

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 the 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 license to operate in Ontario.

MGS Annual Return Required? (Not required if already filed or Annual Return exempt. Refer to guide)

☐ Yes

☐ No

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Ministry Use

Corporation's Legal Name (including punctuation)

Mailing Address

Has the mailing address changed since last filed CT23 Return?

☐ Yes

Date of Change

year month day

Registered/Head Office Address

Location of Books and Records

Name of person to contact regarding this CT23 Return

Telephone No.

Fax No.

Address of Principal Office in Ontario (Extra-Provincial Corporations only)

(MGS)

Former Corporation Name (Extra-Provincial Corporations only)

☐ Not Applicable

(MGS)

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). ▶

No. of Schedule(s)

If there is **no change** to the Directors'/Officers'/Administrators' information previously submitted to MGS, please check ☒ this box. Schedule(s) A and K are not required (MGS). ▶

☐ No Change

Ontario Corporations Tax Account No. (MOF)

This Return covers the Taxation Year

Start

year month day

End

year month day

Date of Incorporation or Amalgamation

year month day

Ontario Corporation No. (MGS)

Canada Revenue Agency Business No.

If applicable, enter

Jurisdiction Incorporated

If not incorporated in Ontario, indicate the date Ontario business activity commenced and ceased:

Commenced

year month day

Ceased

year month day

☐ Not Applicable

Preferred Language / Langue de préférence

☐ English
anglais

☐ French
français

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

Page 2 of 8

Taxation Year End		
year	month	day



Corporation's Legal Name

Ontario
Corporations Tax
Account No. (MOF)

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:

- 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 owned by Canadian residents as defined by the *Income Tax Act* (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

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2. Ontario Corporation No. (MGS)

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3. Canada Revenue Agency Business No.

If applicable, enter

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(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.

- | | |
|--|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> a) The corporation is a Canadian-controlled private corporation (CCPC) throughout the taxation year.</p> <p>Indicate Share Capital with full voting rights owned by Canadian Residents (nearest whole percentage)</p> <p><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. (Refer to guide.)</p> <p><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.</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 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</p> <p>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.</p> <p><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).</p> <p><input type="checkbox"/> <input type="checkbox"/> f) The corporation's Ontario allocation factor is 100%.</p> |
|--|--|

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 ReturnPlease check applicable ☐ box(es) and complete required information.

- 1** ☐ Family Farm Corporation s.1(2)
☐ Family Fishing Corporation s.1(2)
☐ Bare Trustee Corporation
- 2** ☐ This is the first year filing after incorporation or an amalgamation (If checked, attach Ontario Schedule 24.)
☐ Amended Return
☐ Taxation year end change - Canada Revenue Agency approval required
☐ Final taxation year up to Dissolution (wind-up) (Note: for discontinued businesses, see guide.)
☐ Final taxation year before amalgamation
☐ The corporation has a floating fiscal year end

- ☐ There has been a transfer or receipt of asset(s) involving a corporation having a Canadian permanent establishment outside Ontario
- ☐ There was an acquisition of control to which subsection 249(4) of the federal Income Tax Act (ITA) applies since the previous taxation year
If checked, date control was acquired
year month day
| | | | | | |
- ☐ The corporation was involved in a transaction where all or substantially all (90% or more) of the assets of a non-arm's length corporation were received in the taxation year and subsection 85(1) or 85(2) of the federal ITA applied to the transaction (If checked, attach Ontario Schedule 44.)

- ☐ First year of filing of a parent corporation after winding-up a subsidiary corporation(s) under section 88 of the federal ITA during the taxation year. (If checked, attach Ontario Schedule 24.)

- Yes No
☐ ☐ Was the corporation inactive throughout the taxation year?
☐ ☐ Has the corporation's Canada Revenue Agency T2 Return been filed?

Complete if applicable (Use the head office numbers)

Ontario Retail Sales Tax Vendor Permit No.

Ontario Employer Health Tax Account No.

Gross Revenue. 480 | | | | | | |
Gross 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)****Total amount of loss**

Deduct: Loss to be carried back to preceding taxation years: i) 3rd preceding 901 | | | | | | |
ii) 2nd preceding 902 | | | | | | |
iii) 1st preceding 903 | | | | | | |

Total loss to be carried back and applied to reduce taxable income**Balance of loss available for carry-forward**

Non-Capital Losses	Total Capital Losses	Farm Losses	Restricted Farm Losses
910	920	930	940
911	921	931	941
912	922	932	942
913	923	933	943
From 706	From 716	From 726	From 736
919	929	939	949

Income Tax

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 (<i>Attach schedule</i>)	-		2		•
Subtract: Taxable dividends deductible, per federal T2 Schedule 3	-		3		•
Subtract: Ontario political contributions (<i>Attach Schedule 2A</i>) (Int.B.3002R)	-		4		•
Subtract: Prior years' losses applied – Non-capital losses	-	From	704		•
Net Capital losses		From	715		•
		(page 6)			
	•	X	inclusion rate		% = -
Farm losses	-	From	724		•
Restricted farm losses	-	From	734		•
Taxable Income (Non-capital loss)	=		10		•

Taxable Income

		Number of Days in Taxation Year		
From	10	• X 100% Ontario Allocation X 12.5% X	33	÷ 73
			Total Days	= + 29
From	10	• X 100% Ontario Allocation X 14.0% X	34	÷ 73
			Total Days	= + 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	•
		Least of 50, 54 or 55	

		Number of Days in Taxation Year		
Calculation of IDSBC Rate	7.0% X	31	÷ 73	= + 89
		Total Days		
	8.5% X	34	÷ 73	= + 90
		Total Days		
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 (<i>Attach Schedule 113</i>)	+	192	•
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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 (<i>Attach Schedule 115</i>)	+	195	•
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Apprenticeship Training Tax Credit (ATTC) (s.43.13)

Applies to employment of eligible apprentices

Eligible Credit From	5898	CT23 Schedule 114 (<i>Attach Schedule 114</i>)	+	203	•
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Total Specified Tax Credits	192	+	195	+	203	=	220	•
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Specified Tax Credits Applied to reduce Income Tax		=	225	•
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Income Tax	40	-	70	-	225	OR Enter NIL if reporting Non-Capital Loss	=	230	•
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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 ± 600

Add:

Federal capital cost allowance	+	601		•
Federal cumulative eligible capital deduction	+	602		•
Ontario taxable capital gain	+	603		•
Federal non-allowable reserves. Balance beginning of year	+	604		•
Federal allowable reserves. Balance end of year	+	605		•
Ontario non-allowable reserves. Balance end of year	+	606		•
Ontario allowable reserves. Balance beginning of year	+	607		•
Federal exploration expenses (e.g. CEDE, CEE, CDE, COGPE)	+	608		•
Federal resource allowance (Refer to guide)	+	609		•
Federal depletion allowance	+	610		•
All Crown charges, royalties, rentals, etc. deducted for Federal purposes (Refer to guide)	+	617		•
Federal allowable business investment loss	+	620		•
Total of other items not allowed by Ontario but allowed federally (Attach schedule)	+	614		•

Total of Additions 601 to 610 + 617 + 620 + 614 = 640

Deduct:

Ontario capital cost allowance	+	650		•
Ontario cumulative eligible capital deduction	+	651		•
Federal taxable capital gain	+	652		•
Ontario non-allowable reserves. Balance beginning of year	+	653		•
Ontario allowable reserves. Balance end of year	+	654		•
Federal non-allowable reserves. Balance end of year	+	655		•
Federal allowable reserves. Balance beginning of year	+	656		•
Ontario exploration expenses (e.g. CEDE, CEE, CDE, COGPE) (Retain calculations. Do not submit.)	+	657		•
Ontario depletion allowance	+	658		•
Ontario resource allowance (Refer to guide)	+	659		•

Workplace Child Care Tax Incentive (WCCTI)

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

Qualifying expenditures: 665 • X 30% X 100% Allocation = 666

Workplace Accessibility Tax Incentive (WATI)

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

Qualifying expenditures: 667 • X 100% X 100% Allocation = 668

Number of Employees accommodated 669

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: 670 • X 30% X 100% Allocation = 671

Ontario allowable business investment loss = 678

Total of other deductions allowed by Ontario (Attach schedule) + 664

Total of Deductions 650 to 659 + 666 + 668 + 671 + 678 + 664 = 680

Net income (loss) for Ontario Purposes 600 + 640 - 680 = 690

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	<input type="text" value="700"/> (2)	<input type="text" value="710"/> (2)	<input type="text" value="720"/> (2)	<input type="text" value="730"/>	<input type="text" value="740"/>
Add:					
Current year's losses	<input type="text" value="701"/>	<input type="text" value="711"/>	<input type="text" value="721"/>	<input type="text" value="731"/>	<input type="text" value="741"/>
Losses from predecessor corporations (3)	<input type="text" value="702"/>	<input type="text" value="712"/>	<input type="text" value="722"/>	<input type="text" value="732"/>	
Subtotal	<input type="text" value="703"/>	<input type="text" value="713"/>	<input type="text" value="723"/>	<input type="text" value="733"/>	<input type="text" value="743"/>
Subtract:					
Utilized during the year to reduce taxable income	<input type="text" value="704"/>	<input type="text" value="715"/> (4)	<input type="text" value="724"/>	<input type="text" value="734"/> (4)	<input type="text" value="744"/> (4)
Expired during the year	<input type="text" value="705"/>		<input type="text" value="725"/>	<input type="text" value="735"/>	<input type="text" value="745"/>
Carried back to prior years to reduce taxable income (5)	<input type="text" value="706"/> (2) to Page 3	<input type="text" value="716"/> (2) to Page 3	<input type="text" value="726"/> (2) to Page 3	<input type="text" value="736"/> (2) to Page 3	<input type="text" value="746"/>
Subtotal	<input type="text" value="707"/>	<input type="text" value="717"/>	<input type="text" value="727"/>	<input type="text" value="737"/>	<input type="text" value="747"/>
Balance at End of Year	<input type="text" value="709"/>	<input type="text" value="719"/>	<input type="text" value="729"/>	<input type="text" value="739"/>	<input type="text" value="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					
<input type="text" value="800"/>	9th preceding taxation year	<input type="text" value="817"/> (6)	<input type="text" value="860"/> (6)		<input type="text" value="850"/>	<input type="text" value="870"/>
<input type="text" value="801"/>	8th preceding taxation year	<input type="text" value="818"/> (6)	<input type="text" value="861"/> (6)		<input type="text" value="851"/>	<input type="text" value="871"/>
<input type="text" value="802"/>	7th preceding taxation year	<input type="text" value="819"/> (6)	<input type="text" value="862"/> (6)		<input type="text" value="852"/>	<input type="text" value="872"/>
<input type="text" value="803"/>	6th preceding taxation year	<input type="text" value="820"/>	<input type="text" value="830"/>	<input type="text" value="840"/>	<input type="text" value="853"/>	<input type="text" value="873"/>
<input type="text" value="804"/>	5th preceding taxation year	<input type="text" value="821"/>	<input type="text" value="831"/>	<input type="text" value="841"/>	<input type="text" value="854"/>	<input type="text" value="874"/>
<input type="text" value="805"/>	4th preceding taxation year	<input type="text" value="822"/>	<input type="text" value="832"/>	<input type="text" value="842"/>	<input type="text" value="855"/>	<input type="text" value="875"/>
<input type="text" value="806"/>	3rd preceding taxation year	<input type="text" value="823"/>	<input type="text" value="833"/>	<input type="text" value="843"/>	<input type="text" value="856"/>	<input type="text" value="876"/>
<input type="text" value="807"/>	2nd preceding taxation year	<input type="text" value="824"/>	<input type="text" value="834"/>	<input type="text" value="844"/>	<input type="text" value="857"/>	<input type="text" value="877"/>
<input type="text" value="808"/>	1st preceding taxation year	<input type="text" value="825"/>	<input type="text" value="835"/>	<input type="text" value="845"/>	<input type="text" value="858"/>	<input type="text" value="878"/>
<input type="text" value="809"/>	Current taxation year	<input type="text" value="826"/>	<input type="text" value="836"/>	<input type="text" value="846"/>	<input type="text" value="859"/>	<input type="text" value="879"/>
Total		<input type="text" value="829"/>	<input type="text" value="839"/>	<input type="text" value="849"/>	<input type="text" value="869"/>	<input type="text" value="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

MGS

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

Schedule A

Page 7 of 8



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) <div></div>	Date of Incorporation or Amalgamation <div>year month day</div>

Director/Officer Information			
Full Name and Address for Service:			
Last Name		First Name	Middle Name(s)
Street Number and Name		Suite	
City/Town/Village		Province/State	Country Postal/Zip Code

Director	Officer																																																																							
Are you a Resident Canadian? (Applies to directors of business corporations only) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Elected <div>year month day</div> Date Ceased <div>year month day</div>	State the appointment period for each of the following: <table border="1"><thead><tr><th></th><th colspan="3">Date Appointed</th><th colspan="3">Date Ceased</th></tr><tr><th></th><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> <div>Other Titles (please specify) <table><tr><td><input type="checkbox"/> Chair</td><td><input type="checkbox"/> Chief Executive Officer</td></tr><tr><td><input type="checkbox"/> Chair Person</td><td><input type="checkbox"/> Chief Financial Officer</td></tr><tr><td><input type="checkbox"/> Chairman</td><td><input type="checkbox"/> Chief Information Officer</td></tr><tr><td><input type="checkbox"/> Chairwoman</td><td><input type="checkbox"/> Chief Operating Officer</td></tr><tr><td><input type="checkbox"/> Vice-Chair</td><td><input type="checkbox"/> Chief Administrative Officer</td></tr><tr><td><input type="checkbox"/> Vice-President</td><td><input type="checkbox"/> Comptroller</td></tr><tr><td><input type="checkbox"/> Assistant Secretary</td><td><input type="checkbox"/> Authorized Signing Officer</td></tr><tr><td><input type="checkbox"/> Assistant Treasurer</td><td><input type="checkbox"/> Other (untitled)</td></tr><tr><td><input type="checkbox"/> Chief Manager</td><td></td></tr><tr><td><input type="checkbox"/> Executive Director</td><td></td></tr><tr><td><input type="checkbox"/> Managing Director</td><td></td></tr></table></div>		Date Appointed			Date Ceased				year	month	day	year	month	day	President							Secretary							Treasurer							General Manager							Other (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"/> Other (untitled)	<input type="checkbox"/> Chief Manager		<input type="checkbox"/> Executive Director		<input type="checkbox"/> Managing Director	
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<input type="checkbox"/> Executive Director																																																																								
<input type="checkbox"/> Managing Director																																																																								

Director/Officer Information			
Full Name and Address for Service:			
Last Name		First Name	Middle Name(s)
Street Number and Name		Suite	
City/Town/Village		Province/State	Country Postal/Zip Code

Director	Officer																																																																							
Are you a Resident Canadian? (Applies to directors of business corporations only) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Elected <div>year month day</div> Date Ceased <div>year month day</div>	State the appointment period for each of the following: <table border="1"><thead><tr><th></th><th colspan="3">Date Appointed</th><th colspan="3">Date Ceased</th></tr><tr><th></th><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> <div>Other Titles (please specify) <table><tr><td><input type="checkbox"/> Chair</td><td><input type="checkbox"/> Chief Executive Officer</td></tr><tr><td><input type="checkbox"/> Chair Person</td><td><input type="checkbox"/> Chief Financial Officer</td></tr><tr><td><input type="checkbox"/> Chairman</td><td><input type="checkbox"/> Chief Information Officer</td></tr><tr><td><input type="checkbox"/> Chairwoman</td><td><input type="checkbox"/> Chief Operating Officer</td></tr><tr><td><input type="checkbox"/> Vice-Chair</td><td><input type="checkbox"/> Chief Administrative Officer</td></tr><tr><td><input type="checkbox"/> Vice-President</td><td><input type="checkbox"/> Comptroller</td></tr><tr><td><input type="checkbox"/> Assistant Secretary</td><td><input type="checkbox"/> Authorized Signing Officer</td></tr><tr><td><input type="checkbox"/> Assistant Treasurer</td><td><input type="checkbox"/> Other (untitled)</td></tr><tr><td><input type="checkbox"/> Chief Manager</td><td></td></tr><tr><td><input type="checkbox"/> Executive Director</td><td></td></tr><tr><td><input type="checkbox"/> Managing Director</td><td></td></tr></table></div>		Date Appointed			Date Ceased				year	month	day	year	month	day	President							Secretary							Treasurer							General Manager							Other (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"/> Other (untitled)	<input type="checkbox"/> Chief Manager		<input type="checkbox"/> Executive Director		<input type="checkbox"/> Managing Director	
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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 (including punctuation)
Ontario Corporation No.(MGS)
Date of Incorporation or Amalgamation
Chief Officer/Manager Information
Name and Office Address of the Chief Officer/Manager in Ontario:
Last Name
First Name
Middle Name(s)
Street Number and Name
Suite
City/Town/Village
Province
Country
Postal Code
State the appointment period for the position of Chief Officer/Manager:
Date Appointed
Date Ceased

Agent for Service Information
State if the Agent for Service is an individual or a corporation:
Please check box if applicable
Agent's Last Name
First Name
Middle Name(s)
Street Number and Name
Suite
City/Town/Village
Province
Country
Postal Code
Please check box if applicable
Corporation Name (including punctuation)
Ontario Corporation No.
Case Of
Street Number and Name
Suite
City/Town/Village
Province
Country
Postal Code

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