



The T2 Short

Who can use the T2 Short?

The T2 Short is a simpler version of the *T2 Corporation Income Tax Return*. There are two categories of corporations that are eligible to use this return:

- You can use this return if the corporation meets **all** of the following conditions:
 - It is a Canadian-controlled private corporation.
 - It has either a nil net income for income tax purposes this year, or a loss this year.
 - It has a permanent establishment in only one province or territory.
 - It is not claiming any refundable tax credits (other than a refund of instalments paid).
 - It did not receive or pay out any taxable dividends.
- You can also use this return for a tax-exempt corporation (such as a non-profit organization) that has a permanent establishment in only one province or territory.

If the corporation does not fit into either of the above categories, please file a regular *T2 Corporation Income Tax Return*.

Except for Quebec, Ontario, and Alberta, the T2 Short also serves as a provincial or territorial income tax return.

What should you attach to the return?

There are three things you have to attach to this return:

- Schedule 100, *Balance Sheet Information*, showing the financial position of the corporation at the end of the taxation year;
- Schedule 125, *Income Statement Information*, showing the corporation's income and expenses for the year (if the corporation did not earn any income or incur any expenses, simply state "no income - no expenses"); and
- Schedule 141, *Notes Checklist*, for any notes to the financial statement information and to indicate the involvement of an accountant.

Depending on the circumstances, you may have to attach other forms or schedules. For more information, see page 2 of the T2 Short return. On the back of this page, we have provided a short version of Schedule 1. If you need to complete this schedule, you can attach this page to the T2 Short return.

Note

If you need help completing this return, or you need a copy of the *T2 Corporation Income Tax Guide*, call or visit your tax services office.



CAPITAL COST ALLOWANCE (CCA)

Name of corporation	Business Number	Taxation year end Year Month Day
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For more information, see the section called "Capital Cost Allowance" in the *T2 Corporation Income Tax Guide*.

Is the corporation electing under regulation 1101(5q)? **101** 1 Yes 2 No

1 Class number	2 Undepreciated capital cost at the beginning of the year (undepreciated capital cost at the end of the year from last year's CCA schedule)	3 Cost of acquisitions during the year (new property must be available for use) See note 1 below	4 Net adjustments (show negative amounts in brackets)	5 Proceeds of dispositions during the year (amount not to exceed the capital cost)	6 Undepreciated capital cost (column 2 plus column 3 plus or minus column 4 minus column 5)	7 50% rule (1/2 of the amount, if any, by which the net cost of acquisitions exceeds column 5) See note 2 below	8 Reduced undepreciated capital cost (column 6 minus column 7)	9 CCA rate %	10 Recapture of capital cost allowance	11 Terminal loss	12 Capital cost allowance (column 8 multiplied by column 9; or a lower amount) See note 3 below	13 Undepreciated capital cost at the end of the year (column 6 minus column 12)
	200	203	205	207		211		212	213	215	217	220
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

Note 1. Include any property acquired in previous years that has now become available for use. This property would have been previously excluded from column 3. List separately any acquisitions that are not subject to the 50% rule, see Regulation 1100(2) and (2.2).

Note 2. The net cost of acquisitions is the cost of acquisitions plus or minus certain adjustments from column 4.

Note 3. If the taxation year is shorter than 365 days, prorate the CCA claim.
See the *T2 Corporation Income Tax Guide* for more information.

Totals

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Enter the total of column 10 on line 107 of Schedule 1.
Enter the total of column 11 on line 404 of Schedule 1.
Enter the total of column 12 on line 403 of Schedule 1.



SHAREHOLDER INFORMATION

Name of corporation	Business Number	Taxation year end		
		Year	Month	Day

All private corporations must complete this schedule for any shareholder who holds 10% or more of the corporation's common and/or preferred shares.

	Name of shareholder	Business Number	Social Insurance Number	Percentage common shares	Percentage preferred shares
	100	200	300	400	500
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

T2 SHORT RETURN
(2000 and later taxation years)

This form serves as a federal and provincial or territorial corporation income tax return, unless the corporation is located in Quebec, Ontario, or Alberta. If the corporation is located in one of these provinces, you have to file a separate provincial corporate return.

Parts, sections, subsections, and paragraphs mentioned on this return refer to the *Income Tax Act*. This return may contain changes that had not yet become law at the time of printing. If you need more information about items on the return, including proposed legislation, see the corresponding items in the *2000 T2 Corporation Income Tax Guide*.

Send one completed copy of this return, including schedules, and the *General Index of Financial Information* (GIFI) to your tax services office or to the tax centre that serves the corporation. You have to file the return within six months after the end of the corporation's taxation year. See items 1 to 5 in the guide for more information on when and how to file T2 returns.

055 Do not use this area

Identification

Business Number (BN) (item 11) 001 _____ R C _____	
Corporation's name (item 12) 002 _____	
Has the corporation changed its name since the last time we were notified? 003 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	If yes, do you have a copy of the articles of amendment? 004 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
Address of head office (item 13)	
Has the address changed since the last time we were notified? 010 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	
011 _____ 012 _____	To which taxation year does this return apply? (item 17)
015 City _____ 016 Province, territory, or state _____	Taxation year start 060 _____ 061 Taxation year-end _____ YYY Y MM DD YYY Y MM DD
017 Country (other than Canada) _____ 018 Postal code/ZIP code _____	Has there been an acquisition of control to which subsection 249(4) applies since the previous taxation year? 063 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
Mailing address (if different from head office address) (item 14)	
Has the address changed since the last time we were notified? 020 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	
021 c/o _____ 022 _____ 023 _____	If yes, provide the date control was acquired 065 _____ YYY Y MM DD
025 City _____ 026 Province, territory, or state _____	Is the corporation a professional corporation that is a member of a partnership? (item 18) 067 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
027 Country (other than Canada) _____ 028 Postal code/ZIP code _____	Is this the first year of filing after:
Location of books and records (item 15)	
Has the address changed since the last time we were notified? 030 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	
031 _____ 032 _____	Incorporation? (item 19) 070 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> Amalgamation? (item 20) 071 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> If yes, please provide Schedule 24
035 City _____ 036 Province, territory, or state _____	Has there been a wind-up of a subsidiary under section 88 during the current taxation year? (item 21)
037 Country (other than Canada) _____ 038 Postal code/ZIP code _____	If yes, please provide Schedule 24 072 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
040 Type of corporation at the end of the taxation year (item 16)	
1 <input type="checkbox"/> Canadian-controlled private corporation (CCPC) 5 <input type="checkbox"/> Other corporation (please specify, below)	
085 If the corporation is exempt from tax under section 149 tick one of the following boxes: (item 25)	
1 <input type="checkbox"/> An agricultural organization, a board of trade or a chamber of commerce; or, a non-profit club, society or association 2 <input type="checkbox"/> Non-profit corporations for scientific research and experimental development 3 <input type="checkbox"/> Certain farmers' and fishermen's insurers 4 <input type="checkbox"/> Exempt under other paragraphs of section 149 (please specify) _____	
094 Provincial or territorial jurisdiction (item 122) 750 _____	
085 Tax instalments paid (item 149) 840 _____	
094 If there are excess payments in this year's instalment account, please indicate whether they should be: (item 25)	
1 <input type="checkbox"/> Refunded, 2 <input type="checkbox"/> Transferred to next year's account, or 3 <input type="checkbox"/> Applied to another liability. (attach instructions)	
Do not use this area	
091 _____	092 _____
093 _____	094 _____
095 _____	096 _____
097 _____	_____

Attachments

Financial statement information – For taxation years ending in 2000 and later, use GIFL schedules 100, 125, and 141.

Schedules – Depending on the circumstances, you may need to attach some schedules to this return. Answer the following questions. For each yes response, attach to the T2 short return the schedule that applies.

Guide item		Yes	Schedule
53 Is the net loss or the net income shown on the financial statements different from the net loss or nil income for income tax purposes?	201	<input type="checkbox"/>	1
67-74 (i) Is the corporation including a schedule to show the continuity of losses? or (ii) Do you want to carry back the current year's loss to a preceding taxation year?	204	<input type="checkbox"/>	4
54 Has the corporation realized any capital gains or incurred any capital losses during the taxation year?	206	<input type="checkbox"/>	6
55 Does the corporation have any property that is eligible for capital cost allowance?	208	<input type="checkbox"/>	8
56 Does the corporation have any property that is eligible capital property?	210	<input type="checkbox"/>	10
27 Is the corporation related to any other corporations?	150	<input type="checkbox"/>	9
32 Has the corporation had any transactions, including section 85 transfers, with its shareholders, officers, or employees, other than transactions in the ordinary course of business? Exclude non-arm's-length transactions with non-residents	162	<input type="checkbox"/>	11
58 Is the corporation claiming reserves of any kind?	213	<input type="checkbox"/>	13
34 Has the corporation paid any royalties, management fees, or other similar payments to residents of Canada?	164	<input type="checkbox"/>	14
35 Is the corporation claiming a deduction for payments to a type of employee benefit plan?	165	<input type="checkbox"/>	15
29 Is the corporation an associated Canadian-controlled private corporation?	160	<input type="checkbox"/>	23
46 Does the corporation (private corporations only) have any shareholders who own 10% or more of the corporation's common and/or preferred shares?	173	<input type="checkbox"/>	50

Additional information

Is the corporation inactive? (item 47) **280** 1 Yes 2 No

Has the major business activity changed since the last return was filed? (enter yes for first-time filers) (item 48) **281** 1 Yes 2 No

What is the corporation's major business activity? (item 49) **282** _____
(only complete if yes was entered at line 281)

If the major activity involves the resale of goods, indicate whether it is wholesale or retail (item 50) **283** 1 Wholesale 2 Retail

Specify the principal product(s) mined, manufactured, sold, constructed, or services provided, giving the approximate percentage of the total revenue that each product or service represents. (item 51)

284 _____	285 _____ %
286 _____	287 _____ %
288 _____	289 _____ %

Certification (item 155)

I, **950** _____ **951** _____ **954** _____,
Last name in block letters First name in block letters Position, office, or rank

am an authorized signing officer of the corporation. I certify that I have examined this return, including accompanying schedules and statements, and that the information given on this return is, to the best of my knowledge, correct and complete. I further certify that the method of calculating income for this taxation year is consistent with that of the previous year except as specifically disclosed in a statement attached to this return.

955 _____ **956** _____
Date (yyyy/mm/dd) Signature of an authorized signing officer of the corporation Telephone number

Is the contact person the same as the authorized signing officer? If no, complete the information below **957** 1 Yes 2 No

958 _____ **959** _____
Name in block letters Telephone number

Language of correspondence – Langue de correspondance (item 156)

990 Please indicate the language of your choice.
Indiquer la langue de correspondance de votre choix. 1 English/Anglais 2 Français/French