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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Court File Number | | |
| (Name of court) | | | | | | | | | | | | | | | | | | | | | Form 27B: Statement of Income from Income Source | | |
| **at** |  | | | | | | | | | | | | | | | | | | | |
|  | Court office address | | | | | | | | | | | | | | | | | | | |
| Recipients(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | | | | | | | | | | | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |
|  |
| Payor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | | | | | | | | | | | | | |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |
|  |
| **1.** | | My name is *(full legal name)* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **2.** | |  | | I am | | |  | an income source of the payor. | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | an employee of an income source of the payor. | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | *(Other; specify.)* | | | | |  | | | | | | | | | | | | | | | | | | |
| ***OR*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | Neither I nor the organization for which I work is an income source of the payor for the following reasons: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | there is no money owed to the payor on any basis mentioned in paragraph 3 below. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | the payor has never worked for me or my organization. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | the payor has worked for me or my organization but stopped working on *(date)* | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | |  | | *(Other; specify.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strike out paragraph 3 if you are not an income source. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | | I owe money to the payor on the following basis: *(check one or more boxes below)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | wages or salary of $ | | | | | | |  | | | | | | | | | | | | per | |  | | | | | | |
|  | |  | | overtime that, over the past 6 months, has amounted to $ | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | |  | | commission, bonus, piece-work allowance or other performance-related payment that, over the past 6 months, | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | has amounted to $ | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
|  | |  | | benefits under an accident, disability or sickness plan that, over the past 6 months, has amounted to | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | $ |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | |  | | a disability, retirement or other pension of $ | | | | | | | | | | | |  | | | | | | | | | | | | per | |  | |
|  | |  | | an annuity paying $ | | | | | | |  | | | | | | | | | | | | | per | |  | | | | | |
|  | |  | | vacation pay/severance pay of $ | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
|  | |  | *(Other; specify.)* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | |  | | | Date of signature | | | | | | | | | | | |