STATEMENT OF INCOME

INSTRUCTIONS: Save this file to your computer. Open the file in Adobe PDF Reader. Enter your information in the appropriate fields below. When completed, click the submit button.

As this information will be submitted to the courts, be sure to enter the information accurately and bring the supporting documentation with you including: true copies of your personal income tax returns filed with Canada Revenue Agency, OR, Notices of Assessment (or Re-Assessment) issued by Canada Revenue Agency, for the three most recent taxation years.

Enter your full name

Enter respondent's full

City/Town

Date

1. The following chart will convert your gross income to a monthly figure.

[If you have two income sources, use one chart for each source.]

First Income Source: _____ (Name of Source)

GROSS INCOME - MONTHLY CONVERSION CHART					
MY PAY PERIOD	CONVERSION FORMULA	MONTHLY INCOME			
Weekly	\$x 4.33	\$			
Every second week	\$x 2.17	\$			
Twice per month	\$x 2	\$			
Monthly		\$			

Second Income Source:

(Name of Source)

GROSS INCOME - MONTHLY CONVERSION CHART						
MY PAY PERIOD	CONV	VERSION FORMULA	MONTHLY INCOME			
Weekly	\$	x 4.33	\$			
Every second week	\$	x 2.17	\$			
Twice per month	\$	x 2	\$			
Monthly			\$			

ENTER THIS AMOUNT IN BOX A BELOW:

2. If you receive any other monthly income, indicate the amount in the box beside the appropriate source.

GROSS MONTHLY INCOME (from the Monthly Conversion Chart)	AMOUNT	COMMENTS
A) Gross Salary or Wages or Net Professional Inc	ome	
B) Overtime/Commissions/Bonuses		
C) Employment Insurance Benefits		\mathcal{U}
D) Social Assistance/Family Benefits		
E) Pension Income	i S	<u>_</u>
F) Actual Dividends Received Before Gross-up		9.
G) Income from Trust	V le	5
H) Investment Income	- 6	
I) Other -	S	
J) Other -	<0-	
K) Other -		
L) SUB TOTAL		
M) Deduct Union Dues		
N) Deduct Other Schedule III Adjustments		
O) TOTAL MONTHLY INCOME (FOR TABLE AMOUNT CHILD MAINTENANCE/SUPPORT)		
P) Child Tax Benefit		
Q) GST Credit		
R) TOTAL MONTHLY INCOME		

Total Monthly Income for table amount:	(Line O, above)
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Total Annual Income for table amount:

SELECT THE OPTION BELOW THAT BEST DESCRIBES YOU.

3.

$\Box \qquad I AM AN EMPLOYEE:$

Attached is a true copy of my two most consecutive recent statements of earnings or pay stubs indicating my total earnings paid in the year to date, including overtime (*or alternatively,* a letter from my employer setting out my annual salary or remuneration, my earnings to date for this year, including overtime).

□ I AM UNEMPLOYED:

Attached is a statement of my income to date this year from (*include particulars of all income received by way of employment insurance benefits, social assistance, pension income, Workers' Compensation, disability or such other benefits or income as may apply. If a statement of income is not available, provide a letter from the applicable source of income stating the required information*).

□ I AM SELF-EMPLOYED:

- (i) true copies of the financial statements of my business *or professional practice* (*other than partnership*) for the three most recent taxation years; and
- (ii) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom I do not deal at arms length.

I AM A MEMBER OF A PARTNERSHIP:

I am a partner in the partnership known as ______ and attached hereto is confirmation of my current income and draw from that partnership and my capital in the partnership for the three most recent taxation years.

□ I CONTROL A CORPORATION:

- (i) Attached are true copies of the financial statements for the corporation

 , in which I have a controlling interest, for the three most recent taxation years. [Where a party controls a corporation, the financial statements for the three most recent taxation years for that corporation must be provided as well as the financial statements for that company's subsidiaries].
- (ii) Attached is a statement showing a breakdown of all salaries, wages, management fees and other payments or benefits paid to, or on behalf of, persons or corporations with whom the corporation, and every related corporation does not deal at arm's length.

□ I AM A BENEFICIARY UNDER A TRUST:

Attached is a true copy of the trust settlement agreement of which I am a beneficiary as well as true copies of the three most recent financial statements of the trust.

□ I AM AN ADMINISTRATOR OR A TRUSTEE OF A TRUST