

FINANCIAL CORPORATION
CAPITAL TAX RETURN



FORM 1
PROVINCE OF NEW BRUNSWICK
DEPARTMENT OF FINANCE

25-1613 (5/88)

Fiscal Year End			Date Due			Account Number
D	M	Y	D	M	Y	

Name of Financial Corporation _____

Mailing Address _____
Street, P.O. Box City Province Postal Code

Address of Principal Place of Business in N.B. _____
Street, P.O. Box City Postal Code

Official to contact _____ Telephone _____

City and Jurisdiction of Head Office _____

CALCULATION OF TAX

Taxable Paid-up Capital or Taxable Paid-up Capital Employed in Canada as determined in Schedule 1 or 5	\$	×	Rate 3 %	×	Number of Days in fiscal year before 01/04/12	÷	Total Number of days in fiscal year	=	1	Tax Payable
									\$	

Taxable Paid-up Capital or Taxable Paid-up Capital Employed in Canada as determined in Schedule 1 or 5	\$	×	Rate 4 %	×	Number of Days in fiscal year after 31/03/12	÷	Total Number of days in fiscal year	=	2	Tax Payable
									\$	

TOTAL OF 1 & 2 = _____

Less Amount paid by installments = _____

BALANCE DUE = \$ _____

Claimed Apply to Subsequent Year Submitted with Return

Refund Remittance

This return together with payment of any tax remaining unpaid is due on or before the last day of the month that ends six months after the close of the fiscal year of a financial corporation.

CERTIFICATION

Name of Officer (in BLOCK LETTERS) _____

Rank of Officer _____

Full Resident Address _____

I am an authorized signing officer of the financial corporation. I certify that this return, including accompanying schedules and statements, has been examined by me and is a true, correct and complete return. I further certify that the allocation of the taxable paid-up capital as set out in Schedule 1 (or taxable paid-up capital employed in Canada as set out in Schedule 5) of this return has been made in accordance with the provisions of the *Financial Corporation Capital Tax Act* and regulations.

Date _____ 20____

Signature _____