

TAX SCHEDULES--1993-- (NAME) _____

SCHEDULES 1, 8, AND 9 ARE INCLUDED WITH TAXONT93.V

WARNING: COPY & RENAME FILES (TSCHED93) NOW! (To preserve ma

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

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SCHEDULE 2--AMOUNTS TRANSFERRED FROM SPOUSE (See Line 326

= = = = =

A-DETAILS OF YOUR SPOUSE'S INCOME

Old Age Security Pension (L. 113, spouse's return) 1.

Canada or Que. Pension Plan benefits (L. 114, sp.'s ret.)2.

All other income on spouse's return (Specify) 3.

4.
Total Income

Subtract: Ded. from total income (L. 207 to 235, sp. ret.)

6.
Spouse's Net Inco

Add: Accum. Fwd. Avg. Amt. withdrwl (L. 237, Sp.Ret.) 8.

Subtract: Deductions from net income (L. 248 to 256, Sp.Ret.)

10.
Spouse's Taxable Income 11.

Subtr.: Sp.'s basic pers. amt. (L. 300, Sp.) 12.

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) 990 16.

B.--CALCULATION OF AMOUNTS TRANSFERRED FROM SPOUSE

Spouse's age amt. --If spouse 65 or over in 1992,
 Spouse D of B. ---> DD/MM/YEAR Claim \$3482. 98
 Disability Amt.--If sp. in 1992, had severe mentl. or phys.
 impairment claim \$4233.00
 Sp.'s Tuition fees and Ed. amt. (Att. T2202A or T2202
 and tuition fee recpts. Max claim \$4000.00
 Pension Income amount:
 Enter Amount from Calc. at L 314 (Max. \$1000)
 Add Lines 17 to 20
 Enter amount from L 16 above.

AMOUNTS TRANSFERRED (L. 21 - L. 22)
 To L. 326 p 3 your return 23.

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SCHEDULE 3: SUMMARY OF DISPOSITION OF CAPITAL PROPERTY IN

No. of Shares	Name of Corp. & Class of Shares	Year of Acquis. (1)	Proceeds of Disp. (2)
-	-	-	-
Total Proceeds			512. \$0.00

QUALIFIED FARM PROPERTY
 Address or Legal Description

Total Proceeds			515. \$0.00
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OTHER SECURITIES AND PROPERTIES

No. of Shares	Name of Corp. & Class of Shares	Year of Acquis.	Proceeds of Disp.
-	-	-	-

Total Proceeds 519. \$0.00

Real Estate and Depreciable Property (Do not incl. losses on Depr. Prop.)

Address or Legal Description

Total Proceeds 521. \$0.00

Bonds, Debentures, Promissary Notes & Other Properties

Face Maturity Name of

Value Date Issuer

Total Proceeds 527. \$0.00

PERSONAL USE PROPERTY (Full Description)

LISTED PERSONAL PROPERTY (Full Description)

(Listed Pers. Prop. Losses may only
be Appl. against L.P.P. Gains)

INFORMATION SLIPS- CAP. GAINS OR LOSSES (Att.T3,T5,T5013,T4PS S
GAINS NOT ELIGIBLE FOR CAPITAL GAINS DEDUCTION

Ent. gains at L.520,522,528,530,533 not el. 536.

Capital Loss Arising from Reduction in Business Invest. Loss 535.

TOTAL NET GAINS (Losses) BEFORE RESEI

ADD:Total Amt. of Resrvs fm. T2017) (If negtv.,in brackets(subtr.)) 538

TOTAL CAPITAL GAIN (or L

Taxable capital gains (Allowable Cap. Losses) 3/4 of L. 539.) 540

Add: Taxable Cap. Gain on Disp. of El. Cap. Prop.- Qual. Farm Prop. 543.

Taxable Cap. Gains on Disp. of Eligible Cap. Prop. (Other) 544.

TOTAL TAXABLE CAPITAL GAINS OR LOSSES (l. 540 TO 54

To Line 127, Page 1, Your Return 545

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SCHEDULE 4 - MEDICAL EXPENSES:

Attach Receipts (See "L. 330", Guide) If space insuff. attach statement.

Period covered by claim: From _____ 19__

Date of Payment:

Day	Month	Year	Name of Patient	Payment to:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Prem. paid to Priv.(Not Fed. or Prov.)Med. or Hosp. plan for Yr ending 1993
Receipts not required to be filed.

Name of Plan: _____

TOTAL MEDICAL EXPENSES: (Enter this am
Page 3. of your return & calc. allowble. portion

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: _____ Rel. to you:
Addr.: _____ Net inc. 1993:
= = = = =

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SCHEDULE 5 - STATEMENT OF INVESTMENT INCOME T1 - 1

State names of payers in approp. areas & enclose any inform. slips rec'd.

If space is insufficient, attach a statement.

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I. TAXABLE AMOUNT OF DIVIDENDS FROM TAXABLE CANADIAN C

- - - - -

Corporation

- - - - -

Total Dividends (To L. 120)

= = = = =

II. INTEREST AND OTHER INVESTMENT INCOME (See Line 121, Guide

- - - - -

Source

- - - - -

Bonds, _____
trust, _____
Bank, etc. _____
interest _____

Inc. fr. _____
Foreign _____
sources _____

Total Interest & Other Inv. Income (To L.121,p.1)

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III. PARTNERSHIP INCOME (LOSS) (To Line 122, Page 1)(See Guide)

Net Partnership Income (Loss) (Ln 122,p.1)

=====

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 & Int. Exp. (Ln 221, p.2)

- - - - -

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V. Exploration & Development Exp. descr. @ L 122 (See Guide L 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,p. 2)

VI-Depletion Allowances(Incl. Mining Expl. Exp. Specify)

Total Depl. Allowances (To L. 232)

|::

ON TAXONT93 (Your return)

Go to I1 (F5-I1) for Sched. 6, 7, Addnl Persnl Amts.

Go to I22 (F5-I22) for Sched "X", Charitable Donations.

Go to Sched 8, 9 (F5-SCHE8 9) for self employment earnings

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SCHEDULE 6 - EQUIVALENT

This schedule must be complete equivalent amount, or amount children.

This schedule must be prepared here.

1. Supported relative whose net

2. Supported relative whose net

Complete calculation

(If dependant's income was over

SCHEDULE 7:-ADDITIONAL

(1) Your or spouse's child or grandchild and physically or mentally

(2) Parents, Grandparents, Brothers

If dependant's income \$2690 or less

If more than \$2690, complete

Minus: Dependence

If dep. income over \$4273, no

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SCHEDULE X. CHARITABLE

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=

Date

Name of Organization

-

-

5 17.	<E>	_____	_____
		_____	_____
987 18.	<E>	_____	_____
		_____	_____
988 19.	<E>	_____	_____
<E>		_____	_____
989 20.	<E>		
21.	0.00		TOTAL
22.	#VALUE!		

SCHEDULES 1, 8, AND 9 A

#VALUE!

These schedules have been set
your printer has a more conve
with /ppos. Schedule 5 is 83 c

↓ 1993 (Gd. 127)

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Adj. Cost Base	Outlay & Exp. of Dis.	Gain or (loss)
(3)	(4)	(5)
-	-	-
_____	_____	#VALUE!
_____	_____	#VALUE!
		-
Net Gain (Ls) 513.		#VALUE!

Gain (Loss)

_____	_____	#VALUE!
_____	_____	#VALUE!
_____	_____	#VALUE!
		-
Net Gain (or Loss) 516.		#VALUE!

Adj. Cost Base	Outlay & Exp. of Dis.	Gain (Loss)
-	-	-
_____	_____	#VALUE!
_____	_____	#VALUE!

Net Gain (or Loss) 520. - #VALUE!

Gain (Loss)

____ #VALUE!
____ #VALUE!

Net Gain (or Loss) 522. - #VALUE!

Gain (Loss)

____ #VALUE!
____ #VALUE!

Net Gain (or Loss) 528. - #VALUE!

____ #VALUE!

Gain Only 530. - #VALUE!

____ #VALUE!

Subtr.:Unappl. L.P.P. <E>

Losses fm Other Years -

Net Gain Only 531. #VALUE!

ilips)533. (<-E>)

<E>

(<-E>)

RVES 537 #VALUE!

(<E>)

loss) 539 #VALUE!

#VALUE!

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4 INCL.) _____

#VALUE!

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to _____ 199_

Descr. of Med. exp.	Amount Paid
_____	_____.
_____	_____.
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_____	_____.
_____	_____.

Total Prens. Paid: _____.
ount on L. 330 _____

0.00

=
_____.

1993

= =
CORPORATIONS

- -
Amount (Grossed)
- -
\$0.00
0.00
0.00
0.00
0.00

- \$0.00
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3)

- -
Amount
- -
\$0.00
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(See guide)

Amount

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MACROS:

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MACROS I212..O237

CHARDON I23..O46

PRINTP J221

PRN_SEL J215

PR_PAGE J223

SCHED2 A6..G54

SCHED3 A57..H115

SCHED4 A119..H153

SCHED5 A156..G225

SCHED6 I3..P19

\P J213

1993

11JAN92

NET TO SPOUSE AMOUNT (See "Line 305" in Guide)

Enter if you are claiming:
for dependents other than spouse and

calculated by hand, but the calculations only

if net income was not over \$538.

Enter \$5380 at (A) (A) <E>(A)

if net income was over \$538.

if net income is over \$5917 you can't claim)

\$5918.00(B)

Subtract dependent's net income

<Net Inc>

Claim to enter on L. 305 p. 3

#VALUE!

CHILD PERSONAL AMOUNTS

for a child if born 1975 or earlier,
physically or mentally infirm;
brothers, Sisters, etc. phys. or mentally infirm
or less, claim \$1583.

Base amt. \$4273.00

Dependent's net income <E>

Allowable amount \$1583.00

if a claim may be made.

CHARITABLE DONATIONS

=	=	=	=	=	=
Charitable Contribution					Amount Paid

-	-	-	-	-	-
---	---	---	---	---	---

_____					\$0.00
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_____					0.00
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_____					0.00
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_____	0.00
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_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
	=====
To Line 340, your return	\$0.00

RE WITH FILE TAXONT93.WK1

to print with condensed print (\015), if
 nient font, change the setup to that size
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2PRINT 3PRINT 4PRINT 5PRINT 6PRINT QUIT
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