

Information Return for the Electronic Filing of a Trust Return

- The information on this form relates to the tax year shown in the top right corner.
- Before you fill out this form, read the information and instructions on **page 2**.
- The contact identified in Part **A** (or the trust's legal representative) must sign Part **E**.
- In Part **A**, enter only the information of the trustee, executor, liquidator or administrator who is the CRA's primary contact. Do not enter information for any other contact persons.
- Your electronic filer must fill out Part **C** and Part **D** before submitting your return.
- Give the signed original of this form to your electronic filer and keep a copy for yourself.

Tax year 2022

Part A – Identification and address as shown on the trust's return (mandatory)			
Residence of trust at the end of the tax year. Specify country. If Canada, enter the province or territory. Ontario		Trust account number T34-4368-05	
Name of trust The Walker 2037 Family Trust		Athlete's name (if Amateur Athlete Trust)	
Name of trustee, executor, liquidator, administrator or custodian James Walker			Telephone number
Mailing address 184 Rainbow Valley Drive			
City Smiths Falls	Province, Territory or State ON	Country CAN	Postal or zip code K7A5B8

Part B – Declaration of amounts from the T3 Return (mandatory)	
Select the type of T3 return you are filing, and enter the required information.	
<input checked="" type="checkbox"/> T3 Trust Income Tax and Information Return	
Total income (line 20)	113,837.32
Net income (line 50)	13,574.19
Taxable income (line 56)	13,574.19
Total taxes payable (line 84)	
Total credits (line 93)	
Balance owing or refund (line 94)	
<input type="checkbox"/> T3-RCA	
Total Part XI.3 tax payable or refundable in the year (line 646)	
Tax on advantages and prohibited investments (line 653)	
Balance owing or refund (line 663)	
<input type="checkbox"/> T3ATH-IND <input type="checkbox"/> T3M <input type="checkbox"/> T3S	
Total taxes payable (line 190)	
Balance owing or refund (line 090)	

Part C – Electronic filer identification (mandatory)	
By signing Part E below, I declare that the following person or firm is electronically filing the return of the trust named in Part A . Part E must be signed before the return is electronically transmitted.	
Name of person or firm : <u>Vaive and Associates Professional Corporation</u>	Electronic filer number : <u>K4411</u>
Representative Identifier (Rep ID) : _____	

Part D – Document control number (mandatory)	
The document control number generated for my electronic record: <u>1EBHZ4CL</u>	

Part E – Declaration and authorization (mandatory)	
I declare that the information entered in Parts A , B and C is correct and complete and fully discloses the trust's income from all sources. I also declare that I have read the information on page 2 of this form, and that the electronic filer identified in Part C is filing the trust's return. I allow this electronic filer to communicate with the Canada Revenue Agency (CRA) to correct any errors or omissions.	
Signature (contact identified in Part A or the trust's legal representative)	Name and title of contact identified in Part A or the trust's legal representative
_____ James Walker, Trustee	
2023-03-30	
Year Month Day	HH MM SS

7. Property held in an account with a Canadian registered securities dealer or a Canadian trust company

Name of registered security dealer/Canadian trust company	Country code	Maximum fair market value during the year	Fair market value at year-end	Gross income	Gain (loss) on disposition
RBC Dominion Securities	NLD	1,443	0	37	172
RBC Dominion Securities	CHE	20,128	15,143	114	86
RBC Dominion Securities	GBR	2,501	0	51	196
RBC Dominion Securities	USA	1,718,914	1,203,962	15,706	1,321
RBC Dominion Securities	OMC	997,047	997,047	0	0
RBC Dominion Securities	DEU	0	0	0	-444
Total			2,264,135	18,553	-5,136

Certification

I certify that the information given on this form is, to my knowledge, correct and complete, and fully discloses the reporting taxpayer's foreign property and related information.		If someone other than the taxpayer or the partnership prepared this form, provide their:	
Print name James Walker		Name Vaive and Associates Professional Corporation	
Sign here (It is a serious offence to file a false statement.)		Address 200A-441 MacLaren Street Ottawa ON	
Position/title Trustee			
Telephone number	Date (YYYYMMDD) 2023-03-30	Postal or ZIP code K2P 2H3	Telephone number Extension (613) 369-5064