



Ministry of Finance
Corporations Tax
33 King Street West
PO Box 620
Oshawa ON L1H 8E9

2004/
2005

CT23 Short-Form Corporations Tax and Annual Return

For taxation years commencing after December 31, 2002

Corporations Tax Act - Ministry of Finance (MOF)
Corporations Information Act - Ministry of Government Services (MGS)

This form is a combination of the Ministry of Finance (MOF) **CT23 Short-Form Corporations Tax Return** and the Ministry of Government Services (MGS) **Annual Return**. Page 1 is a common page required for both returns. For tax purposes, depending on which criteria the corporation satisfies, it must complete either the **Exempt from Filing (EFF)** declaration on page 2 or file the **CT23 Short-Form Return** on pages 3-6. Corporations that **do not** meet the EFF criteria or the Short-Form criteria, must file the regular **CT23 return**.

The **Annual Return** (common page 1 and MGS Schedules A or K on pages 7 and 8) contains non-tax information collected under the authority of the *Corporations Information Act* for the purpose of maintaining a public database of corporate information. This return must be completed by Ontario share-capital corporations or Foreign-Business share-capital corporations that have an extra-provincial licence to operate in Ontario.

MGS Annual Return Required? *(Not required if already filed or Annual Return exempt. Refer to guide)* Yes No

Page 1 of 8

Ministry Use

Corporation's Legal Name <i>(including punctuation)</i>			Ontario Corporations Tax Account No. (MOF)		
Mailing Address			This Return covers the Taxation Year		
Has the mailing address changed since last filed CT23 Return? <input type="checkbox"/> Yes			Start <input type="text"/> year <input type="text"/> month <input type="text"/> day		
Date of Change <input type="text"/> year <input type="text"/> month <input type="text"/> day			End <input type="text"/> year <input type="text"/> month <input type="text"/> day		
Registered/Head Office Address			Date of Incorporation or Amalgamation <input type="text"/> year <input type="text"/> month <input type="text"/> day		
Location of Books and Records			Ontario Corporation No. (MGS) <input type="text"/>		
Name of person to contact regarding this CT23 Return			Canada Revenue Agency Business No. <input type="text"/>		
Telephone No. <input type="text"/>			If applicable, enter <input type="text"/>		
Fax No. <input type="text"/>			Jurisdiction Incorporated <input type="text"/>		
Address of Principal Office in Ontario <i>(Extra-Provincial Corporations only)</i> (MGS)			If not incorporated in Ontario, indicate the date Ontario business activity commenced and ceased:		
Former Corporation Name <i>(Extra-Provincial Corporations only)</i> <input type="checkbox"/> Not Applicable (MGS)			Commenced <input type="text"/> year <input type="text"/> month <input type="text"/> day		
Information on Directors/Officers/Administrators must be completed on MGS Schedule A or K as appropriate. If additional space is required for Schedule A, only this schedule may be photocopied. State number submitted (MGS). ▶			Ceased <input type="text"/> year <input type="text"/> month <input type="text"/> day		
If there is no change to the Directors'/Officers'/Administrators' information previously submitted to MGS, please check <input checked="" type="checkbox"/> this box. Schedule(s) A and K are not required (MGS). ▶ <input type="checkbox"/> No Change			<input type="checkbox"/> Not Applicable		
No. of Schedule(s) <input type="text"/>			Preferred Language / <i>Langue de préférence</i>		
			<input type="checkbox"/> English <i>anglais</i> <input type="checkbox"/> French <i>français</i>		
			Ministry Use		

Certification (MGS)

I certify that all information set out in the **Annual Return** is true, correct and complete.

Name of Authorized Person *(Print clearly or type in full)*

Title D Director O Officer P Other individuals having knowledge of the Corporation's business activities

Note: Sections 13 and 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions.

Exempt From Filing (EFF) Corporations Tax Return Declaration

Taxation Year End		
year	month	day



Corporation's Legal Name	Ontario Corporations Tax Account No. (MOF)
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This EFF Declaration must be filed for each taxation year that the corporation is exempt from filing and must be filed within 6 months after the corporation's taxation year end.

Criteria for exempt from filing status:

- | | |
|--|--|
| <ul style="list-style-type: none"> a) has filed a federal Income Tax Return (T2) with Canada Revenue Agency for the taxation year; b) had no Ontario taxable income for the taxation year (subject to the provisions in Note 2 below); c) had no Ontario Corporations Tax payable for the taxation year; d) was a Canadian-controlled private corporation throughout the taxation year (i.e. generally a private corporation with 50% or more shares | <ul style="list-style-type: none"> owned by Canadian residents as defined by the <i>Income Tax Act</i> (Canada)); e) has provided its Canada Revenue Agency business number to the Ministry of Finance, and f) is not subject to the Corporate Minimum Tax (i.e. alone or as part of an associated group whose total assets exceed \$5 million or whose total revenue exceeds \$10 million for the taxation year). |
|--|--|

Note 1: Filing of this declaration and the Annual Return does not constitute the filing of a Corporations Tax Return under section 75 of the Corporations Tax Act.

Note 2: The following loss situations will require otherwise EFF corporations to file a CT23 tax return complete with all related schedules and financial statements:

■ If a corporation has a loss in the current taxation year that is to be carried back and applied to a previous taxation year(s), regardless of whether the loss is the same as for federal purposes or not, a CT23 tax return is required for the current taxation year. The corporation must also provide information indicating that the loss is to be carried back and specify the year and the amount of loss to be carried back to each taxation year.

■ If a corporation has a prior year loss, that is not the same for both federal and Ontario purposes and the corporation is applying a loss carryforward from the prior year to the current year, a CT23 tax return is required for the current taxation year, and if not previously filed, a CT23 tax return for the prior taxation year in which the loss was incurred is also required. Although a tax return for the loss year is not required where the loss is not being applied, the ministry will accept the filing of a tax return for a loss year at the time the loss is incurred.

■ If a corporation has a prior year loss, that is the same for both federal and Ontario purposes, but in the current taxation year the corporation is applying a different amount of loss for Ontario than the loss amount being applied for federal income tax purposes, the corporation is required to file a CT23 tax return for the current taxation year only.

The following 3 items **MUST** be completed for EFF declarations only. In cases where the Annual Return, which includes page 1, is **also** being filed, completion of these fields is **not** required.

1. Corporation's Mailing Address

2. Ontario Corporation No. (MGS)

3. Canada Revenue Agency Business No.

If applicable, enter

(Please print name in full)

I, _____ declare that:
The above corporation meets **all** of the exempt from filing criteria (a) through (f) above for the taxation year and therefore qualifies under the *Corporations Tax Act* as exempt from filing an Ontario Corporations Tax Return.

Signature	Title/Relationship to Corporation	Telephone Number	Date

Please note that making a false statement to avoid compliance with the Corporations Tax Act is an offence which can result in a penalty and/or fine.

If you check "Yes" to ALL of the following criteria, you are eligible to file the CT23 Short-Form Corporations Tax Return.

<table style="width: 100%;"> <tr> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td>a) The corporation is a Canadian-controlled private corporation (CCPC) throughout the taxation year.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Indicate Share Capital with full voting rights owned by Canadian Residents (nearest whole percentage)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b) The corporation's taxable income for the taxation year is \$200,000 or less. For a taxation year with less than 51 weeks, taxable income must be grossed-up. (<i>Refer to guide.</i>)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>c) The corporation is not a member of a partnership/joint venture or a member of an associated group of corporations during the taxation year.</td> </tr> </table>	Yes	No	a) The corporation is a Canadian-controlled private corporation (CCPC) throughout the taxation year.	<input type="checkbox"/>	<input type="checkbox"/>				Indicate Share Capital with full voting rights owned by Canadian Residents (nearest whole percentage)	<input type="checkbox"/>	<input type="checkbox"/>	b) The corporation's taxable income for the taxation year is \$200,000 or less. For a taxation year with less than 51 weeks, taxable income must be grossed-up. (<i>Refer to guide.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	c) The corporation is not a member of a partnership/joint venture or a member of an associated group of corporations during the taxation year.	<table style="width: 100%;"> <tr> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td>d) The corporation's taxation year ends on or after January 1, 2001, and its gross revenue and total assets are each \$1,500,000 or less and the corporation is not a financial institution; or</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>The corporation's taxation year commences after September 30, 2001, and its gross revenue and total assets are each \$3,000,000 or less and the corporation is not a financial institution.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>e) The corporation is not claiming a tax credit other than the Incentive Deduction for Small Business Corporations (IDSBC), Co-operative Education Tax Credit (CETC), Graduate Transitions Tax Credit (GTTC) or Apprenticeship Training Tax Credit (ATTC).</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>f) The corporation's Ontario allocation factor is 100%.</td> </tr> </table>	Yes	No	d) The corporation's taxation year ends on or after January 1, 2001, and its gross revenue and total assets are each \$1,500,000 or less and the corporation is not a financial institution; or	<input type="checkbox"/>	<input type="checkbox"/>				The corporation's taxation year commences after September 30, 2001, and its gross revenue and total assets are each \$3,000,000 or less and the corporation is not a financial institution.	<input type="checkbox"/>	<input type="checkbox"/>	e) The corporation is not claiming a tax credit other than the Incentive Deduction for Small Business Corporations (IDSBC), Co-operative Education Tax Credit (CETC), Graduate Transitions Tax Credit (GTTC) or Apprenticeship Training Tax Credit (ATTC).	<input type="checkbox"/>	<input type="checkbox"/>	f) The corporation's Ontario allocation factor is 100%.
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Note: Family Farm or Fishing corporations that have a taxation year ending on or after January 1, 2000 and are **not** subject to the Corporate Minimum Tax, may also use the **CT23 Short-Form Corporations Tax Return** if the corporation checks "Yes" to a), b), c), e) and f) above.

CT23 Short-Form Corporations Tax Return

Please check (✓) box(es) if applicable in sections **1** and **2** below

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1 Family Farm Corporation s.1(2)	<input type="checkbox"/> 2 Family Fishing Corporation s.1(2)	<input type="checkbox"/> 14 Bare Trustee Corporation						
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> First Year of Filing	<input type="checkbox"/> Final Taxation Year up to Dissolution (wind-up) (Note: for discontinued businesses, see guide.)	<input type="checkbox"/> Transfer or Receipt of Asset(s) involving a corporation having a Canadian permanent establishment outside Ontario						
	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Final Taxation Year before Amalgamation	<input type="checkbox"/> Acquisition of Control (fed s. 249(4))						
	<input type="checkbox"/> Taxation Year End has Changed (Canada Revenue Agency approval required)	<input type="checkbox"/> Floating Fiscal Year End	Date Control was acquired: <table border="1" style="display: inline-table;"><tr><td>year</td><td>month</td><td>day</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	year	month	day			
year	month	day							

Was the corporation inactive throughout the taxation year? Yes No

Ontario Retail Sales Tax Vendor Permit No. (Use Head Office no.)

If applicable, enter									

Has the corporation's Canada Revenue Agency T2 Return been filed? Yes No

Ontario Employer Health Tax Account No. (Use Head Office no.)

If applicable, enter									

Gross Revenue

480									
-----	--	--	--	--	--	--	--	--	--

Total Assets (per balance sheet)

420									
-----	--	--	--	--	--	--	--	--	--

Summary

(Refer to guide)

Total Tax Payable (Income Tax from **230**) = **950**

Subtract: Payments - **960**

Specified Tax Credits **220** - **225** (Refer to guide) - **955**

Balance = **970**

If payment due Enclosed * **990**

If overpayment: Refund = **975**

Apply to:

year	month	day

980

(Includes credit interest)

* For payment, please make your cheque (drawn on a Canadian financial institution) or a money order in Canadian funds, payable to the **Minister of Finance** and print your Ontario Corporations Tax Account No. (MOF) on the back of cheque or money order. (Refer to guide for other payment methods.)

Certification

I am an authorized signing officer of the corporation. I certify that this **CT23 Return, including all schedules and statements** filed with or as part of this CT23 Return, has been examined by me and is a true, correct and complete return and that the information is in agreement with the books and records of the corporation. I further certify that the financial statements accurately reflect the financial position and operating results of the corporation as required under section 75 of the *Corporations Tax Act*. The method of computing income for this taxation year is consistent with that of the previous year, except as specifically disclosed in a statement attached.

Name of Authorized Person (Print clearly in full) _____ Signature _____ Date _____

Note: Section 76 of the *Corporations Tax Act* provides penalties for making false or misleading statements or omissions.

Request to Carry-Back Losses of the Current Taxation Year to a Prior Taxation Year(s)

	Non-Capital Losses	Total Capital Losses	Farm Losses	Restricted Farm Losses
Total amount of loss	910	920	930	940
Deduct: Loss to be carried back to preceding taxation years:	911	921	931	941
i) 3 rd preceding	912	922	932	942
ii) 2 nd preceding	913	923	933	943
iii) 1 st preceding	From 706	From 716	From 726	From 736
Total loss to be carried back and applied to reduce taxable income	919	929	939	949
Balance of loss available for carry-forward	919	929	939	949

Income Tax

DOLLARS ONLY

Net Income (loss) for Ontario purposes (per reconciliation schedule, page 5)	±	From	690	
Subtract: Charitable donations	-		1	
Subtract: Gifts to Her Majesty in right of Canada or a province and gifts of cultural property (Attach schedule)	-		2	
Subtract: Taxable dividends deductible, per federal T2 Schedule 3	-		3	
Subtract: Ontario political contributions (Attach Schedule 2A) (Int.B.4013)	-		4	
Subtract: Prior years' losses applied – Non-capital losses	-	From	704	
Net Capital losses		From (page 6)	715	• X inclusion rate
Farm losses	-		724	
Restricted farm losses	-	From	734	
Taxable Income (Non-capital loss)	=		10	

Taxable Income

From 10	• X 100% Ontario Allocation X 12.5% X	Number of Days in Taxation Year Days after Dec. 31, 2002 and before Jan. 1, 2004 Total Days 33 ÷ 73 = 29		= + 29
From 10	• X 100% Ontario Allocation X 14.0% X	Days after Dec. 31, 2003 Total Days 34 ÷ 73 = 32		= + 32

Income Tax Payable (before deduction of tax credits) 29 + 32 = 40

Incentive Deduction for Small Business Corporations (IDSBC) (s.41)

If section is not completed, IDSBC will be denied.

Did you claim the federal Small Business Deduction (fed.s.125(1)) in the taxation year? (✓) Yes No

* Income from active business carried on in Canada for federal purposes (fed.s.125(1)(a))		50	
Federal taxable income, less adjustment for foreign tax credit (fed.s.125(1)(b))	+ 51		
Add: Losses of other years deducted for federal purposes (fed.s.111)	+ 52		
Subtract: Losses of other years deducted for Ontario purposes (s.34)	- 53		
	=	54	
Federal business limit for the year		55	
Income eligible for the IDSBC	100% Allocation X	56	= 60
		Least of 50, 54 or 55	

Calculation of IDSBC Rate	7.0% X	Number of Days in Taxation Year Days after Dec. 31, 2002 and before Jan. 1, 2004 Total Days 31 ÷ 73 = 89		= + 89
	8.5% X	Days after Dec. 31, 2003 Total Days 34 ÷ 73 = 90		= + 90
IDSBC Rate for Taxation Year	89 + 90			= 78
Claim	From 60	• X From 78		= 70

* Note: Modified by s.41(6) and (7) for corporations that are members of a partnership. (Refer to guide)

Deduct Specified Tax Credits (Refer to guide)

Co-operative Education Tax Credit (CETC) (s.43.4) Applies to employment of eligible students.

Eligible Credit From 5798 CT23 Schedule 113 (Attach Schedule 113) + 192

Graduate Transitions Tax Credit (GTTC) (s.43.6)

Applies to employment of eligible unemployed post secondary graduates, for employment commencing prior to July 6, 2004 and expenditures incurred prior to January 1, 2005.

Eligible Credit From 6598 CT23 Schedule 115 (Attach Schedule 115) + 195

Apprenticeship Training Tax Credit (ATTC) (s.43.13)

Applies to employment of eligible apprentices

Eligible Credit From 5898 CT23 Schedule 114 (Attach Schedule 114) + 203

Total Specified Tax Credits 192 + 195 + 203 = 220

Specified Tax Credits Applied to reduce Income Tax = 225

Income Tax 40 - 70 - 225 OR Enter NIL if reporting Non-Capital Loss = 230

Transfer to Summary, Page 3

Reconcile net income (loss) for federal income tax purposes with net income (loss) for Ontario purposes if amounts differ

Net Income (loss) for federal income tax purposes, per federal T2 Schedule 1 ± .

Add:

- Federal capital cost allowance + .
- Federal cumulative eligible capital deduction + .
- Ontario taxable capital gain + .
- Federal non-allowable reserves. Balance beginning of year + .
- Federal allowable reserves. Balance end of year + .
- Ontario non-allowable reserves. Balance end of year + .
- Ontario allowable reserves. Balance beginning of year + .
- Federal exploration expenses (e.g. CEDE, CEE, CDE, COGPE) + .
- Federal resource allowance (*Refer to guide*) + .
- Federal depletion allowance + .
- All Crown charges, royalties, rentals, etc. deducted for Federal purposes (*Refer to guide*) + .
- Federal allowable business investment loss + .
- Total of other items not allowed by Ontario but allowed federally (*Attach schedule*) + .

Total of Additions to + + + = .

Deduct:

- Ontario capital cost allowance + .
- Ontario cumulative eligible capital deduction + .
- Federal taxable capital gain + .
- Ontario non-allowable reserves. Balance beginning of year + .
- Ontario allowable reserves. Balance end of year + .
- Federal non-allowable reserves. Balance end of year + .
- Federal allowable reserves. Balance beginning of year + .
- Ontario exploration expenses (e.g. CEDE, CEE, CDE, COGPE) (*Retain calculations. Do not submit.*) + .
- Ontario depletion allowance + .
- Ontario resource allowance (*Refer to guide*) + .

Workplace Child Care Tax Incentive (WCCTI)

(*Applies* to qualifying expenditures incurred prior to January 1, 2005.) (*Refer to guide*)

Qualifying expenditures: • X 30% X 100% Allocation = .

Workplace Accessibility Tax Incentive (WATI)

(*Applies* to qualifying expenditures incurred prior to January 1, 2005.) (*Refer to guide*)

Qualifying expenditures: • X 100% X 100% Allocation = .

Number of Employees accommodated

Ontario School Bus Safety Tax Incentive (OSBSTI)

(*Applies* to the eligible acquisition of school buses purchased after May 4, 1999 and before January 1, 2006.) (*Refer to guide*)

Qualifying expenditures: • X 30% X 100% Allocation = .

Ontario allowable business investment loss = .

Total of other deductions allowed by Ontario (*Attach schedule*) + .

Total of Deductions to + + + + + = .

Net income (loss) for Ontario Purposes + - = .

DOLLARS ONLY

Continuity of Losses Carried Forward

	Non-Capital Losses (1)	Total Capital Losses	Farm Losses	Restricted Farm Losses	Listed Personal Property Losses
Balance at Beginning of Year	700 (2)	710 (2)	720 (2)	730	740
Add:					
Current year's losses	701	711	721	731	741
Losses from predecessor corporations (3)	702	712	722	732	
Subtotal	703	713	723	733	743
Subtract:					
Utilized during the year to reduce taxable income	704	715 (4)	724	734 (4)	744 (4)
Expired during the year	705		725	735	745
Carried back to prior years to reduce taxable income (5)	706 (2) to Page 3	716 (2) to Page 3	726 (2) to Page 3	736 (2) to Page 3	746
Subtotal	707	717	727	737	747
Balance at End of Year	709	719	729	739	749

Analysis of Balance by Year of Origin

Year of Origin (oldest year first)		Non-Capital Losses	Non-Capital Losses of Predecessor Corporation	Total Capital Losses from Listed Personal Property only	Farm Losses	Restricted Farm Losses
year	month	day				
800	9th preceding taxation year	817 (6)	860 (6)		850	870
801	8th preceding taxation year	818 (6)	861 (6)		851	871
802	7th preceding taxation year	819 (6)	862 (6)		852	872
803	6th preceding taxation year	820	830	840	853	873
804	5th preceding taxation year	821	831	841	854	874
805	4th preceding taxation year	822	832	842	855	875
806	3rd preceding taxation year	823	833	843	856	876
807	2nd preceding taxation year	824	834	844	857	877
808	1st preceding taxation year	825	835	845	858	878
809	Current taxation year	826	836	846	859	879
Total		829	839	849	869	889

Notes:

- (1) Non-capital losses include allowable business investment losses, fed.s.111(8)(b), as made applicable by s.34.
- (2) Where acquisition of control of the corporation has occurred, the utilization of losses can be restricted. See fed.s.111(4) through 111(5.5), as made applicable by s.34.

- (3) Includes losses on amalgamation (fed.s.87(2.1) and s.87(2.11)) and/or wind-up (fed.s.88(1.1) and 88(1.2)), as made applicable by s.34.
- (4) To the extent of applicable gains or income only.
- (5) Generally a three year carry-back applies. See fed.s.111(1) and fed.s.41(2)(b), as made applicable by s.34.
- (6) Include non-capital losses incurred in taxation years ending after March 22, 2004.

Schedule A: Information on Ontario Corporations

(Corporations that are incorporated, continued or amalgamated under the Ontario Business Corporations Act)



To submit additional Director or Officer Information, please photocopy this page and attach the completed schedules with your return.

Identification																																																																										
Corporation's Legal Name (including punctuation)		Ontario Corporation No.(MGS)	Date of Incorporation or Amalgamation																																																																							
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Full Name and Address for Service:																																																																										
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Street Number and Name		Suite																																																																								
City/Town/Village		Province/State	Country																																																																							
			Postal/Zip Code																																																																							
Director Are you a Resident Canadian? <i>(Applies to directors of business corporations only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date Elected <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>year</td><td>month</td><td>day</td><td> </td><td> </td><td> </td></tr></table> Date Ceased <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>year</td><td>month</td><td>day</td><td> </td><td> </td><td> </td></tr></table>							year	month	day										year	month	day				Officer State the appointment period for each of the following: <table border="1"><thead><tr><th rowspan="2"></th><th colspan="3">Date Appointed</th><th colspan="3">Date Ceased</th></tr><tr><th>year</th><th>month</th><th>day</th><th>year</th><th>month</th><th>day</th></tr></thead><tbody><tr><td>President</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Secretary</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Treasurer</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>General Manager</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Other (specify)</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Date Appointed			Date Ceased			year	month	day	year	month	day	President							Secretary							Treasurer							General Manager							Other (specify)							Other Titles (please specify) <input type="checkbox"/> Chair <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Chair Person <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chairman <input type="checkbox"/> Chief Information Officer <input type="checkbox"/> Chairwoman <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Chief Administrative Officer <input type="checkbox"/> Vice-President <input type="checkbox"/> Comptroller <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Authorized Signing Officer <input type="checkbox"/> Assistant Treasurer <input type="checkbox"/> Chief Manager <input type="checkbox"/> Executive Director <input type="checkbox"/> Managing Director <input type="checkbox"/> Other (untitled)
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Director Are you a Resident Canadian? <i>(Applies to directors of business corporations only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date Elected <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>year</td><td>month</td><td>day</td><td> </td><td> </td><td> </td></tr></table> Date Ceased <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>year</td><td>month</td><td>day</td><td> </td><td> </td><td> </td></tr></table>							year	month	day										year	month	day				Officer State the appointment period for each of the following: <table border="1"><thead><tr><th rowspan="2"></th><th colspan="3">Date Appointed</th><th colspan="3">Date Ceased</th></tr><tr><th>year</th><th>month</th><th>day</th><th>year</th><th>month</th><th>day</th></tr></thead><tbody><tr><td>President</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Secretary</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Treasurer</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>General Manager</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Other (specify)</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Date Appointed			Date Ceased			year	month	day	year	month	day	President							Secretary							Treasurer							General Manager							Other (specify)							Other Titles (please specify) <input type="checkbox"/> Chair <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Chair Person <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chairman <input type="checkbox"/> Chief Information Officer <input type="checkbox"/> Chairwoman <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Chief Administrative Officer <input type="checkbox"/> Vice-President <input type="checkbox"/> Comptroller <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Authorized Signing Officer <input type="checkbox"/> Assistant Treasurer <input type="checkbox"/> Chief Manager <input type="checkbox"/> Executive Director <input type="checkbox"/> Managing Director <input type="checkbox"/> Other (untitled)
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Note: Sections 13 and 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions.

Schedule K: Information on Foreign Business Corporations

(Corporations that are incorporated, continued or amalgamated in a jurisdiction outside Canada)



Only one Schedule K may be submitted. Please **do not** photocopy.

Identification																	
Corporation's Legal Name <i>(including punctuation)</i>	Ontario Corporation No.(MGS) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table>									Date of Incorporation or Amalgamation <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 20%; text-align: center;">year</td><td style="width: 20%; text-align: center;">month</td><td style="width: 20%; text-align: center;">day</td></tr><tr><td style="width: 20%; text-align: center;"> </td><td style="width: 20%; text-align: center;"> </td><td style="width: 20%; text-align: center;"> </td></tr></table>		year	month	day			
year	month	day															
Chief Officer/Manager Information																	
Name and Office Address of the Chief Officer/Manager in Ontario: <input type="checkbox"/> <i>Not Applicable</i>																	
Last Name	First Name	Middle Name(s)															
Street Number and Name		Suite															
City/Town/Village	Province	Country	Postal Code <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table>														
State the appointment period for the position of Chief Officer/Manager:																	
		Date Appointed	Date Ceased														
		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%; text-align: center;">year</td><td style="width: 30%; text-align: center;">month</td><td style="width: 40%; text-align: center;">day</td></tr><tr><td style="width: 30%; text-align: center;"> </td><td style="width: 30%; text-align: center;"> </td><td style="width: 40%; text-align: center;"> </td></tr></table>	year	month	day				<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%; text-align: center;">year</td><td style="width: 30%; text-align: center;">month</td><td style="width: 40%; text-align: center;">day</td></tr><tr><td style="width: 30%; text-align: center;"> </td><td style="width: 30%; text-align: center;"> </td><td style="width: 40%; text-align: center;"> </td></tr></table>	year	month	day					
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year	month	day															

Agent for Service Information									
State if the Agent for Service is an individual or a corporation:									
<i>Please check <input checked="" type="checkbox"/> box if applicable</i> <input type="checkbox"/> Individual									
Agent's Last Name	First Name	Middle Name(s)							
Street Number and Name		Suite							
City/Town/Village	Province	Country	Postal Code <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table>						
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Care Of									
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