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Pension Adjustment Information

Name:		-
Ph:	Email:	
		e company T4 filings, complete the Total to pa@gblinc.ca or admin@gblinc.ca or fax
IPP Member Name	Total Employment Income*	Name of Employer
Please indicate if you would like to Yes, send to contact person No, send to:	he Pension Adjustment information s above	ent to the contact person above:
Name:		
Phone:	Email :	
	e amount that will appear in Box 14 sions or other types of income.	of the T4 slip issued by the IPP Plan Sponsor.
If employment income was paid Participating Employer.	by more than one employer, pleas	e provide a breakdown of income from each
Total Employment Income can a Employee Profit Sharing Plan, plea		ment income includes income paid from an

Additional information regarding the annual reporting requirements can be found on our website: www.gblinc.ca or contact our office by phone 877-249-2999 or email admin@gblinc.ca