

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



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

This return 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. ministry | los

(Not required if already MGS Annual Return Required? Annual Return exempt.		No Pa	ge 1 of 8	
Corporation's Legal Name (including punctuation) and Mailing	Address			Ontario Corporations Tax Account No. (MOF)
				This CT23 Return covers the Taxation Year
				Start year month day
				End year month day
Has the mailing address changed Yes	Date of Change	year mon	th day	Date of Incorporation or Amalgamation
Registered/Head Office Address	I			
				Ontario Corporation No. (MGS)
Location of Books and Records				Canada Revenue Agency Business No.
				If applicable, enter RC
Name of person to contact regarding this CT23 Return	Telephone No.	Fax No.		Jurisdiction Incorporated
Address of Principal Office in Ontario (Extra-Provincial Corport	ations only)		(MGS)	If not incorporated in Ontario, indicate the date Ontario business activity commenced and ceased:
				Commenced year month day
Former Corneration Name (Evite Provincial Cornerations only	Not Applicable		(MCS)	Ceased year _ month _ day
Former Corporation Name (Extra-Provincial Corporations only			(MGS)	
				(Not Applicable) 🕨 🗌
Information on Directors/Officers/Administrators must be com Schedule A or K as appropriate. If additional space is require this schedule only may be photocopied. State number submit	d for Schedule A,	No. of Schedu	le(s)	Preferred Language / Langue de préférence English French anglais français
If there is no change to the Directors'/Officers'/Administrators submitted to MGS, please check \checkmark this box. Schedule(s) A	' information previously). ► One	nge	ministry Use
	Certificati			
I certify that all information set out in the Annual				
Name of Authorized Person (Print clearly or type in full)				
D O P Other				
	individual having knowledge affairs of the Corporation			
Note: Sections 13 and 14 of the Corporations In	formation Act provide	penalties for maki	ing false or	misleading statements or omissions.

Taxation Year End year month day	Exempt From Filing (EFF) Corporations Tax Return Declaration Page 2 of 8
Corporation's Legal Name	Ontario Corporations Tax Account No. (MOF)

(Please	print	name	in	full)	
(1 16436	print	name		iuii)	

I.

declare that:

The above corporation satisfies all of the exempt from filing criteria (a) through (f) below for the taxation year and therefore qualifies under the Corporations Tax Act as exempt from filing an Ontario Corporations Tax Return.

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) had provided its Canada Revenue Agency business number to the Ministry of Finance; and
- is NOT subject to the Corporate Minimum Tax (i.e. alone or as f) part of an associated group whose total assets exceed \$5 million or whose total revenues exceed \$10 million for the taxation year).

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.

- 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.
- The following loss situations will require otherwise EFF NOTE 2 corporations to file a CT23 tax return complete with all related schedules and financial statements:
 - 1. 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.
- 2. 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.
- 3. 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 if the EFF declaration only is being submitted at this time. In cases where the annual return,

which includes page 1, is also being filed, completion of these fields	is NOT necessary.
1. Corporation's Mailing Address 2. O (MGS	ntario Corporation No. 3. Canada Revenue Agency Business No. S) If applicable, enter
A corporation must file an Exempt From Filing Corporat that the corporation is exempt from filing, within 6 months after the	
The CT23 Short-Form Corporations Tax Return may be used	by corporations that check "Yes" to ALL of the following criteria:
Yes No (a) The corporation is a Canadian-controlled private corporation (CCPC) throughout the taxation year. Indicate Share Capital with full voting rights owned by Canadian Residents (nearest whole percentage) (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) % (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.	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 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. (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) or Graduate Transitions Tax Credit (GTTC). (f) The corporation's Ontario allocation factor is 100%.
NOTE: Family Farm or Fishing corporations that have a taxation year ending Minimum Tax, may also use the CT23 Short-Form Corporations Tax Retu	
	1399C (2014/

Total amount of loss

Deduct: Loss to be carried back to preceding taxation years: i) 3rd preceding

i) 3rd preceding

ii) 2nd preceding

iii) 1st preceding

Balance of loss available for carry-forward

	СТ23	Short-Fo	rm Corpo	rations Ta	ax Return				
Please check (\checkmark) box(es) if applicable in sections	1 and 2 below:								
1 Family Farm Corporation s.1(2)	2 Family Fishing	Corporation s.1(2)	14 Bare T	Frustee Corporatior	1				
2 First Year of Filing	Final Taxation	d-up) (Note: for	involvi	fer or Receipt of As ng a corporation ha	aving a Canadian				
Amended Return	Final Taxation V		•	nent establishment sition of Control (feo					
Taxation Year End has Changed (Canada Revenue Agency approval required)	Floating Fiscal End		Date Control was acquired	year :	month day				
Was the corporation inactive throughout the taxation y	ear? 🛛 Yes [No Vendor I	Retail Sales Tax Permit No. d Office no.)	If applicable, ente	er				
Has the corporation's Canada Revenue Agency T2 Return been filed?	Yes [Tax Acc	Employer Health ount No. d Office no.)	If applicable, enter					
Gross Revenue		· · · · · · · · ·		<u>480</u>					
Summary				(R	efer to guide)				
Total Tax payable (Income Tax from 230) =	950	• If over	payment: Refund	= 975	•				
Specified Tax Credits	960	•		980	ludes credit interest) • m on a Canadian				
	970	payabl Corpora	al institution) or a e to the Minister ations Tax Account	of Finance and p	rint your Ontario				
		money	order.						
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 <i>Corporations Tax Act</i> . 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.									
· · ·	s year, except as sp	ecifically disclosed		tached.	income for this				
Name of Authorized Person (Print clearly in full)	s year, except as sp Si	ecifically disclosed	l in a statement at	tached.	income for this				
Name of Authorized Person (Print clearly in full) Note: Section 76 of the Corporations Tax Act provid	s year, except as sp Si es penalties for maki	ecifically disclosed gnature ng false or mislead	l in a statement at	tached.					
Name of Authorized Person (Print clearly in full)	s year, except as sp Si es penalties for maki urrent	ecifically disclosed	l in a statement at	tached.	income for this Restricted Farm Losses				

911

912

913

919

From 706

day

921

922

923

929

From 716

931

932

933

939

From 726

Taxation Year Ending year month

901

902

903

Total loss to be carried back and applied to reduce taxable income

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941

942

943

949

From 736

	СТ23	Page 4 of 8
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 SCH 3	- 3	
Subtract: Ontario political contributions (Attach Schedule)	- 4	
Subtract: Prior years' losses applied – Non-capital losses	– From 704	
Net Capital losses (page 6)X inclusion + % =	= 714	•
Farm losses	– From 724	•
Restricted farm losses	– From 734	•
Taxable Income (Non-capital loss)	= 10	•
Taxable Income Number of Days in Taxation Year		
and before Jan. 1, 2001		
From 10 • X 100% Ontario Allocation X 14.5% X 24 ÷ 73 Days after Dec. 31, 2000	= + 25	•
and before Oct. 1, 2001 Total Days		
From 10 X 100% Ontario Allocation X 14.0% X 26 ÷ 73	= + 27	٠
Days after Sept. 30, 2001 and before Jan. 1, 2004 Total Days		
From 10 X 100% Ontario Allocation X 12.5% X 33 ÷ 73	= + 29	•
Income Tax Payable (before deduction of tax credits)	= 40	•
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 • = • • • Business limit for the year (not exceeding \$200,000 for corporations using CT23 Short form). . . . Income eligible for the IDSBC . . . 100% Allocation X .	• • • = 60	<u> </u>
Number of Days in Taxation Y Days after Dec. 31, 1999 and before Oct. 1, 2001 Total Di Calculation of IDSBC Rate 76 ÷ 73	ays = + 77 / ays = + 79 /	∕ + I I I ∕ + I I I
	= + 89 /	4
IDSBC Rate for Taxation Year 77 + 79 + 89	= 78	4
Claim	= 70	•
Subtotal of Income Tax 40 – 70 · · · · · · · · · · · · · · · · · ·	· = [190]	Transfer to top of Page 5

Corporation's Legal Name Ontario Corporations Tax Account No. (MOF) Taxation Year End **CT23** Page 5 of 8 DOLLARS ONLY Continued from Page 4 From 190 Subtotal of Income Tax. 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 (Attach Summary Schedule F from the insert to the Short-Form Return/guide package) + 192 No. of Graduates From 6596 Graduate Transitions Tax Credit (GTTC) (s.43.6) Applies to employment of eligible unemployed post-secondary graduates. 194 Eligible Credit From 6598 (Attach Summary Schedule G from the insert to the Short-Form Return/guide package) + 195 = 220 Total Specified Tax Credits ¹⁹² + ¹⁹⁵ Specified Tax Credits Applied to reduce Income Tax = 225 . . . Income Tax 190 - 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. 600 Add: 601 Federal capital cost allowance. Federal cumulative eligible capital deduction . 602 + 603 Ontario taxable capital gain . . . • 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 ٠ Federal exploration expenses (e.g. CEDE, CEE, CDE, COGPE) + 608 609 Federal resource allowance + • Federal depletion allowance + 610 • Federal allowable business investment loss . 620 • Total of other items not allowed by Ontario but allowed federally (Attach schedule) + 614 • Subtotal of Additions 601 to 610 + 620 + 614 640 Deduct: . 650 Ontario capital cost allowance. + • 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 + 659 Ontario resource allowance (Applies to qualifying expenditures incurred after May 5, 1998.) (Refer to guide) Workplace Child Care Tax Incentive: Qualifying expenditures: 665 • X 30% X 100% Allocation = 666 Workplace Accessibility Tax Incentive: (Applies to qualifying expenditures incurred after July 1, 1998.) (Refer to guide) Qualifying expenditures: • X 100% X 100% Allocation = 668 667 Number of Employees accommodated 669 (Applies to the eligible acquisition of school buses purchased **Ontario School Bus Safety Tax Incentive (OSBSTI)** after May 4, 1999 and before January 1, 2006.) (Refer to guide) Qualifying expenditures: • X 30% X 100% Allocation 670 = 671 Ontario allowable business investment loss . . . = 678 . . . Total of other deductions allowed by Ontario (Attach schedule) . + 664 ٠ Subtotal of Deductions 650 to 659 + 666 + 668 + 671 + 678 + 664 680 = Net income (loss) for Ontario Purposes 600 + 640 - 680 . = 690

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DOLLARS ONLY

Continuity of Losses Carried Forward

		Non-Capital Losses (1)	Total Capital Losses	Farm Losses	Restricted Farm Losses	Listed Personal Property Losses
Balance a	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 a	at End of Year	709	719	729	739	749

Notes:

- 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) Total Capital Losses for a year is the excess of 100% of the Capital Losses in the taxation year minus 100% of the Capital Gains (less any reserves) in the taxation year. Total Capital Losses is before the inclusion rate has been applied.
- (7) In the 2001 CT23 Short Form, this column now refers to Total Capital Losses (100% of loss), whereas previously the column referred to Net Capital Losses (75% of loss or after the inclusion rate has been applied). Loss amounts that are not carried at 100% of the loss must be grossed back up to 100% by multiplying the balance by 1.333333. No adjustment is required where losses are carried at 100% of the loss amount.

Analysis of Balance by Year of Origin

	Year of Origin (oldest year first) year month day		Non-Capital Losses	Non-Capital Losses of Predecessor Corporation	Total Capital Losses from Listed Personal Property only (6) (7)	Farm Losses	Restricted Farm Losses
800						850	870
801						851	871
802						852	872
803		I	820	830	840	853	873
804			821	831	841	854	874
805			822	832	842	855	875
806			823	833	843	856	876
807		 	824	834	844	857	877
808			825	835	845	858	878
809			826	836	846	859	879
Total			829	839	849	869	889

Schedule A: Information on Ontario Corporations

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

Schedule A

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MGS

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)						0	ntario C	Corporati	on No.(M	GS) Dat	e of Incorpo	ration or Amalgamation
										year	month day		
Director/Officer Information													
Full Name and Address for Se	rvice:												
Last Name			First Na	ame				Middle	Name(s	;)			
-													
Street Number and Name								Suite					
City/Town/Village	Province/State					Country				Postal/Zip Code			
Director								Officer					
Are you a Resident Canadian?	Indicate the	appointme	nt peric	od for e	for each of the following						Other Titles (please specify)		
(Applies to directors of		Da	ate App	ointed		Date Ceased			Chair		Chief Executive Officer		
business corporations only)		year		month	day		yea	r	month	day	Chair	Person	Chief Financial Officer
Yes No	President			1				I			Chairr		Chief Information Officer
Date Elected	Secretary						<u> </u>				Chairv	hair	Chief Operating Officer
year month day	Treasurer						<u> </u>				Vice-F	resident ant Secretary	
Date Ceased												ant Treasurer	Authorized Signing
year month day	General Manager										Chief	Manager tive Director	Authorized Signing Officer
	Other (specify)											ing Director	Other (untitled)

Director/Officer Information											
Full Name and Address for Se	rvice:										
Last Name			First Name			Middle Name(s)					
Street Number and Name						Suite					
City/Town/Village	Province/State					Country				Postal/Zip Code	
Director						Off	icer		· · · ·		
Are you a Resident Canadian?	Indicate the	ndicate the appointment period for each of the following						Other Titles (please specify)			
(Applies to directors of business corporations only)			ate Appointed Date Ceased				day	Chair		Chief Executive Officer	
Yes No	President	year	month	day	yea		month	day 	Chair Per Chairman		Chief Financial Officer Chief Information Officer Chief Operating Officer
Date Elected	Secretary								Vice-Chai		Chief Administrative Officer
	Treasurer								Assistant	•	Comptroller
Date Ceased year month day	General Manager								Chief Mar	•	Authorized Signing Officer
	Other (specify)								Managing	Director	Other (untitled)

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)

Schedule K

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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											
	year month day											
Chief Officer/Manager Information												
Name and Office Address of the Chief Officer/Manager in Ontario:	Not Applicable											
Last Name First Name	Middle Name(s)	_										
Street Number and Name	Suite											
City/Town/Village Province	Country Postal Code											
Indicate the appointment period for the position of Chief Officer/Manager	Date Appointed Date Ceased year month day											

Agent for Service Information							
Indicate if the Agent for Service is an individual or a corporation:							
Please check 🖌 box if applicable 🔄 Individual							
Agent's Last Name	First Name	Middle Name(s)					
Street Number and Name		Suite					
City/Town/Village	Province	Country	Postal Code				
			Ontario Corporation No.				
Please check 🖌 box if applicable 🗌 Corporat	ion						
Corporation Name (including punctuation)							
Care Of							
Street Number and Name		Suite					
City/Town/Village	Province	Country	Postal Code				
	I	1					

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

MGS

Ontario Corporations Tax Account No. (MOF)

Taxation Year End

Insert to the 2002 Short-Form Return/Guide

DOLLARS ONLY

Schedule F: Summary of Co-operative Education Tax Credit Claimed

Complete a separate entry for each student work placement which ended during the corporation's taxation year. The tax credit is for co-op work placements commencing after July 31, 1996 and leading-edge technology work placements commencing after December 31, 1997. A work placement is generally considered to be a full-time work assignment for up to 4 months in duration.

Example: If a corporation, with a December 31, 2001 taxation year end, hires an eligible student from September 1, 2001 until April 30, 2002, this would be considered 2 work placements. The first work placement is September 1, 2001 to December 31, 2001 and would be claimed in the 2001 taxation year. The second placement is January 1, 2002 to April 30, 2002 and must be claimed in the 2002 taxation year.

Qualifying Work Placements

Name of University/College and Education Program	Name of Student	Social Insurance No. of Student	Work Placement Start and End Dates		Eligible Costs of Placement (ECP)	* Credit Claimed (See notes below) (max. \$1,000
			year	month day	(201)	per work placement)
			From		5750	5776
			То			
			From		5751	5777
			То			
			From		5752	5778
			То			
If insufficient space, attach schedule				Totals	5774	5798
<i>Note:</i> Enter corporation's salaries	& wages paid in the preceding taxa	tion year 🖪 \$	•			
If A is \$600,000 or greater use 10	%. If A is \$400,000 or less use 15%	· · · · · · · · · · · · · · · · · · ·			Transfer to 192	Page 5 of the Tax Return
If A is over \$400,000 but less that	n \$600,000 use the following formu	la to calculate the rate: F	Rate = .15 – [.	05 (FromA	• - \$40	0,000) ÷ \$ 200,000]
Indicate rate used:	%. * Credit claimed equals ECP r	multiplied by rate.				

Schedule G: Summary of Graduate Transitions Tax Credit Claimed

Complete a separate entry for each graduate, that is unrelated to the employer, that has worked full-time for a minimum of a six-month period. This credit applies to new hires commencing after May 6, 1997 for a maximum credit of \$4,000 each and may only be claimed once.

Example: A taxpayer, with a December 31, 2001 taxation year end, hires an otherwise eligible graduate on June 1, 2001 who is still employed on December 31, 2002 at a salary of \$3,500 per month. The salaries and wages in the taxpayer's

preceding taxation year was \$700,000. The taxpayer may only make one tax credit claim for each graduate employed. Although the graduate is employed for 7 months during the 2001 taxation year, the taxpayer must claim the full credit in the taxation year in which the first 12 months of employment falls or when employment is ended if less than 12 months. In this example, the credit must be claimed in the 2002 taxation year. The credit claimed is the lesser of 10% of salary for the maximum 12 months of employment (10% x \$3,500 x 12 = \$4,200) or \$4,000.

Qualifying Employment

Name of University/College and Date Program Completed	Name of Graduate	Social Insurance No. of Graduate	Employment Period		Qualified Eligible Expenditures (QEE)	* Credit Claimed (See notes below) (max. \$4,000 per graduate)	
			From			6551	6576
			То				
			From			6552	6577
			То				
			From			6553	6578
			То				
If insufficient space, attach schedule				То	tals	6574	6598
Note: Enter corporation's salaries & wages paid in the preceding taxation year A \$							
If A is \$600,000 or greater use 10%. If A is \$400,000 or less use 15%.							
If A is over \$400,000 but less than \$600,000 use the following formula to calculate the rate: Rate = .15 - [.05 (From A - \$400,000) ÷ \$ 200,000]							
Indicate rate used: %. * Credit claimed equals QEE multiplied by rate.							
Total Number of Graduates						= 6596]
						Transfer to 194	Page 5 of the Tax Return
							1399C (2014/05)