	THE P	ROVINCIAL COU	RT	
		Cen	tre	
BETWEEN				
		(full name)		
		, ,		applicant
		– and –		арричани
		– and –		
		(full name)		
				respondent
	FINAI	NCIAL STATEME	NT	
FINA	NCIAL STATEMENT OF	(Applicant	/Respondent)	
	ince of			
1.	Attached are the following: Part 1 — Annual Income Part 2 — Monthly Expense Part 3 — Assets of Both Pa Part 4 — Debts of Both Pa	arties		
2.	To the best of my knowledge financial statement is true an		elief, the information se	et out in this
in the Prov	or affirmed) before me at the of rince of Manitoba, day of, _	,		
A Commiss The Provin	ovincial Court or sioner for Oaths in and for ace of Manitoba			

PART 1 – ANNUAL INCOME

1.	I am	
	[]	employed as (describe occupation)
		by (name and address of employer)
	[]	self-employed, carrying on business under the name of (name and address of business)
	[]	unemployed since
2.	(a)	Attached are copies of my Canada Revenue Agency income and deduction compute printouts for each of the three most recent taxation years,
	(b)	I cannot obtain the printouts for the years,, because (give reasons)

3. (a) I expect my total income for this year to be as follows:

SOURCES OF INCOME

Employment income (wages, salary, commissions, including ov	vertime	
and bonuses) Other employment income (including tips and gratuities)		
Old age security pension		
Canada or Quebec Pension Plan benefits		
Other pensions or superannuation		
Employment insurance benefits		
Taxable amount of dividends from taxable Canadian corporation	ns	
Interest and other investment income		
Net partnership income Rental income	Cross	Not
Taxable capital gains	Gross	Net
Spousal support		
Child support (taxable only)		
Registered Retirement Savings Plan income		
Business income	Gross	Net
Professional income	Gross	Net
Commission income	Gross	Net
Farming income	Gross	Net
Fishing income Workers' Companyation hangita	Gross	Net
Workers' Compensation benefits Social Assistance payments		-
Net federal supplements		
Other income (specify)		-
		<u> </u>
(A) TOTAL ANNUAL INCO	OME:	
Total income as declared in most recent personal income tax		
return		
(year)		
ADJUSTMENTS TO INCOME		
Additions:		
Actual amount of dividends received from Canadian corporation Actual capital gains realized in excess of actual capital losses	ns	
Salaries, benefits or other payments paid to non-arm's length p	ersons	
and deducted from self-employment income, unless necessary		
self-employment income		
Allowable capital cost allowance for real property		
Employee stock options with a Canadian-controlled private corp		
exercised (Do not include if you dispose of the shares in the sai	me year you	
exercise the option.)		
Value of shares at the time the options are exercised		
Less: Amount paid for the shares		
Amount paid to acquire the options to purchase the sha	ares	
	=	
(D) TOTAL ADDITIONS.		
(B) TOTAL ADDITIONS:		

Form 4 –	- page 4/8	File No.	
Union Sche Child Spou Socia Taxa Taxa Actua Carry Self-e exces of the Portio	n, professional dues and other employment expenses allowed unadule III I support received and included in total income above usal support received from the other parent and included in total is all assistance received by the parent for other members of the hole ble amount of dividends from taxable Canadian corporations ble capital gains all amount of business investment losses ying charges and interest expenses employment income, net of reserves, included in income for tax pass of the self-employment income for the 12 months ending on Deteroring year on of partnership and sole proprietorship income that is required tership to be re-invested	ncome above usehold purposes in eccember 31	
	(C) TOTAL DEDUCTIONS:		
(Total	ual Income for Child Support Guidelines Table Amount income (A) plus additions (B) less deductions (C)) ual Income for Special or Extraordinary Expenses Amount ual Income for Child Support Guidelines Table Amount less spou ort paid to the other parent, or, plus spousal support received the other parent, as applicable)	usal	
(b)	I receive child support for the following persons who are not the	ne subject of this applica	ation:
	Name	Annual amount	Taxable or not <i>(indicate)</i>
(c)	I receive the following non-taxable benefits, allowances or an of a vehicle and room and board. Where the benefit is not an of the benefit on an annual basis.)		
	Benefit	Benefit	or value

PART 2 - MONTHLY EXPENSES

4.	My monthly expenses are	as follows and are	for me and the following	members of my household:
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(If the payment of an expense is shared with another person, insert only the amount that you pay. Convert all expenses incurred in a year, whether on a yearly, quarterly, weekly, or other basis, to monthly amounts. Give actual amounts where known or you can obtain the information. If this is impossible, give estimates.)

Compulsory Deductions Income Tax	\$	SUB-TOTAL	\$
Employment insurance	\$	Adult Household Members	
Canada Pension Plan	\$	Clothing	\$
Employer pension	\$	Hair care	\$
Union dues	\$	Toiletries, cosmetics	\$
Insurance	\$	Education fees, supplies	\$
Other (specify)	\$	Entertainment and recreation	\$
Household Expenses	·	Fitness	\$
Groceries and household		Insurance	\$
supplies	\$	Charitable donations	\$
Meals outside the home	\$	Gifts to others	\$
Telephone	\$	Alcohol, tobacco	\$
Cable television	\$	Children	
Laundry and dry cleaning	\$	Child care	\$
Newspapers, publications	\$	Babysitting	\$
Stationery, computer supplies	\$	Clothing	\$
Vacation	\$	Hair care	\$
Pet care	\$	Allowances	\$
Housing (primary residence)		School fees and supplies	\$
Rent or mortgage	\$	Entertainment and recreation	\$
Taxes	\$	Insurance	\$
Home Insurance	\$	Gifts (toys, books, etc)	\$
Heat	\$	Activities, lessons and supplies	\$
Water	\$	Camp	\$
Hydro	\$	Gifts to other children	\$
House repairs and		Savings for the future	
maintenance	\$	RRSP	\$
Yard maintenance	\$	RESP	\$
Other (specify)	\$	Other	\$
Health		Debt (other than mortgage	•
Medical Insurance Drugs (Net of coverage)	\$ \$	repayment) (calculated as in Part 4) Lease payments (specify)	\$ \$
Dental Care (Net of coverage)	\$ \$	Support payments to others	Φ
Optical Care (Net of coverage)	\$ \$	(specify)*	\$
Other (specify)	\$ \$	Reserve for income taxes	\$ \$
Transportation	Ψ	Other (specify)	φ
Public transit, taxis, etc.	\$	Other (Specify)	Φ
Car Operation	\$	TOTAL	\$
Gas and Oil	\$		
Insurance and licence	\$		
Maintenance	\$		
Parking	\$		
SUBTOTAL	\$		

^{*} List only persons whose support is not at issue in this application. Specify the person who is supported, whether the payments are tax deductible to you, and whether they are voluntary or pursuant to a court order or agreement.

(Complete only if claiming child support and special or	r extraordinary expens	es.)
I have the following special or extraordinary expenses	for the named childre	n:
(a) Child care expenses		
Name of child	Gross annual cost	Net annual cos
(specify expense)		
(b) Health-related expenses that exceed insurance reimburse	ment by at least \$100 a	nnually:
Name of child	Gross annual cost	Net annual cos
(specify expense)		
(c) Extraordinary expenses for primary or secondary school edmeet the child's particular needs Name of child	Gross annual	ational programs tha Net annual cos
(specify expense)	cost 	
(d) Post-secondary education		
Name of child	Gross annual cost	Net annual cos
(specify expense)		
(e) Extraordinary expenses for extracurricular activities		
Name of child	Gross annual cost	Net annual cos
(specify expense)		

PART 3 — ASSETS OF BOTH PARTIES

6.	Our	assets	are	as	follows:

(Include all assets, including jointly owned assets.)

	Asset in Possession of Applicant (A) or Respondent (R)	Present Market Value
Real estate (municipal address)		\$
Cars, boats, vehicles (year, make, model)		\$
Household goods, furniture and appliances		\$
Tools, sports and hobby equipment		\$
Bank accounts and cash on hand		\$
R.R.S.P.		\$
Bonds, shares, term deposits, investment certificates, mutual funds		\$
Money owed to us		\$
Life Insurance (cash value)		\$
Pension plans		\$
Business assets		\$
Other (specify)		\$
TOTAL		\$

PART 4 — DEBTS AND OTHER LIABILITIES OF BOTH PARTIES

7. Our debts and liabilities are as follows:

(List all your debts and liabilities as well as any joint debts and liabilities. Identify joint liabilities with an asterisk (*)).

	<u>Debt of</u> Applicant (A) or Respondent (R) or Joint (*)	Present Amount Outstanding	Present Monthly Payments
Mortgage		\$	\$
Loans (specify)		\$ \$ \$	\$ \$ \$
Credit cards		\$ \$ \$	\$ \$ \$
Other (specify)		\$ \$ \$	\$ \$ \$
тс	DTAL	\$	\$