

Supreme Court of Nova Scotia
(Family Division)

Between: [copy standard heading]

[name]

[Applicant/Petitioner]

and

[name]

Respondent

**Statement of Income
of [name] prepared on [date]**

I [make oath/affirm] and give evidence as follows:

1. The following chart converts my gross income as stated on my filed or attached [pay stub / describe document] 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) | \$ _____ |
| Total Annual Income for table amount: | | \$ _____ |

X 12

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/Affirmed before me)
on _____, 20)
at _____,)
)
)
)

Signature of Authority
Print Name:
Official Capacity:

Signature of [name]