WARNING: COPY & RENAME FILES (TSCHED91) NOW! (T	o preserve masters)
SCHEDULE 2AMOUNTS TRANSFERRED FROM SPOUSE	
A-DETAILS OF YOUR SPOUSE'S INCOME Pension inc. amt. eligible (L. 115 & 129, spouse's ret.) 1. Old Age Security Pension (L. 113, spouse's return) 2. Canada or Que. Pension Plan benefits (L. 114, sp.'s ret.)3. All other income on spouse's return (Specify)	
Subtract: Ded. from total income (L. 207 to 235, sp. ret.)	
Add: Accum. Fwd. Avg. Amt. withdrwl (L. 237, Sp.) 8.  Subtract: Deductions from net income (L. 248 to 256, Sp.Ret.)	
Subtr.: Sp.'s basic pers. amt. (L. 300, Sp.) 12.	

B.--CALCULATION OF AMOUNTS TRANSFERRED Spouse's age amt. --If spouse 65 or over in 1990,

Disability Amt.--If sp. in 1990, had severe mentl. or phys.

Sp.'s Tuition fees and Ed. amt. (Att. T2202A or T2202 and tuition fee recpts. Max claim \$3529.00 19. Enter amount from Line 1. above Subtract: The exempt inc at L 256, Sp.'s return Pension income amt. or \$1000, whichever is less 20.

	POSITION OF CAPITAL PROPERTY IN 1991 (Gd. 127)
QUALIFIED SMALL BUSINESS CO No. of Shares	
Total Proceeds 512. QUALIFIED FARM PROPERTY Address or Legal Description	
Total Proceeds 515. OTHER SECURITIES AND PROPE No. of Shares	
Total Proceeds 519. Real Estate and Depreciable Proper Address or Legal Description	rty (Do not incl. losses on Depr. Prop.)
Total Proceeds 521. Bonds, Debentures, Promissary Not Face	tes & Other Properties Value
Total Proceeds 527. PERSONAL USE PROPERTY (Full	Description)
Total Net Gains (Losses)	

# LISTED PERSONAL PROPERTY (Full Description)

Name of Plan:

Capital Loss Arising from Reduction in Business Invest. Loss 535.  ADD: Total Amt. of Resrves fm. T2017) (If negtve., in brackets & subtr.)  Taxable capital gains (Allowable Cap. Losses) 3/4 of L. 539.) 540.  Add: Taxable Cap. Gain on Disp. of Eligible Cap. Prop Qual. Farm Prop.  Taxable Cap. Gains on Disp. of Eligible Cap. Prop. (Other) 544.  SCHEDULE 4 - MEDICAL EXPENSES:  Attach Receipts (See "L. 330", Guide) If space insuff. attach statement.  Period covered by claim: From  Date of Payment:	(Listed Pers. Prop. Losses may only be Appl. aginst L.P.P. Gains)
Taxable capital gains (Allowable Cap. Losses) 3/4 of L. 539.) 540.  Add: Taxable Cap. Gain on Disp. of Eligible Cap. Prop. Qual. Farm Prop.  Taxable Cap. Gains on Disp. of Eligible Cap. Prop. (Other) 544.  SCHEDULE 4 - MEDICAL EXPENSES:  Attach Receipts (See "L. 330", Guide) If space insuff. attach statement.  Period covered by claim: From  Date of Payment:	INFORMATION SLIPS - CAPITAL GAINS OR LOSSES (Att. T3,T5, T4PS Slips) 533.  Capital Loss Arising from Reduction in Business Invest. Loss 535.
Add: Taxable Cap. Gain on Disp. of Eligible Cap. Prop Qual. Farm Prop.  Taxable Cap. Gains on Disp. of Eligible Cap. Prop. (Other) 544.  SCHEDULE 4 - MEDICAL EXPENSES:  Attach Receipts (See "L. 330", Guide) If space insuff. attach statement.  Period covered by claim: From  Date of Payment:	ADD: Total Amt. of Resrves fm. T2017) (If negtve., in brackets & subtr.)
Attach Receipts (See "L. 330", Guide) If space insuff. attach statement. Period covered by claim: From Date of Payment:	Add: Taxable Cap. Gain on Disp. of Eligible Cap. Prop Qual. Farm Prop.
Attach Receipts (See "L. 330", Guide) If space insuff. attach statement. Period covered by claim: From Date of Payment:	
	SCHEDULE 4 - MEDICAL EXPENSES: Attach Receipts (See "L. 330", Guide) If space insuff. attach statement. Period covered by claim: From Date of Payment: Day Month Year

Page 3

If patient is other than dependent who is included in claim for personal amounts provide following details concerning that person: (It is not necessary to provide this information for your spouse) Name: Addr.:
SCHEDULE 5 - STATEMENT OF INVESTMENT INCOME  T1 - 1991 State names of payers in approp. areas & enclose any inform. slips rec'd.
If space is insufficient, attach a statement.
I. TAXABLE AMOUNT OF DIVIDENDS FROM TAXABLE CANADIAN CORPORATIONS
Corporation
Total Dividends (To L. 120)
II. INTEREST AND OTHER INVESTMENT INCOME
Source
Total Interest & Other Inv. Income (To L.121)
III. PARTNERSHIP INCOME (LOSS) (To Line 122, Page 1)
Total Partnership Income (Loss) (Ln 122)

	=======================================
IV. CARRYING CHARGES AND INTEREST EXPENSES	(Line 221, Page 2)
Carrying Charges (Please Specify)	
	_ _
Interest on money borrowed to earn interest,	
dividend, and royalty income	
Interest on money borrowed to acquire an interest	
in a limited partnership or inactive partnership.	
Total Carrying Charges & Interest Exp. (Ln 221)	
V. Exploration & Development Expenses (Line 224) Canadian & Foreign expl., Dev., & Oil & Gas other than	Flow-thru -
Resource Expenses as result of Flow thru shares Attach T101/T102 Supplementaries)	_
Total Exploration & Dev. Exp. (To L. 224) Depletion Allowances(Incl. Mining Expl. Exp. Specify)	_
	- - ==================================
Go to I1 (F5-I1) for Sched. 6, Addnl Persnl Amts. Go to I 22 (F5-I22) for Sched "X", Charitable Donations.	

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TSCHED91.WK1

TAX SCHEDULES--1991--SCHEDULES 1, 7, AND 8 ARE INCLUDED WITH TAXONT91.WK1

Press Alt-p to print these schedules. (Align printer paper)

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Sp.'s Canada or Que. Pens. Plan contr.
(Add lines 308 & 310 on Sp. return) 13.
Sp.'s Un. Ins. Prem. (L 312, Sp) 14.
Add Lines 12 to 14 incl. 15.
Sp.'s Adjusted taxable inc. for calc. of amts. transf.
(Greater of L. 11 minus L. 15 or Zero) 16.

AMOUNTS TRANSFERRED (L. 21 - L. 22	)
Name of Corp. & Class of Shares	=======================================
Name of Corp. &	
Class of Shares	
Maturity Name of Date Issuer	

TOTAL TAXABLE CAPITAL GAINS I. 540 TO 544 INCL.)

\_\_\_\_\_\_

Sheet1

Total Depl. Allowances (To L. 232)

Sheet1
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SI	nee	t1
)	ıee	11

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TOTAL NET CAINS (Lossos) REFORE RESERVES	<b>5</b> 27
TOTAL NET GAINS (Losses) BEFORE RESERVES	537.
=======================================	=====
Name of Patient	

TOTAL MEDICAL EXPENSES: (Enter this amount on L. 330

Page 3. of your return & calc. allwble. portion

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Sheet1

	Sheet1	
(NAME)		
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		<e> <e></e></e>
	4.	<e> 0.00</e>
	Total Income 5.	
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	6.	<e> 0.00</e>
	Spouse's Net Income 7.	
	9.	
		<e> <e></e></e>
	10.	<e> 0.00</e>
Spouse's Taxable Income 11.	10.	0.00 <e></e>
		<e> <e></e></e>
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	Claim \$3387.00 17.	
mpairment claim \$4118.00 18.		
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Add L. 17 to 20. 21. amt. from L. 16 above 22.

To L. 326 p 3 your return 23.

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ear of Acquis.	Proceeds of Disp.	Adj. Cost Base
		\$0.00 Net Gain 513.
	<u>—</u>	
		\$0.00 Net Gain (or Loss) 516.
ear of Acquis.	Proceeds of Disp.	Adj. Cost Base
	<del></del>	\$0.00 Net Gain (or Loss) 520.
		\$0.00 Net Gain (or Loss) 522.
		\$0.00 Net Gain (or Loss) 528.
		Gain Only 531.

Sheet1 Subtr.:Unappl. L.P.P. Losses fm Other Years Net Gain Only 531. TOTAL CAPITAL GAIN (or Loss) 539. To Line 127, Page 1, Your Return \_\_\_\_ 19\_\_ to \_\_\_\_\_ Payment to: Descr. of Med. expense

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	Total Drama Daid
	Total Prems. Paid:

	Rel. to you: Net inc. 1991:	
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		Amount (Grossed)
		\$0.00 0.00
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		Amount
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=======	SCHEDULE 6 - ADDITIONAL PERSONAL AMOUNTS (See "Line 305" in Guide) This schedule must be completed if you are claiming: equivalent amount, or amount for dependents other than spouse and children.
=======	This schedule must be prepared by hand, but the calculations only are included here.
<e></e>	2. Supported relative whose net income was over \$524.00 but
<e></e>	Less than \$5757.00. Claim to be entered on line 305.
<e></e>	
0.00 0.00	AMOUNTS FOR OTHER DEPENDENTS RESIDENT IN CANADA (1) Parents, Grandparents, Brothers, Sisters (2) Aunts or Uncles (Incl. in-laws)
0.00 0.00	SCHEDULE X. CHARITABLE DONATIONS
<e> #VALUE!</e>	Date
0.00 #VALUE!	
0.00	<del></del>
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<e></e>	SCHEDULES 1, 7, AND 8 ARE WITH FILE TAXONT91.WK1
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with /ppos. Schedule 5 is 83 columns wide.

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----- MACROS: \p

PRN\_SEL

**PRINTP** 

PR\_PAGE

MACROS CHARDON PRINTP PRN\_SEL PR\_PAGE SCHED2 SCHED3 SCHED4 SCHED5 SCHED6 \P

11JAN92

Subtract dependent's net income Claim to enter on L. 305 p. 3

TOTAL AMOUNTS FOR OTHER DEPENDENTS TOT. ADDNL. PERSONAL AMOUNTS

Name of Organization	
	<del></del>

Page 26

To Line 340, your return

TOTAL

#### {MENUBRANCH PRN\_SEL}

1PRINT
PRINT CHAR. DONATIONS
{LET PR\_PAGE,CHARDON}~
{BRANCH PRINTP}

{WINDOWSOFF}
/ppcrr
CHARDON
~agpq
{WINDOWSON}
{BRANCH \p}

I212..O237 I23..O46 J221 J215 J223 A6..G54 A57..H115 A119..H153 A156..G225 I3..P19 J213 2PRINT
PRINT SCHEDULE 2
{LET PR\_PAGE,SCHED2}~
{BRANCH PRINTP}

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#### Calls Print menu

3PRINT PRINT SCHEDULE 3 {BRANCH PRINTP}

**4PRINT** PRINT SCHEDULE 4 {BRANCH PRINTP}

**5PRINT** PRINT SCHEDULE 5  $\{ \texttt{LET PR\_PAGE}, \texttt{SCHED3} \} \sim \{ \texttt{LET PR\_PAGE}, \texttt{SCHED4} \} \sim \{ \texttt{LET PR\_PAGE}, \texttt{SCHED5} \} \sim \{ \texttt{LET PR\_PAGE}, \texttt{SCHED5}$ {BRANCH PRINTP}

\$5735.00 <Net Inc.> #VALUE! (B) <Claim 1.> <Claim 2.> #VALUE! #VALUE! \_\_\_\_\_ **Amount Paid** \$0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 ====== \$0.00

6PRINT QUIT
PRINT SCHEDULE 6 QUIT
{LET PR\_PAGE,SCHED6}~ {HOME}
{BRANCH PRINTP}