

No.

IN THE SUPREME COURT OF NOVA SCOTIA
(FAMILY DIVISION)

BETWEEN:

Applicant/Petitioner

- and -

Respondent

STATEMENT OF INCOME

OF _____ **(Name)**

DATE PREPARED: _____

I, _____, of _____, Province of Nova Scotia, make oath and say that:

- The following chart converts my gross income (as stated on my pay stub or other document filed or attached) 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	CONVERSION FORMULA	MONTHLY INCOME
Weekly	\$ _____ x 4.33	\$ _____
Every second week	\$ _____ x 2.17	\$ _____
Twice per month	\$ _____ x 2	\$ _____
Monthly		\$ _____

2. The following is a statement of my current **monthly** income from all sources:

GROSS MONTHLY INCOME (from the Monthly Conversion Chart)	AMOUNT	COMMENTS
A) Gross Salary or Wages or Net Professional Income		
B) Overtime/Commissions/Bonuses		
C) Employment Insurance Benefits		
D) Social Assistance/Family Benefits		
E) Pension Income		
F) Actual Dividends Received Before Gross-up		
G) Income from Trust		
H) Investment Income		
I) Other -		
J) Other -		
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)	\$ _____
		X 12
Total Annual Income for table amount:		\$ _____

3. Attached are true copies of my personal income tax returns filed with Canada Revenue Agency for the three most recent taxation years.
4. Attached are true copies of Notices of Assessment (or Re-Assessment) issued by Canada Revenue Agency for each of the three most recent taxation years.
5. ***THE FOLLOWING ITEMS MARKED WITH AN "X" APPLY TO ME:***

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 am self-employed and attached are:

- (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 _____ [name of Partnership] 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 _____ [name of 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

SWORN TO at *[location], in the County)
of *[name of county], Province of Nova)
Scotia, this *[date] day of *[month],)
*[year], before me)
)
)
)
_____)
A Barrister, Notary or Commissioner of)
Oaths for the Province of Nova Scotia)

_____)
*[name]