# 2023 Foreign income verification – additional lines

Funds held outside Canada - please fill out the following:

Name of bank	Country held	Max cost during the year	Amount held at end of the year	Gross income
		-		

Shares or debt of non-Canadian corporations – please fill out the following

Name of Corporation /Description of debt	Country held	Max cost during the year	Cost at end of the year	Gross income	Gain (loss) on disposition

Interests in non-Canadian trusts - please fill out the following

Name of Trust	Country held	Max cost during the year	Cost at end of the year	Gross income	Capital received	Gain (loss) on disposition

Name of Vendor	Amount S Description			
	Description	Gross	HST	Net
	Total			

# 2023 Multigenerational Home Renovation Tax Credit - Additional Lines

## FORM 3.X - Capital Additions for Rental Use Purposes

Capital additions: were there any furnishings/ appliances acquired or renovations completed on the property during the year? If yes, please complete the schedule below.

Name of Vendor	Description	Amount \$		
		Property #1	Property #2	Property #3
	Total			

# Schedule 3.X - Other Expenses for Rental Use Purposes

Name of Vendor	Description	Amount \$		
	Description	Property #1	Property #2	Property #3
	Total			
L				<u> </u>

## Schedule C.X: Capital Additions for Business/Employment Use Purposes

**Capital additions:** Did you make any fixed asset purchases for business, employment purposes during the year? If yes, please complete the schedule below.

Name of Vendor	Description	Amount S		
	Description	Gross	HST	Net

# Schedule D.X: Other Income/Expenses for Business/Employment Use Purposes

Name of Vendor	Description	Amount \$	(Input income as	s negative)
Ivalle of venuor	Description	Gross	HST	Net

## 2023 Medical Expense Worksheet – Additional Lines

## Please use the space below to summarize your medical expenses paid during the year.

### Patient Name:

Ref #	Period covered		Payment made to	Description of expenses (Dental, prescription, etc)	Amounts \$
	From	То			·
1					
2					
3					
4					
5					
6					
7					
				TOTAL PAID	

#### Patient Name:

Ref #	Period covered		Payment made to	Description of expenses (Dental, prescription, etc)	Amounts \$
	From	То			
1					
2					
3					
4					
5					
6					
7					
				TOTAL PAID	

### Patient Name:

Ref #	Period covered		Payment made to	Description of expenses (Dental, prescription, etc)	Amounts \$
	From	То			
				TOTAL PAID	

### Patient Name:

Ref #	Period covered		Payment made to	Description of expenses (Dental, prescription, etc)	Amounts \$
	From	То			
				TOTAL PAID	

## FORM.7.X: Donation Worksheet

### Please use the space below to summarize the donations you made during the year.

Ref #	Date donation was made (YYYY-MM-DD)	Donation made to (charitable organization)	Amount \$
		TOTAL PAID	