



Canada Revenue Agency
Agence du revenu du Canada

CLAIM FOR SCIENTIFIC RESEARCH AND EXPERIMENTAL DEVELOPMENT (SR&ED) CARRIED OUT IN CANADA

Prepared without audit from information supplied by the taxpayer.

- Use this form to claim SR&ED carried out in Canada during the year. File it with your return of income.
- If you are filing a T2 corporation return of income, place this form on top of the return so that we can identify your SR&ED claim quickly.
- Use a separate form to support SR&ED expenditures incurred by each partnership of which you are a partner.
- Use Guide T4088, *Claiming Scientific Research and Experimental Development Expenditures*, to help you fill out this form. You can also consult our Web site at www.cra.gc.ca/sred/ for an online help guide.
- If the SR&ED was performed in the province of Newfoundland and Labrador, Nova Scotia, New Brunswick, Québec, Ontario, Manitoba, Saskatchewan, or British Columbia, or in the Yukon Territory, you may be entitled to a provincial or territorial tax credit.
- Complete schedules A, B, C, D, E and F, if they apply to your situation.
- Prepare and retain schedules to support the breakdown for each expenditure claimed in this form and on the required attachments.
- On this form, references to the Act are to the *Income Tax Act*. References to the Regulations are to the *Income Tax Regulations*.
- All the information requested in this form including the attachments, schedules and any other document supporting your expenditures is prescribed information. You have to file the information that applies to your claim, along with Schedule T2 SCH 31 or Form T2038(IND), within 12 months of the filing-due date of your return of income for the year you incurred the expenditures. If you do not meet this reporting deadline, we may reject your claim.

Part 1 – General Information

Name of claimant Enwin Powerlines Ltd.		Claimant's business address and postal code 4545 Rhodes Drive P.O. Box 1625, Station A Windsor N9A 5T7 Claimant's Web site (if available) http://www.enwin.com	
Business Number, social insurance number, or partnership identification number 88246 0124 RC0001		Return for tax year from: 2005-01-01 to: 2005-12-31 <div style="text-align: center; font-size: small;">Year Month Day Year Month Day</div>	
100 Name of contact person Victoria Zuber		142 Is the claim filed for a partnership? 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	
105 Telephone number/extension (519) 255-2888	110 Fax number	145 If yes, what is the name of the partnership?	
130 Is this the first time you are claiming for SR&ED? <div style="text-align: center;">1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/></div>		150 Percentage of SR&ED investment tax credits allocated from the partnership <div style="text-align: center;">%</div>	
132 If not, when was the last claim? Year 		155 Name of the person or firm who prepared this claim Deloitte & Touche LLP	

Certification and Election

I certify that I have examined the information provided on this form, and on the related schedules and attachments and it is true, correct, and complete.

I elect (choose) to use the following method to calculate my SR&ED expenditures and related investment tax credits (ITC) for the year. I understand that my election (choice) is irrevocable for this year.

- 160** I elect to use the proxy method under clause 37(8)(a)(ii)(B) 1 Yes ☒
- 162** I choose to use the traditional method 1 Yes ☐

165 Victoria Zuber **170** 2007-06-29
 Name of authorized signing officer of the corporation, authorized partner, or individual Signature Date

For Canada Revenue Agency use only

490 _____ **491** _____ **492** _____

Summary of tax and credits

Federal tax

Part I tax payable	700	
Part I.3 tax payable from Schedule 33, 34, or 35	704	265,345
Part II surtax payable from Schedule 46	708	
Part IV tax payable from Schedule 3	712	
Part IV.1 tax payable from Schedule 43	716	
Part VI tax payable from Schedule 38	720	
Part VI.1 tax payable from Schedule 43	724	
Part XIII.1 tax payable from Schedule 92	727	
Part XIV tax payable from Schedule 20	728	

Total federal tax 265,345

Add provincial or territorial tax:

Provincial or territorial jurisdiction . . . 750 Ontario

(if more than one jurisdiction, enter "multiple" and complete Schedule 5)

Net provincial or territorial tax payable (except Québec, Ontario, and Alberta) 760

Provincial tax on large corporations (New Brunswick and Nova Scotia) 765

Total tax payable 770 265,345 A

Deduct other credits:

Investment tax credit refund from Schedule 31	780	
Dividend refund	784	
Federal capital gains refund from Schedule 18	788	
Federal qualifying environmental trust tax credit refund	792	
Canadian film or video production tax credit refund (Form T1131)	796	
Film or video production services tax credit refund (Form T1177)	797	
Tax withheld at source	800	

Total payments on which tax has been withheld 801

Allowable refund for non-resident-owned investment corporations from Schedule 26 804

Provincial and territorial capital gains refund from Schedule 18 808

Provincial and territorial refundable tax credits from Schedule 5 812

Tax instalments paid 840 265,345

Total credits 890 265,345 B

Refund code 894 1 Overpayment

Balance (line A minus line B)

Direct deposit request

To have the corporation's refund deposited directly into the corporation's bank account at a financial institution in Canada, or to change banking information you already gave us, complete the information below:

☐ Start ☐ Change information

910 Branch number

914 Institution number 918 Account number

If the result is negative, you have an **overpayment**.
If the result is positive, you have a **balance unpaid**.
Enter the amount on whichever line applies.
Generally, we do not charge or refund a difference of \$2 or less.

Balance unpaid

Enclosed payment 898

If the corporation is a Canadian-controlled private corporation throughout the tax year, does it qualify for the one-month extension of the date the balance of tax is due?

896 1 Yes ☐ 2 No ☒

Certification

I, 950 Zuber

951 Victoria

954 CFO

Last name

First name

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 tax year is consistent with that of the previous year except as specifically disclosed in a statement attached to this return.

955 2007-06-29
Date (yyyy/mm/dd)

Signature of the authorized signing officer of the corporation

956 (519) 255-2888
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 Name

959 Telephone number

Language of correspondence – Langue de correspondance

990 Indicate your language of correspondence by entering 1 for English or 2 for French.
Indiquez votre langue de correspondance en inscrivant 1 pour anglais ou 2 pour français.

1 English / Anglais ☒ 2 Français / French ☐

Name: Enwin Powerlines Ltd.

BN: 88246 0124 RC 0001

Taxation Year End: 2005-12-31

Certification

I, Victoria Zuber am an authorized signing officer of the corporation. I certify that the following amounts are, to the best of my knowledge, correct and complete, and fully disclose the corporation's income tax payable. These amounts also reflect the information given on the corporation's income tax return for the taxation year noted above.

Net income (or loss) for income tax purposes from Schedule 001, or GIF1 [line 200300]	7 950 468
Part I tax payable [line 200700]	0
Part I.3 tax payable [line 200704]	265 345
Part II surtax payable [line 200708]	0
Part IV tax payable [line 200712]	0
Part IV.1 tax payable [line 200716]	0
Part VI tax payable [line 200720]	0
Part VI.1 tax payable [line 200724]	0
Part XIV tax payable [line 200728]	0
Net provincial and territorial tax payable [line 200760]	0
Provincial tax on large corporations [line 200765]	0

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.

2007-06-29

CFO

Date

Signature of an authorized signing officer of the corporation

Position, office or rank



Ministry of Finance
Corporations Tax
33 King Street West
PO Box 620
Oshawa ON L1H 8E9

Electronic Filing Certificate for Corporations Tax Return CT23

Document Control Number (DCN) 88246012420070629102158000000

<input type="checkbox"/> First Year of Filing	<input type="checkbox"/> Final Taxation Year up to Dissolution	<input type="checkbox"/> Change of Control fed. s.249(4)
<input checked="" type="checkbox"/> Amended Return	<input type="checkbox"/> Final Taxation Year before Amalgamation	Date Control was acquired: <div></div>
<input type="checkbox"/> Taxation Year End has changed (approval by Revenue Canada required)	<input type="checkbox"/> Floating Fiscal Year End	
<input type="checkbox"/> Exempt From Filing	<input checked="" type="checkbox"/> Subject to CMT	
Change of Information? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Corporation's Legal Name Enwin Powerlines Ltd.		
Mailing Address 4545 Rhodes Drive P.O. Box 1625, Station A Windsor ON CA N9A 5T7		
Corporation's Ontario Tax Account Number 1800252		
Date of Incorporation 1999-12-13		
Return for Taxation Year Start 2005-01-01 End 2005-12-31		
Revenue Canada Taxation Account Number 88246 0124 RC0001		
Jurisdiction Incorporated Ontario		

Transmitter Data

Transmitter Number A0001009
Transmitter Name:
Deloitte & Touche LLP
Name of Person to Contact
Telephone Number (519) 967-0388
Facsimile Number (519) 967-0324
Transmitter Address:
150 Ouellette Place
Suite 200
Windsor
ON N8X1L9

Disk Reference Number 601241
Aggregate of Total Revenue 250 256,417,095
Aggregate of Total Assets 249 201,983,060
Taxable Income (Non-capital Loss) 10
Total Tax Payable 950 479,108
Payments 960 479,108
Enclosed 990
Apply to: Year
Apply Amount 980
Refund 975 Yes ☐ No ☒

If Yes, Due to:

Loss Carryback Yes ☐ No ☒
Overpayment Yes ☐ No ☒
Refundable Tax Credit Yes ☐ No ☒

Certification

I am an authorized signing officer of the Corporation. I certify that this Return, including all schedules and statements filed with or as part of this Return, has been examined by me and is a true, correct and complete Return, and that the information is in agreement with the books and records of the corporation. I further certify that the financial statements accurately reflect the financial position and operating results of the corporation as required under section 75 of the Corporations Tax Act. The method of computing income for this taxation year is consistent with that of the previous year, except as specifically disclosed in a statement attached.

Name

Victoria Zuber

Title

CFO

Full Residence address

Signature

Date

2007-06-29

Phone Number

(519) 255-2888

Ministry
Use Only

Return I.D. #