













[Your Name] [Company Name] [Street Address] [City, ST ZIP Code] [Date]

[Future Landlord's Name]
[Title]
[Company Name]
[Street Address]
[City, ST ZIP Code]

## Dear [Ruture Landlord Name]:

This tenant reference is given to verify tenancy of [Tenants' Names] at [Rental Property Address]. They were our tenants from [First Day of Lease] to [Last Day of Lease].

Their last monthly rent was in the amount of \$[Rental Amount]. They were responsible and timely in their rent payments which were due the first day of each month. There was only one late payment and it was paid within 5 days of default without any reminder from us.

There had been no complaints from their neighbors and they had kept the rental unit and its surrounding area clean and tidy. We refunded their security deposit of \$ [Deposit Amount] in full within 14 days of their move out.

I am pleased to say that they were respectful and helpful tenants. They have never made any unreasonable demands or complaints during the duration of their stay.

They had a pet dog, who was quiet and well behaved with no complaints from neighbors or us.

We did not serve [Tenants' Names] any eviction notices.

They complied with every aspect of their lease, and they provided us with the required advance notice of leaving. We have been informed that their reason for leaving is the need for a larger rental unit.

CO. FILE DEPT. CLOCK NUMBER ABC 126543 123456 12345 001379

Your Company 789 Company St. Company City 66666-1111

Taxable Marital Status: Married Exemptions/Allowances: Federal: 3, \$25 Additional Tax State: 2 Local: 2

Earnings	rate	hours	this period	year to date
Regular	25.00	40.00	306.76	1,000.00
Overtime	37.50/hr	0.00	0.00	0.00
Holiday	1	-		478.50
Vacation	-	-		945.22
Bonus	(22)		F	20.00
Float	***		1	544.54
	Gross Pa	y bearing	\$1,00	1,000.00

	Statutory		year to date
Y	Federal Income Tax	- 298.65	193.65
	Social Security Tax	- 68.20	66.96
	Medicare Tax	- 15.95	15.66
	Anytown State Income Tax	- 48.96	48.96
	Anytown Local Tax	- ###.##	###.##
	Other		
	401(k)	- 10.00*	1.00
	FSA	- ##.##*	##.##
	Commuter Trip	-7.00*	-##.##
	Net Pay	583.24	

<sup>\*</sup> Excluded from federal taxable wages

Your federal wages this period are 583.24

## **Earnings Statement**

Period ending:

12/27/2013

Pay date:

01/04/2014

Emp L. Name Emp F. Name 1234 Your St Your City 55555

Important Notes

EFFECTIVE THIS PAY PERIOD YOUR REGULAR

TO \$25.00 PER HOUR.

WE WILL BE STARTING OUR UNITED WAY FUND DRIVE SOON AND LOOK FORWARD TO YOUR PARTICIPATION.

**Deductions** 

Your Company 789 Company St. Company City 66666-1111 Payroll check number: 001379 7 2 8 3 1 0

Pay date:

01/04/2014

Pay to the order of:

Emp F. Name Emp L. Name

This amount:

five hundred eighty-three dollars twenty-four cents

583.24

BANK NAME STREET ADDRESS CITY STATE ZIP

**VOID VOID VOID** 

# 1. CONTACT INFORMATION Appears in the left corner Agence du ren du Cartada Notice details XXX XX1 234 Tax year Return type 3. ACTION YOU NEED Notice of assessment TO TAKE You need to pay \$ **Provides your** ny amounts you paid that we have not pro pay by May 17, 2016. information and if actions Bob Hamilton Commissioner of Rever are required Account summary Payment options You have an amount due. If you already paid to You can: Amount due: Pay by: T461 E (17)X Canadä

2. STATEMENT DATE

**INFORMATION** 

Organized so you can easily identify your statement details

4. YOUR CURRENT BALANCE Provides you with your current-year balance

Agence du revenu du Canada NOTICE OF ASSESSMENT

T451 E (08)

Date	Name	Social insurance no.	Tax year	Tax centre
May 5, 2007	Jane Doe	123 456 789	2007	Shawinigan QC G9N 7S6

### Summary

0000000

Line	Continuity (Continuity)	\$ Amount
Line		Alliount
150	Total Income	00,000
	Deductions from total income	000
236	Net Income	00,000
260	Taxable Income	00,000
6150	Total Ontario non-refundable	000
	tax credits	
420	Net federal tax	0,000.00
428	Net Ontario tax	0,000.00
435	Total payable	0,000.00
437	Total income tax deducted	0,000.00
448	CPP Overpayment	00.00
482	Total Credits	0,000.00
	(Total payable minus total credits)	(000.00)
	Balance from this assessment	CR 000.00
	Direct deposit	CR 000.00

#### William V. Baker Commissioner of Revenue

May 5, 2007 Name Doe	Social Insurance no. 123 456 789	Tax year 2007	Tax centre Shawinigan	QC G9N 7S	6
2008 RRS	P Deduction Limit	Statment			
The back of this notice contains important information. A	mounts marked with an as	terisk (") cann	of be less than zero	L	
RRSP deduction limit for 2007	C ALCOHOLOGIC IX IN ACCOUNT IN A	* ******* ** ** *	C essente de les estenti	\$00,000	
Minus: Allowable RRSP contributions deducte	ed in 2007	E93 9 9 8	2000 × 30 × 3000	\$000	
Unused RRSP deduction limit at the end of 20	07	a arena a s		\$00,000	
Plus: 18% of 2007 earned income of \$00,0	000 = (max. \$19,00	0).	\$0,000		
Minus: 2006 pension adjustment			\$0 <u> </u>	0,000	1
			\$00	,000.00	
Minus: 2008 net past service pension adjustn	nent a se sesse a se s		arany a styler.	\$0	
Plus: 2008 pension adjustment reversal	. 2012/12/2012/12/2012/2012/2012		nava a a anava	\$0	7
Your RRSP deduction limit for 2008				\$0,000	(°A)
You have \$0 (B) of unused RRSP contu		2007. If this	amount is more th	an	