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FINANCIAL STATEMENT

(Confidential When Completed)

In a family law matter that involves children, where child support is an issue, or if there is an issue of spousal support, the parties are required to provide financial information to the court and the other party. This form will provide the information that we require to complete the court forms.

If you are unsure about any part of this form, leave it blank and your lawyer will review it with you.

Name: _____

Address: _____

Phone Number: _____

PART 1 – INCOME

Employment Information:

Employer Name	
Employer Address	
Employer Phone No.	
Occupation/Job title	
Pay period	Weekly; Bi-weekly; Semi-monthly; Monthly;
OR unemployed since	(date)

Other Income Sources (if applicable):

Are you a shareholder, director, or officer of a corporation?	Yes; No;
Amount of remuneration or honorarium that you receive	\$
Name and Address of the Corporation	
Are you a beneficiary under a trust?	Yes; No;
Name of the Trust and name, address and phone number of the Trustee	

Your Total Income:

My total gross income shown on my last Tax Return for 20____ was	\$
My total net income shown on my last Tax Return for 20____ was	\$
Please provide or bring with you: (a) Your personal income tax returns for each of the last three years; (b) Your last three payroll stubs for the last three pay periods: If you do not have this information, we can obtain the information from Canada Revenue Agency.	

Breakdown of Income Sources

Include all income and other money received from all sources for the 12-month period ending on the date of this statement whether taxable or not. Show gross annual amounts here (to get an annual figure, multiply any weekly amount by 52, or any monthly amount by 12). Give current actual amount where known. Give your best estimate where you cannot find out the actual amount.

If our most recent federal income tax return (attached to this statement) sets out what you expect your income to be for this year, simply record those amounts here. Otherwise, record what you expect your income for this year to be from each source of income that applies to you. This will be necessary if your salary has increased, you have become unemployed, you have bought or sold rental properties, any source of your income is not taxable, etc.

Employment income: wages, salaries, commissions, bonuses, and overtime (Before deductions)	+	\$
Commissions – If already included in Line 1 indicate amount but do not add in - \$		
Other employment income (Include tips, foreign employment income, net research grants, etc.)	+	\$
Pension income (Include Old Age Security, CPP, disability, superannuation and other pensions)	+	\$
Employment insurance benefits (Before deductions)	+	\$
Taxable amount of dividends from taxable Canadian corporations	+	\$
Interest and other investment income	+	\$
Partnership income: limited or non-active partners only - - - - - Net	+	\$
Rental income – Gross \$ - - - - - Net	+	\$
Taxable capital gains	+	\$
Child support received – Total amount \$ - - - Taxable amount	+	\$
Spousal support: From this relationship \$;		
From another relationship \$	+	\$
Registered retirement savings plan income	+	\$
Self employment income:		
a) Business income – Gross \$ - - - - - Net	+	\$
b) Professional income – Gross \$ - - - - - Net	+	\$
c) Commission income – Gross \$ - - - - - Net	+	\$
d) Farming income – Gross \$ - - - - - Net	+	\$
e) Fishing income – Gross \$ - - - - - Net	+	\$
Workers' compensation benefits	+	\$
Total social assistance payments	+	\$
Net federal supplements	+	\$
Other income - (Include any taxable income that is not already included above, such as scholarships, bursaries, study grants, certain lump sum payments or death benefits, severance pay, etc. Specify.)	+	\$
Total annual income:	=	\$

Benefits You Receive

Monetary benefits: Income that is exempt from federal or provincial tax: <i>List all allowances and amounts received from all sources <u>that are not taxable</u>: such as, amounts exempt because of status under the Indian Act; band assistance payments; exempt portions of otherwise taxable amounts; certain disability benefits; etc. Specify.</i>	
	\$
	\$
Non-monetary benefits: <i>List all non-monetary benefits from all sources, <u>that are not included in total income (line A)</u>. Include such items as use of a company car, or board and room provided to you, and other expenses paid on your behalf. Give your best estimate of the value of the benefit where you cannot find out the actual value.</i>	
Medical or dental insurance coverage: Is medical or dental insurance coverage for your children available to you through your employer or otherwise at a reasonable rate?	Yes; No;
Do you have medical or dental insurance coverage for your children?	Yes; No;

Deductions from income:

Union, professional association or like dues (<i>if you are an employee</i>): s.1	\$
Other employment expenses: s.1 (Specify)	\$
Taxable amount of child support I receive:	\$
Spousal support I receive from the other party:	\$
Social assistance I receive for other members of my household:	\$
Actual amount of business investment losses suffered during the year:	\$
Carrying charges and interest expenses paid by me and deductible under the <i>Income Tax Act</i> :	\$
Prior period earnings included in self-employment income, net of reserves:	\$
Portion of partnership or sole proprietorship income properly required for capitalization:	\$
Total deductions from income:	\$

Additions to incomes:

Allowable capital cost allowance with respect to real property:	\$
Value of exercised employee stock options in Canadian-controlled private corporations:	\$
Total deductions from income:	\$
TOTAL INCOME	\$

PART 2 – ANNUAL EXPENSES

Source Deductions

1.	Canada Pension Plan contributions	\$
2.	Employment Insurance Premiums	\$
3.	Employee pension contributions to a registered pension plan	\$
4.	Medical and dental insurance premiums (<i>Deducted at source</i>)	\$
5.	Income Tax	\$

Housing

6.	Rent or mortgage	\$
7.	Property taxes	\$
8.	Homeowner's/Tenant's insurance	\$
9.	Condominium fees	\$
10.	Water, sewer and garbage	\$
11.	House repairs, maintenance, yard care	\$
12.	Heat	\$
13.	Electricity	\$
14.	Telephone	\$
15.	Other - (Specify)	\$

Household expenses

16.	Food	\$
17.	Meals outside the home	\$
18.	General household supplies	\$
19.	Hair care, toiletries and sundries	\$
20.	Dry cleaning and laundry	\$
21.	Furnishings and equipment	\$
22.	Other - (Specify)	\$

Transportation

23.	Public transit, taxis	\$
24.	Car insurance, registration and licence	\$
25.	Gas and oil	\$
26.	Parking	\$
27.	Car repairs and maintenance	\$
28.	Other - (Specify)	

Health

29.	Medical and dental insurance premiums (<i>Not deducted at source</i>)	\$
30.	Health care (<i>physiotherapy, etc.</i>)	\$
31.	Drugs, prescriptions	\$
32.	Dental care (<i>including orthodontist</i>)	\$
33.	Optical care (<i>eyeglasses, contact lenses</i>)	\$
34.	Other - (Specify)	\$
	<i>(Amounts in 30 – 34 net of coverage)</i>	

Personal

35.	Clothing, footwear	\$
36.	Educational expenses (<i>self</i>) - (Specify)	\$
37.	Other - (Specify)	\$

Children

38.	Clothing, footwear	\$
39.	Children's allowance, gifts	\$
40.	School fees, books and supplies	\$
41.	School activities (<i>field trips, etc.</i>)	\$
42.	Activities, lessons and supplies (<i>music lessons, clubs, sports, bicycles</i>)	\$
43.	Child care, babysitting	\$
44.	Other - (Specify)	\$

Savings for the future

45.	RRSP	\$
46.	RESP	\$
47.	Other - (Specify)	\$

Support Payments

(Specify for whom, whether tax deductible, whether voluntary or pursuant to order)

48.	Support being paid in this case	\$
49.	Support being paid in any other case	\$

Debt payments (other than mortgage)

50.	(Specify)	\$
	(Specify)	\$

Other

51.	Life or term insurance premiums	\$
52.	Banking, legal, accounting	\$
53.	Church, charitable donations	\$
54.	Entertainment and recreation	\$
55.	Vacation	\$
56.	Alcohol/tobacco	\$
57.	Other - (Specify)	\$
Total Annual Expenses:		\$

