


This form is a combination of the Ministry of Finance (MOF) **CT23 Short-Form Corporations Tax Return** and the Ministry of Consumer and Business Services (MCBS) **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 MCBS 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.

MCBS Annual Return Required? *(Not required if already filed or Annual Return exempt. Refer to Guide)* Yes No **Page 1 of 8**

Ministry Use								
Corporation's Legal Name <i>(including punctuation)</i>		Ontario Corporations Tax Account No. (MOF)						
Mailing Address		This Return covers the Taxation Year Start <table border="1"><tr><td>year</td><td>month</td><td>day</td></tr></table> End <table border="1"><tr><td>year</td><td>month</td><td>day</td></tr></table>	year	month	day	year	month	day
year	month	day						
year	month	day						
Has the mailing address changed since last filed CT23 Return? <input type="checkbox"/> Yes	Date of Change <table border="1"><tr><td>year</td><td>month</td><td>day</td></tr></table>	year	month	day	Date of Incorporation or Amalgamation <table border="1"><tr><td>year</td><td>month</td><td>day</td></tr></table>	year	month	day
year	month	day						
year	month	day						
Registered/Head Office Address		Ontario Corporation No. (MCBS) <table border="1"><tr><td> </td></tr></table>						
Location of Books and Records		Canada Customs and Revenue Agency Business No. If applicable, enter <table border="1"><tr><td> </td><td>RC</td><td> </td></tr></table>		RC				
	RC							
Name of person to contact regarding this CT23 Return	Telephone No.	Fax No.						
Address of Principal Office in Ontario <i>(Extra-Provincial Corporations only)</i>		Jurisdiction Incorporated <table border="1"><tr><td> </td></tr></table>						
Former Corporation Name <i>(Extra-Provincial Corporations only)</i> <input type="checkbox"/> Not Applicable		If not incorporated in Ontario, indicate the date Ontario business activity commenced and ceased: Commenced <table border="1"><tr><td>year</td><td>month</td><td>day</td></tr></table> Ceased <table border="1"><tr><td>year</td><td>month</td><td>day</td></tr></table> <input type="checkbox"/> Not Applicable	year	month	day	year	month	day
year	month	day						
year	month	day						
Information on Directors/Officers/Administrators must be completed on MCBS Schedule A or K as appropriate. If additional space is required for Schedule A, only this schedule may be photocopied. State number submitted (MCBS). ▶		Preferred Language / <i>Langue de préférence</i> <input type="checkbox"/> English <i>anglais</i> <input type="checkbox"/> French <i>français</i>						
If there is no change to the Directors'/Officers'/Administrators' information previously submitted to MCBS, please check <input checked="" type="checkbox"/> this box. Schedule(s) A and K are not required (MCBS). ▶ <input type="checkbox"/> No Change		Ministry Use 						

Certification (MCBS)

I certify that all information set out in the **Annual Return** is true, correct and complete.

Name of Authorized Person *(Print clearly or type in full)*

Title: Director Officer Other individuals having knowledge of the Corporation's business activities

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

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 Schedule 3-	- - - - -	-	3		
Subtract: Ontario political contributions (Attach Schedule 2A) (Int.B.3002R)	- - - - -	-	4		
Subtract: Prior years' losses applied – Non-capital losses	- - - - -	- From	704		
Net capital losses	From 715 (page 6)	X inclusion rate			
Farm losses	- - - - -	- From	724		
Restricted farm losses	- - - - -	- From	734		
Taxable Income (Non-capital loss)	- - - - -	=	10		

Taxable Income

Number of Days in Taxation Year

From 10	X 100% Ontario Allocation X 12.5% X	Days after Dec. 31, 2002 and before Jan. 1, 2004	33	÷	Total Days	73	= +	29
From 10	X 100% Ontario Allocation X 14.0% X	Days after Dec. 31, 2003	34	÷	Total Days	73	= +	32
Income Tax Payable (before deduction of tax credits)			29	+		32	=	40

Incentive Deduction for Small Business Corporations (IDSBC) (s.41)

If section is not completed, IDSBC will be denied.

Did you claim the federal Small Business Deduction (fed.s.125(1)) in the taxation year? (✓) Yes No

* Income from active business carried on in Canada for federal purposes (fed.s.125(1)(a))	- - - - -	50	
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		
	=	54	
Federal business limit for the year	- - - - -	55	
Income eligible for the IDSBC	100% Allocation X	56	= 60
		Least of 50, 54 or 55	

Number of Days in Taxation Year

Calculation of IDSBC Rate	7.0% X	Days after Dec. 31, 2002 and before Jan. 1, 2004	31	÷	Total Days	73	= +	89
	8.5% X	Days after Dec. 31, 2003	34	÷	Total Days	73	= +	90
IDSBC Rate for Taxation Year			89	+		90	=	78
Claim	From 60	X From 78					=	70

* Note: Modified by s.41(6) and (7) for corporations that are members of a partnership. (Refer to Guide)

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 CT23 Schedule 113 (Attach Schedule 113)	- - - - -	+ 192	
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Graduate Transitions Tax Credit (GTTC) (s.43.6)

Applies to employment of eligible unemployed post secondary graduates, for employment commencing prior to July 6, 2004 and expenditures incurred prior to January 1, 2005.

Eligible Credit From 6598 CT23 Schedule 115 (Attach Schedule 115)	- - - - -	+ 195	
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Apprenticeship Training Tax Credit (ATTC) (s.43.13)

Applies to employment of eligible apprentices.

Eligible Credit From 5898 CT23 Schedule 114 (Attach Schedule 114)	- - - - -	+ 203	
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Total Specified Tax Credits	192 + 195 + 203	=	220
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Specified Tax Credits Applied to reduce Income Tax		=	225
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Income Tax	40 - 70 - 225	OR Enter NIL if reporting Non-Capital Loss	=	230
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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 - - - - - ± _____ •

Add:

Federal capital cost allowance - - - - -	+	<input type="text" value="601"/>	_____ •
Federal cumulative eligible capital deduction - - - - -	+	<input type="text" value="602"/>	_____ •
Ontario taxable capital gain - - - - -	+	<input type="text" value="603"/>	_____ •
Federal non-allowable reserves. Balance beginning of year - - - - -	+	<input type="text" value="604"/>	_____ •
Federal allowable reserves. Balance end of year - - - - -	+	<input type="text" value="605"/>	_____ •
Ontario non-allowable reserves. Balance end of year - - - - -	+	<input type="text" value="606"/>	_____ •
Ontario allowable reserves. Balance beginning of year - - - - -	+	<input type="text" value="607"/>	_____ •
Federal exploration expenses (e.g. CEDE, CEE, CDE, COGPE) - - - - -	+	<input type="text" value="608"/>	_____ •
Federal resource allowance (Refer to Guide) - - - - -	+	<input type="text" value="609"/>	_____ •
Federal depletion allowance - - - - -	+	<input type="text" value="610"/>	_____ •
All Crown charges, royalties, rentals, etc. deducted for Federal purposes (Refer to Guide) - - - - -	+	<input type="text" value="617"/>	_____ •
Federal allowable business investment loss - - - - -	+	<input type="text" value="620"/>	_____ •
Total of other items not allowed by Ontario but allowed federally (Attach schedule) - - - - -	+	<input type="text" value="614"/>	_____ •

Total of Additions to + + + - - - - - = _____ ▶ _____ •

Deduct:

Ontario capital cost allowance - - - - -	+	<input type="text" value="650"/>	_____ •
Ontario cumulative eligible capital deduction - - - - -	+	<input type="text" value="651"/>	_____ •
Federal taxable capital gain - - - - -	+	<input type="text" value="652"/>	_____ •
Ontario non-allowable reserves. Balance beginning of year - - - - -	+	<input type="text" value="653"/>	_____ •
Ontario allowable reserves. Balance end of year - - - - -	+	<input type="text" value="654"/>	_____ •
Federal non-allowable reserves. Balance end of year - - - - -	+	<input type="text" value="655"/>	_____ •
Federal allowable reserves. Balance beginning of year - - - - -	+	<input type="text" value="656"/>	_____ •
Ontario exploration expenses (e.g. CEDE, CEE, CDE, COGPE) (Retain calculations. Do not submit.)	+	<input type="text" value="657"/>	_____ •
Ontario depletion allowance - - - - -	+	<input type="text" value="658"/>	_____ •
Ontario resource allowance (Refer to Guide) - - - - -	+	<input type="text" value="659"/>	_____ •

Workplace Child Care Tax Incentive (WCCTI)

(Applies to qualifying expenditures incurred prior to January 1, 2005.) (Refer to Guide)

Qualifying expenditures: _____ • X 30% X 100% Allocation = _____ •

Workplace Accessibility Tax Incentive (WATI)

(Applies to qualifying expenditures incurred prior to January 1, 2005.) (Refer to Guide)

Qualifying expenditures: _____ • X 100% X 100% Allocation = _____ •

Number of Employees accommodated _____

Ontario School Bus Safety Tax Incentive (OSBSTI)

(Applies to the eligible acquisition of school buses purchased after May 4, 1999 and before January 1, 2006.) (Refer to Guide)

Qualifying expenditures: _____ • X 30% X 100% Allocation = _____ •

Ontario allowable business investment loss - - - - - = _____ •

Total of other deductions allowed by Ontario (Attach schedule) - - - - - + _____ •

Total of Deductions to + + + + + - - - - - = _____ ▶ _____ •

Net income (loss) for Ontario Purposes + - - - - - - = _____ •

DOLLARS ONLY

Continuity of Losses Carried Forward

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

Analysis of Balance by Year of Origin

Year of Origin (oldest year first)	Non-Capital Losses	Non-Capital Losses of Predecessor Corporations	Total Capital Losses from Listed Personal Property only	Farm Losses	Restricted Farm Losses
year month day					
800 9th preceding taxation year	817 (6)	860 (6)		850	870
801 8th preceding taxation year	818 (6)	861 (6)		851	871
802 7th preceding taxation year	819 (6)	862 (6)		852	872
803 6th preceding taxation year	820	830	840	853	873
804 5th preceding taxation year	821	831	841	854	874
805 4th preceding taxation year	822	832	842	855	875
806 3rd preceding taxation year	823	833	843	856	876
807 2nd preceding taxation year	824	834	844	857	877
808 1st preceding taxation year	825	835	845	858	878
809 Current taxation year	826	836	846	859	879
Total	829	839	849	869	889

Notes:

- (1) 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) Include non-capital losses incurred in taxation years ending after March 22, 2004.

Schedule A: Information on Ontario Corporations

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



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)	Ontario Corporation No. (MCBS) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>											Date of Incorporation or Amalgamation <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%; text-align: center;">year</td><td style="width: 30%; text-align: center;">month</td><td style="width: 40%; text-align: center;">day</td></tr><tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr></table>	year	month	day			
year	month	day																

Director/Officer Information			
Full Name and Address for Service			
Last Name	First Name	Middle Name(s)	
Street Number and Name		Suite	
City/Town/Village	Province/State	Country	Postal/Zip Code

Director	Officer																																																														
<p>Are you a Resident Canadian? (Applies to directors of business corporations only)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Elected <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%; text-align: center;">year</td><td style="width: 30%; text-align: center;">month</td><td style="width: 40%; text-align: center;">day</td></tr><tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr></table></p> <p>Date Ceased <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%; text-align: center;">year</td><td style="width: 30%; text-align: center;">month</td><td style="width: 40%; text-align: center;">day</td></tr><tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr></table></p>	year	month	day				year	month	day				<p>State the appointment period for each of the following</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Date Appointed</th> <th colspan="3">Date Ceased</th> </tr> <tr> <th>year</th> <th>month</th> <th>day</th> <th>year</th> <th>month</th> <th>day</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">President</td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Secretary</td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Treasurer</td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">General Manager</td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Other (specify)</td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> <td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td> </tr> </tbody> </table>				Date Appointed			Date Ceased			year	month	day	year	month	day	President							Secretary							Treasurer							General Manager							Other (specify)						
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Director/Officer Information			
Full Name and Address for Service			
Last Name	First Name	Middle Name(s)	
Street Number and Name		Suite	
City/Town/Village	Province/State	Country	Postal/Zip Code

Director	Officer																																																														
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	<p>Other Titles (please specify)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Chair</td> <td><input type="checkbox"/> Chief Executive Officer</td> </tr> <tr> <td><input type="checkbox"/> Chair Person</td> <td><input type="checkbox"/> Chief Financial Officer</td> </tr> <tr> <td><input type="checkbox"/> Chairman</td> <td><input type="checkbox"/> Chief Information Officer</td> </tr> <tr> <td><input type="checkbox"/> Chairwoman</td> <td><input type="checkbox"/> Chief Operating Officer</td> </tr> <tr> <td><input type="checkbox"/> Vice-Chair</td> <td><input type="checkbox"/> Chief Administrative Officer</td> </tr> <tr> <td><input type="checkbox"/> Vice-President</td> <td><input type="checkbox"/> Comptroller</td> </tr> <tr> <td><input type="checkbox"/> Assistant Secretary</td> <td><input type="checkbox"/> Authorized Signing Officer</td> </tr> <tr> <td><input type="checkbox"/> Assistant Treasurer</td> <td><input type="checkbox"/> Executive Director</td> </tr> <tr> <td><input type="checkbox"/> Chief Manager</td> <td><input type="checkbox"/> Managing Director</td> </tr> <tr> <td><input type="checkbox"/> Other (untitled)</td> <td></td> </tr> </table>			<input type="checkbox"/> Chair	<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Chair Person	<input type="checkbox"/> Chief Financial Officer	<input type="checkbox"/> Chairman	<input type="checkbox"/> Chief Information Officer	<input type="checkbox"/> Chairwoman	<input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Vice-Chair	<input type="checkbox"/> Chief Administrative Officer	<input type="checkbox"/> Vice-President	<input type="checkbox"/> Comptroller	<input type="checkbox"/> Assistant Secretary	<input type="checkbox"/> Authorized Signing Officer	<input type="checkbox"/> Assistant Treasurer	<input type="checkbox"/> Executive Director	<input type="checkbox"/> Chief Manager	<input type="checkbox"/> Managing Director	<input type="checkbox"/> Other (untitled)																																									
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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)



Only one Schedule K may be submitted. Please **do not** photocopy.

Identification																					
Corporation's Legal Name (including punctuation)		Ontario Corporation No. (MCBS)	Date of Incorporation or Amalgamation																		
		<input type="text"/>	<table border="1"> <tr> <td>year</td> <td>month</td> <td>day</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	year	month	day	<input type="text"/>	<input type="text"/>	<input type="text"/>												
year	month	day																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Chief Officer/Manager Information																					
Name and Office Address of the Chief Officer/Manager in Ontario			<input type="checkbox"/> Not Applicable																		
Last Name	First Name	Middle Name(s)																			
Street Number and Name		Suite																			
City/Town/Village	Province Ontario	Country Canada	Postal Code																		
State the appointment period for the position of Chief Officer/Manager																					
<table border="1"> <tr> <th colspan="3">Date Appointed</th> </tr> <tr> <td>year</td> <td>month</td> <td>day</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Date Appointed			year	month	day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <th colspan="3">Date Ceased</th> </tr> <tr> <td>year</td> <td>month</td> <td>day</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Date Ceased			year	month	day	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Appointed																					
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Date Ceased																					
year	month	day																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																			

Agent for Service Information			
State if the Agent for Service is an individual or a corporation			
Please check <input checked="" type="checkbox"/> box if applicable <input type="checkbox"/> Individual			
Agent's Last Name	First Name	Middle Name(s)	
Street Number and Name		Suite	
City/Town/Village	Province Ontario	Country Canada	Postal Code
Please check <input checked="" type="checkbox"/> box if applicable <input type="checkbox"/> Corporation			Ontario Corporation No.
Corporation Name (including punctuation)			
Care Of			
Street Number and Name		Suite	
City/Town/Village	Province Ontario	Country Canada	Postal Code

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