Part **E**.
- Part **G** is to be completed by your electronic filer once the return has been submitted.

Part A - Identification and address as shown on your return (mandatory)

First name	Last name	Social insurance number
SVETLANA	MELNICHUK	749-054-789

Mailing address: Apt. No. - Street number and name
13157 SHORELINE DR

PO Box	RR	City	Prov./Terr.	Postal code
		WINFIELD	BC	V4V 2T2

Email address (optional)
I understand that by providing an email address, I am **registering** for online mail and **I accept the terms and conditions**. For more information, refer to the information and instructions on the back of the form.

Part B - Declaration of amounts from your General Income Tax and Benefit Return (mandatory)

Enter the following amounts from your return, if applicable:

Total income (line 150)	6,981 78	Refund (line 484)	
Taxable income (line 260)	6,981 78	or	
Total federal non-refundable tax credits (line 350 of Schedule 1)	1,670 70	**Balance owing (line 485)**	

Part C - Alternative address information (optional)

Complete this part if you want us to mail your notice of assessment and your tax refund, or only your notice of assessment, to you at the address of the electronic filer named in Part F. Tick (X) the appropriate box to tell us which information to mail to the electronic filer's address. This authorization is valid for the current tax year only. Read the back of this form for more details.

☐ notice of assessment and tax refund **or** ☐ notice of assessment

Part D - Authorizing an electronic filer to represent you (optional)

☐ By completing and transmitting this part of the T183 form, I authorize the Canada Revenue Agency to deal with the electronic filer named in Part F as my representative for income tax matters on my tax return. This authorization is limited to the specific tax year and does not provide online access to the taxpayer's representative. This authorization will expire on _____ (YYYY/MM/DD). If you do not show an expiry date, this authorization **will remain in effect** until you, the undersigned, cancel it. Read the back of this form for more details

Signature (individual identified in Part A or legal representative) | Name and title of legal representative | Date

Part E - Declaration and authorization (mandatory)

I declare that the information entered in Part A and the amounts shown in Part B above are correct and complete, and fully discloses my income from all sources. I also declare that I have read the information on page 2 of this form, and that the electronic filer identified in Part F is filing my return. I allow this electronic filer to communicate with the Canada Revenue Agency to correct any errors or omissions.

Signature (individual identified in Part A or legal representative) | Name and title of legal representative | Date

Part F - Electronic filer identification (mandatory)

By signing Part E above, the individual in Part A declares that the following person or firm is electronically filing his or her return. Part E **must be signed** before the return is electronically transmitted.

Name of person or firm: ACCSER BOOKKEEPING

Electronic filer number: J7770

Part G - Document control number or confirmation number (mandatory)

Enter the document control or confirmation number for the individual's electronic record:

J777014PABAU5

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 175

cantax

Canada Revenue Agency

Statement of Business or Professional Activities

Protected B when completed

- For each business or profession, complete a **separate** Form T2125.
- File each completed Form T2125 with your income tax and benefit return.
- For more information on how to complete this form, see Guide T4002, *Business and Professional Income*.

Identification

Your name	Your social insurance number
SVETLANA MELNICHUK	749-054-789
Business name	**Account number (15 characters)**
SVETLANA MELNICHUK	

Business address	City and province or territory	Postal code
13157 SHORELINE DR	WINFIELD BC	V4V 2T2

Fiscal period — From: YYYY MM DD 2014/01/01 to: YYYY MM DD 2014/12/31

Was 2014 your last year of business? Yes ☐ No ☒

Main product or service	Industry code (see the appendix in Guide T4002)
OFFICE, HOME RENOVATION SER.	561490

Tax shelter identification number	Partnership business number (9 digits)	Your percentage of the partnership
		100.00 %

Name and address of person or firm preparing this form

ACCSER BOOKKEEPING
9392 GRANBY ROAD GRAND FORKS BC V0H 1H1

Internet business activities

How many Internet webpages and websites does your business earn income from? Enter "0" if none. 0

Provide the main webpage or site address(es) (also known as URL address(es)):

http:// _____
http:// _____
http:// _____
http:// _____
http:// _____

Percentage of your gross income generated from the webpages and websites. 0 %
(If no gross income was generated from the Internet, enter "0")

Name of taxpayer	Social Insurance Number	Printed
SVETLANA MELNICHUK	749-054-789	2015/05/14

Protected B when completed

Statement of Business or Professional Activities

T2125

Part 1 - Business income

☒ If you have business income, tick this box and complete this part. **Do not complete parts 1 and 2 on the same form.**

Gross sales, commissions, or fees (including GST/HST collected or collectible) (See Page 7 for details) ..... 6,000 00 A

Minus any GST/HST, provincial sales tax, returns, allowances, discounts, and GST/HST adjustments (incl. on line A above) (i)

Subtotal (amount A **minus** amount (i)) 6,000 00 B

For those using the quick method - Government assistance calculated as follows:

GST/HST collected or collectible on sales, commissions and fees eligible for the quick method ..... (ii)

GST/HST remitted, calculated on (sales, commissions, and fees eligible for the quick method plus GST/HST collected or collectible) multiplied by the applicable quick method remittance rate ..... (iii)

Subtotal (amount (ii) **minus** amount (iii)) (iv)

Adjusted gross sales (amount B **plus** amount (iv)) - Enter this amount on line 8000 in Part 3 below ..... 6,000 00 C

Part 2 - Professional income

☐ If you have professional income, tick this box and complete this part. **Do not complete parts 1 and 2 on the same form.**

Gross professional fees including work-in-progress (WIP) (including GST/HST collected or collectible) (See Page 7 for details) D

Minus any GST/HST, provincial sales tax, returns, allowances, discounts, and GST/HST adjustments (included on line D above) and any WIP at the end of the year you elected to exclude (see Chapter 2 of Guide T4002) ..... (i)

Subtotal (amount D **minus** amount (i)) E

For those using the quick method - Government assistance calculated as follows:

GST/HST collected or collectible on professional fees eligible for the quick method ..... (ii)

GST/HST remitted, calculated on (professional fees eligible for the quick method plus GST/HST collected or collectible) multiplied by the applicable quick method remittance rate (iii)

Subtotal (amount (ii) **minus** amount (iii)) (iv)

Work-in-progress (WIP), start of the year, per election to exclude WIP (see Chapter 2 of Guide T4002) ..... (v)

Adjusted professional fees (Amount E **plus** amount (iv), and (v)) - Enter this amount on line 8000 in Part 3 below ..... F

Part 3 - Gross business or professional income

Adjusted gross sales (from amount C in Part 1) or adjusted professional fees (from amount F in Part 2) ..... **8000** 6,000 00 G

Plus

Reserves deducted last year **8290**

Other income Recapture of CCA and/or CEC

8230

Total of the above two lines H

Gross business or professional income (amount G **plus** amount H) **8299** 6,000 00

Enter this amount on the appropriate line of your income tax and benefit return: business on line 162, professional on line 164, commissions on line 166.

If GST/HST has been remitted or an input tax credit has been claimed, do not include GST/HST when you calculate the cost of goods sold, expenses, or net income (loss) in parts 4 to 6.

Part 4 - Cost of goods sold and gross profit

If you have business income, complete this part. Enter only the business part of the costs.

Gross business income from line 8299 in Part 3 above ..... 6,000 00 I

Opening inventory (include raw materials, goods in process, and finished goods) **8300**

Purchases during the year (net of returns, allowances, and discounts) **8320**

Direct wage costs **8340**

Subcontracts **8360**

Other costs **8450**

Total of the above five lines

Minus

Closing inventory (include raw materials, goods in process, and finished goods) **8500**

Cost of goods sold **8518** J

Gross profit (amount I **minus** amount J) **8519** 6,000 00

Name of taxpayer	Social Insurance Number	Printed
SVETLANA MELNICHUK	749-054-789	2015/05/14

Statement of Business or Professional Activities

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Part 5 - Net income (loss) before adjustments

Gross profit from line 8519 in Part 4 on page 2, or gross income from line 8299 in Part 3 on page 2 ..... 6,000 00 K

Expenses (enter only business part)

Advertising	8521	36 23
Meals and entertainment (allowable part only)	8523	80 85
Bad debts	8590	
Insurance	8690	
Interest	8710	57 38
Business tax, fees, licences, dues, memberships, and subscriptions	8760	
Office expenses	8810	82 03
Supplies	8811	147 33
Legal, accounting, and other professional fees	8860	100 00
Management and administration fees	8871	
Rent	8910	600 00
Maintenance and repairs	8960	31 60
Salaries, wages, and benefits (including employer's contributions)	9060	
Property taxes	9180	
Travel (including transportation fees, accommodations, and allowable portion of meals)	9200	
Telephone and utilities	9220	165 01
Fuel costs (except for motor vehicles)	9224	
Delivery, freight, and express	9275	
Motor vehicle expenses (not including CCA)(see Chart A on page 7)	9281	695 03
Allowance on eligible capital property	9935	
Capital cost allowance (from Area A on page 5)	9936	365 65
Other expenses (specify): MISC. WORK CLOTH. LAUNDRY	9270	257 11
Total business expenses (total of lines 8521 to 9270)		2,618 22 9368 2,618 22 L
Net income (loss) before adjustments (amount K **minus** amount L)		9369 3,381 78

Part 6 - Your net income (loss)

Your share of the amount on line 9369 in Part 5 or the amount from your T5013 slip	3,381 78	M	
Plus: GST/HST rebate for partners received in the year (see Chapter 3 of Guide T4002) 9974		N	
Total (amount M **plus** amount N)	3,381 78		3,381 78 O
Minus: Other amounts deductible from your share of the net partnership income (loss) (from the chart in Part 7 below) 9943			P
Net income (loss) after adjustments (amount O **minus** amount P)			3,381 78 Q
Minus: Business-use-of-home expenses (your share of amount 3 in part 8) 9945			R
Your net income (loss) (amount Q **minus** amount R) 9946			3,381 78

Enter this amount on the appropriate line of your income tax and benefit return: business on line 135, professional on line 137, or commissions on line 139.

Part 7 - Other amounts deductible from your share of the 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.

Automobile expenses from AUTO schedule

Automobile expenses (except CCA)

CCA on motor vehicle

Private health services plan premiums

Other amounts deductible from your share of the partnership (total of the above amounts)
Enter this amount on line 9943, in Part 6 above

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Part 8 - Calculation of business-use-of-home expenses

Heat			
Electricity			
Insurance			
Maintenance			
Mortgage interest			
Property taxes			
Other expenses (specify):			
Subtotal			
Minus: Personal-use part			
Subtotal			
Plus: Capital cost allowance (business part only)			
Amount carried forward from previous year			
Subtotal			1
Minus: Net income (loss) after adjustments (from amount Q in Part 6 on page 3 - if negative, enter "0")	3,381	78	2
Business-use-of-home expenses available to carry forward (amount 1 **minus** amount 2 - if negative, enter "0")			
Allowable claim (the lesser of amounts 1 and 2 - Enter your share of this amount on line 9945 in Part 6)			3

Details of other partners

Partner's name and Address	Share of net income or (loss) $	Percentage of partnership %

Details of equity

Total business liabilities	9931	
Drawings in 2014	9932	
Capital contributions in 2014	9933	