
Sample of a Completed Financial Statement

FORM 4 (RULE 4)
FINANCIAL STATEMENT

Court File No.99-2016.....

Court LocationVictoria.....

F.M.E.P. No.

In the Provincial Court of British Columbia

In the case between:

Sharon Jones

and

Edward Jones

I, Sharon Jones
Address for service4567 View Street..... City Sooke.....
ProvinceBC..... Postal Code....V0S 1N0..... Phone ..250 521 8880 Fax

.swear or affirm that:

- 1 The information set out in this financial statement is true, to the best of my knowledge.
- 2 I have made complete disclosure in this financial statement of (*check applicable boxes*)
[] my income, including benefits and adjustments, if any, in Part 1,
[] my expenses, in Part 2,
[] my assets and debts, in Part 3.
- 3 [] I do not anticipate any significant changes in the information set out in this financial statement.

Or

[] I anticipate the following significant changes in the information set out in this financial statement: My Employment Insurance benefits will end on December 10, 2000, and if I do not find employment I will be forced to live on social assistance. My income will decrease from \$1440 per month to the social assistance rate for a parent and two children.

SWORN OR AFFIRMED BEFORE ME)

at[city etc.]....., British Columbia)

on[mmm/dd/yyyy].....)

.....
A commissioner for taking affidavits
for British Columbia

For the purposes of this form:

“social assistance” includes

- (a) income assistance within the meaning of the *BC Benefits (Income Assistance) Act*,
- (b) a youth allowance within the meaning of the *BC Benefits (Youth Works) Act*, and
- (c) a disability allowance within the meaning of the *Disability Benefits Program Act*;

“support” includes maintenance.

PART 1 INCOME

Complete Part 1 if:

- (a) there is a claim, either by you or against you, for spousal or parental support, or
- (b) there is a claim, either by you or against you, for child support and you are required by the Child Support Guidelines to provide income information.

1 I am

- employed as[*describe occupation*].....
by[*name and address of employer*].....
- self-employed[*name and address of business*].....
- unemployed since May 10, 2000

2 I am paid

- every 2 weeks twice a month monthly
- other (*specify*)

3 I have attached a copy of each of the applicable documents to my financial statement [*check applicable boxes*]

- every personal income tax return I have filed for each of the three most recent taxation years, together with any attachments
- every income tax notice of assessment or reassessment I have received for each of the three most recent taxation years
- (if you are an employee)** my most recent statement of earnings indicating the total earnings paid in the year to date, including overtime, or where such a statement is not provided by my employer, a letter from my employer setting out that information, including my rate of annual salary or remuneration
- (if you are receiving Employment Insurance benefits)** my three most recent EIC benefit statements
- (if you are receiving Worker’s Compensation benefits)** my three most recent WCB benefit statements
- (if you are receiving Social Assistance)** a statement confirming the amount that I receive
- (if you are self-employed)** for the three most recent taxation years
 - (i) the financial statements of my business or professional practice, other than a partnership, 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 arm’s length,
- (if you are a partner in a partnership)** confirmation of my income and draw from, and capital in, the partnership for its three most recent taxation years
- (if you control a corporation)** for its three most recent taxation years
 - (i) the financial statements of the corporation and its subsidiaries, 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 the corporation and every related corporation does not deal at arm's length, and

[] (if you are a beneficiary under a trust) the trust settlement agreement and the trust's three most recent financial statements.

ANNUAL INCOME

*If line 150 (total income) of your most recent federal income tax return sets out what you expect your income to be for this year, skip to total income (line A) and record the amount from line 150 on line A. Otherwise, record what you expect your income for this year to be from each source of income that applies to you. Record gross **annual** amounts unless otherwise stated.*

1	Employment income (include wages, salaries, commissions, bonuses, tips and overtime)		\$12,240
2	Other employment income		+ \$.....
3	Pension income (include CPP, Old Age Security, disability, superannuation and other pensions)		+ \$8,460
4	Employment insurance benefits		+ \$.....
5	Taxable dividends from Canadian corporations		+ \$.....
6	Interest and other investment income		+ \$.....
7	Net partnership income: limited or non-active partners only		+ \$.....
8	Rental income Gross \$.....	Net	+ \$.....
9	Taxable capital gains		+ \$.....
10	Child support		
	(a) Total amount for children from another relationship or marriage	a. \$.....*	
	(b) Total amount for children from this relationship or marriage	b. \$1,200*	
	(c) Taxable amount for children from another relationship or marriage	c. + \$.....	
	(d) Taxable amount for children from this relationship or married.	d. + \$.....	
11	Spousal support		
	(a) From another relationship or marriage	a. + \$.....	
	(b) From this relationship or marriage	b. + \$.....	
12	Registered retirement savings plan income		+ \$.....
13	Other income (include any taxable income that is not included on lines 1 to 17)		+ \$.....
14	Net self-employment income (include business, professional, commission, fishing and farming income)		+ \$.....
15	Workers' compensation benefits		+ \$.....
16	Total social assistance payments		+ \$.....
17	Net federal supplements		+ \$.....
A	Total income:	A =	\$20,880

(*do not add these items into the total at A)

TOTAL BENEFITS

List all allowances and amounts received and all non-monetary benefits from all sources, that are not included in total income [line A]. You do not have to include here any Child Tax Benefit or BC Family Bonus that you receive for your children.

B Total benefits:**B = \$0**

ADJUSTMENTS TO INCOME

Complete this section if:

- (a) there is a claim, either by you or against you, for spousal or parental support, or
- (b) there is a claim, either by you or against you, for child support and you are required by the Child Support Guidelines to provide income information.

Deductions from Income:

1	Taxable amount of child support I receive		\$.....
2	Spousal support I receive from the other party		\$.....
3	Union and professional dues		+ \$122....
4	Other employment expenses (<i>Refer to Schedule III of the Child Support Guidelines</i>)		
	Specify.....		+ \$.....
5	Social assistance I receive for other members of my household and included in my total income		+ \$.....
6	Dividends from taxable Canadian corporations		
	(a) Taxable amount of dividends	a. \$.....	
	<i>subtract</i> (b) Actual amount of dividends	- b. \$.....	
	Excess portion of dividends (a-b)	= \$.....	→ + \$.....
7	Actual business investment losses during the year		+ \$.....
8	Carrying charges and interest expenses paid and deductible under the <i>Income Tax Act</i> (Canada)		+ \$.....
9	Prior period earnings		
	(a) If net self-employment income included in total income includes an amount earned in a prior period, the amount earned in the prior period	a. \$.....	
	<i>subtract</i> (b) Reserves	- b. \$.....	
	Prior period earnings (a-b)	= \$.....	→ + \$.....
10	Portion of partnership and sole proprietorship income required to be reinvested		+ \$.....
C	Total deductions from income:		C = \$122..

Additions to Income:

1	Capital gains		
	(a) Actual capital gains	a. \$.....	
	<i>subtract</i> (b) Actual capital losses	- b. \$.....	
	<i>subtract</i> (c) Taxable capital gains	- c. \$.....	
	Total capital gains (a-b-c)	= \$.....	→ \$.....
	<i>(If amount is zero or less than zero, record "0" on this line)</i>		

2	Payments to family members and other non-arm's length persons		
	(a) Salaries, benefits, wages or other payments to family members or other non-arm's length persons, deducted from self-employment income	a. \$.....	
	<i>subtract</i> (b) Portion of payments necessary to earn self-employment income	- b. \$.....	
	Non arm's length payments (a-b)	= \$.....	→ + \$.....
3	Allowable capital cost allowance for real property		+ \$.....
4	Employee stock options in Canadian-controlled private corporations exercised		
	<i>(If some or all of the shares are disposed of in the same year you exercise the option, do not include those shares in the calculation)</i>		
	(a) Value of shares when options are exercised	a. \$.....	
	<i>subtract</i> (b) Amount paid for shares	- b. \$.....	
	<i>subtract</i> (c) Amount paid to acquire option to purchase shares	- c. \$.....	
	Value of employee stock options (a-b-c)	= \$.....	→ + \$.....
D	Total additions to income:		D = \$0

OTHER ADJUSTMENTS TO INCOME – Spousal or Parental Support

Complete this section only if there is a claim, either by you or against you, for spousal or parental support.

1	Total child support I receive.....	\$.....
2	Social assistance I receive for other members of my household.....	+ \$.....
3	Child Tax Benefit	+ \$.....
4	BC Family Bonus	+ \$.....
E	Total other adjustments:	E = \$.....

INCOME SUMMARY

Annual Income for a Child Support Claim

Total income [from line A]	\$20,880.
<i>subtract</i> Total deductions from income [from line C].....	- \$122.
<i>add</i> Total additions to income [from line D].....	+ \$.....
Annual income to be used for a Child Support Table amount.....	= \$20,708.
<i>add</i> Spousal support received from the other party (if any)	+ \$.....
<i>subtract</i> Spousal support paid to the other party (if any).....	- \$.....
Annual income to be used for a special or extraordinary expenses claim.....	= \$.....

Annual Income for a Spousal or Parental Support Claim

Total income [from line A]	\$.....
<i>subtract</i> Total deductions from income [from line C]	- \$.....
<i>add</i> Total additions to income [from line D].....	+ \$.....
<i>add</i> Total other adjustments [from line E]	+ \$.....
Annual income to be used for a spousal or parental support claim.....	= \$.....
Total Benefits [from line B]	\$0

PART 2 EXPENSES

You do not have to complete Part 2 if the only support claimed is child support in the amount set out in the Child Support Tables and all children for whom support is claimed are under the age of majority (19 years in B.C.)

ANNUAL EXPENSES

Estimate your *annual* expenses:

Compulsory deductions

CPP contributions	\$734...
Employment insurance premiums	\$318...
Income taxes	\$1962.
Employee pension contributions to a Registered Pension Plan	\$.....
Other (specify)	\$.....

Housing

Rent or mortgage	\$8100..
Property taxes	\$.....
Homeowner's/Tenant's insurance	\$.....
Water, sewer and garbage	\$.....
Strata fees	\$.....
House repairs and maintenance	\$.....
Other (specify)	\$.....

Utilities

Heat	\$.....
Electricity	\$850....
Telephone	\$480....
Cable TV	\$384....
Other (specify)	\$.....

Household expenses

Food	\$5200..
Household supplies	\$.....
Meals outside the home	\$.....
Furnishings and equipment	\$.....
Other (specify)	\$.....

Transportation

Public transit, taxis	\$600....
Gas and oil	\$.....
Car insurance and licence	\$.....
Parking	\$.....
Repairs and maintenance	\$.....
Lease payments	\$.....
Other (specify)	\$.....

Health^a

MSP premiums	\$120....
Extended health plan premiums	\$.....
Dental plan premiums	\$380....
Health care (net of coverage)	\$295....
Drugs (net of coverage)	\$200....
Dental care (net of coverage)	\$.....
Other (specify)	\$.....

Personal

Clothing	\$600....
Hair care	\$.....
Toiletries, cosmetics	\$100....
Education (specify)	\$.....
Life insurance	\$.....
Dry cleaning/laundry	\$.....
Entertainment, recreation	\$.....
Alcohol, tobacco	\$.....
Gifts	\$.....
Other (specify)	\$.....

Children¹

Child care	\$.....
Clothing	\$300....
Hair care	\$.....
School fees and supplies	\$100....
Entertainment, recreation	\$673....
Activities, lessons	\$.....
Gifts	\$.....
Insurance	\$.....
Other (specify)	\$.....

Savings for the future

RRSP	\$.....
RESP	\$.....
Other (specify)	\$.....

Support payments to others

(specify)²

Debt payments

(specify)

Other

Charitable donations	\$.....
Vacation	\$.....
Pet care	\$.....
Newspapers, publications	\$.....
Reserve for income tax	\$.....

F Total expenses F = \$21,396

a. If you claim child support and special or extraordinary expenses, you must also complete Schedule 1.

1 If you claim child support and special or extraordinary expenses, you must also complete Schedule 1.

2 List only the names of those for whom support is not claimed in this application. Indicate whether the payments are tax deductible to you and whether you make the payments under a court order or agreement.

- b. List only the names of those for whom support is not claimed in this application. Indicate whether the payments are tax deductible to you and whether you make the payments under a court order or agreement.

PART 3 ASSETS AND DEBTS

You do not have to complete Part 3 if the only support claimed is child support in the amount set out in the Child Support Tables and all children for whom support is claimed are under the age of majority (19 years in B.C.).

Assets

Real estate equity \$.....
 Market value: \$.....
 Mortgage balance: \$.....
 Cars, boats, vehicles..... + \$.....
 Make and year:.....
 Market value: \$.....
 Loan balance: \$.....
 Pension plans..... + \$.....
 Other property + \$.....
 Bank or other account (*include RRSPs*)..... + \$.....
 Stocks and bonds + \$.....
 Life insurance (*cash surrender value*)..... + \$.....
 Money owing to me + \$.....
 Name of debtor.....
 Other..... + \$.....
 (*attach list if necessary*)

G Asset value total G = \$0.....

Annual debt payments

Credit card \$100
 Balance owing: \$100
 Date of last payment:.....
 Reason for borrowing:.....
Bank or finance company + \$.....
 (*do not include amount owing on mortgage*)
 Balance owing: \$.....
 Date of last payment:.....
 Reason for borrowing:.....
Department store + \$.....
 Balance owing: \$.....
 Date of last payment:.....
 Reason for borrowing:.....
Other (*attach list if necessary*) + \$.....
 Balance owing: \$.....
 Date of last payment:.....
 Reason for borrowing:.....

H Debt payment total.....H = \$100

SCHEDULE 1 – SPECIAL OR EXTRAORDINARY EXPENSES

Complete if you claim special or extraordinary expenses as part of a child support claim.

Name of child:	Robert Jones		Catherine Jones					
Child care expenses	Gross \$.....	Net* \$.....	Gross \$.....	Net* \$.....	Gross \$.....	Net* \$.....	Gross \$.....	Net* \$.....
Medical/dental insurance premiums attributable to child	\$138.84		\$138.84		\$.....		\$.....	
Health related expenses (over \$100)	Gross \$.....	Net* \$295	Gross \$.....	Net* \$.....	Gross \$.....	Net* \$.....	Gross \$.....	Net* \$.....
Extraordinary expenses for primary or secondary school	\$.....		\$.....		\$.....		\$.....	
Post secondary education expenses	Gross \$.....	Net* \$.....	Gross \$.....	Net* \$.....	Gross \$.....	Net* \$.....	Gross \$.....	Net* \$.....
Extraordinary extracurricular expenses	\$319.30		\$353.70		\$.....		\$.....	
Subtract contributions from child	<\$.....>		<\$.....>		<\$.....>		<\$.....>	
Total	\$753.14		\$492.54		\$.....		\$.....	

*To calculate the net amount, subtract from the gross amount subsidies, benefits, income tax deductions or credits related to the expense. Give details below.

SCHEDULE 2 – UNDUE HARDSHIP

Complete if you plead undue hardship in respect of a child support claim.

Responsibility for unusually high debts reasonably incurred to support the family prior to separation or to earn a living:

Owed to:	Terms of debt:	Monthly amount
		\$.....
		\$.....

Unusually high expenses for exercising access to a child:

Details of expense:	Monthly amount
	\$.....

Legal duty under a court order or separation agreement to support another person:

Name of person:	Relationship:	Nature of duty:	Monthly amount
			\$.....
			\$.....

Legal duty to support a child, other than a child for whom support is claimed in this application, who is: (a) under the age of majority (19 years in B.C.), or (b) the age of majority or over but unable to support himself or herself because of illness, disability or other cause:

Name of person:	Relationship:	Nature of duty:	Monthly amount
			\$.....
			\$.....

Legal duty to support a person who is unable to support himself or herself because of illness or disability:

Name of person:	Relationship:	Nature of duty:	Monthly amount
			\$.....
			\$.....

Other undue hardship circumstances:

Details of other undue hardship circumstances:	Monthly amount
--	----------------

\$.....

SCHEDULE 3 – INCOME OF OTHER PERSONS IN HOUSEHOLD

Complete this section if there is an undue hardship claim

Other person's name:

Annual income

\$.....

\$.....

\$.....

\$.....