

ANNUAL RETURN

Fiscal year end: _____

PART A - Identification

Corporation Name: _____

NB Corporate Affairs Registration Number: _____

SBITC Certificate(s) of Registration
Number: _____

Mailing Address: _____

Physical Address (if
different if different
from mailing address)

PART B – Statistics

Number of employees employed at year end _____

Total amount of revenue during the reporting year \$ _____

Value of goods and services exported during the reporting year \$ _____

Wages and salaries paid to NB residents during the reporting year \$ _____

Wages and salaries paid to all non-NB residents during the reporting year \$ _____

Have any SBITC shares been redeemed or transferred during the reporting year? Yes No

PART C - Information (At the end of the fiscal year)

Attach as an appendix:

- A copy of the current corporate share registry and share transfer registry, certified by an officer of the company. This should provide a list of all shareholders with the number, class, and unit price paid. Any shareholder's SBITC eligible shares should be separate from any of their other shares.
- A list of any redemption or transfer of SBITC eligible shares within the reported fiscal year, including the date of the redemption or transfer.
- A certified statement by an officer of the company indicating how the SBITC program funds were used.
- A copy of the corporation's financial statements, for the fiscal year being reported (including those of associated corporations), for which an independent review engagement has been conducted or have been independently audited by a chartered accountant, a certified general accountant; a certified management accountant or a chartered professional accountant.
- A copy of the income tax return for the fiscal year being reported (including those of associated corporations).

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- A summary of total wages and salaries, for the fiscal year, by jurisdiction broken down by residents and non- residents.

PART D– Disclaimer

This form is intended to provide information respecting annual return requirements under the Province of New Brunswick *Small Business Investor Tax Credit Act* and should not be regarded as a replacement of the laws, regulations or administrative documents to which it refers. Where there is a conflict between this form and the legislation, the legislation shall prevail. Please note that additional information may be requested at a later date.

PART E– Certification

I certify that I am an authorized officer of the applicant corporation and that the information contained in this application and its attachments is true and correct to the best of my knowledge and belief.

I hereby consent on behalf of the applicant that any information contained in this application may be provided by the Department of Finance to the Administrator appointed under the *Securities Act*.

Name: *(please print)*

Signature:

Title:

Date:

Telephone number: _____

E-mail: _____

<http://www.gnb.ca/Finance>

E-mail: wwwfin@gnb.ca

Phone: (800) 669-7070 Fax: (506) 444-5086

Ce formulaire est aussi disponible en français.