

Agence du revenu du Canada Canada Revenue

The employer must complete this form for the employee to deduct employment expenses from his or her income.

The employee does not have to file this form with his or her return, but must keep it in case we ask to see it. For details about claiming employment expenses, see the Employment Expenses guide (T4044), or Interpretation Bulletins IT-352, Employee's Expenses, Including Work Space in Home Expenses, and IT-522, Vehicle, Travel and Sales Expenses of Employees.

Part A – Employee information

Agency

| Last name First | | name | Tax year | Social insurance number | | | | |
|---|--|------------------------------|---------------------------------------|-------------------------|--|--|--|--|
| | | - | | | | | | |
| Hom | e address | Business address | | | | | | |
| Job t | Job title and brief description of duties | | | | | | | |
| Part B – Conditions of employment | | | | | | | | |
| 1. | Did this employee's contract require the employee to pay his or her | own expenses while carryir | ng out the duties of en | nployment? Yes No | | | | |
| | If no, the employee is not entitled to claim employment expenses, | and you are not required t | to answer any of the | other questions. | | | | |
| 2. | Did you normally require this employee to work away from your place of business or in different places? | | | | | | | |
| | If yes, what was the employee's area of travel (be specific)? | | | | | | | |
| 3. | Indicate the period(s) of employment during the year: from | | to | | | | | |
| | | (Year) (Month) | | Year) (Month) (Day) | | | | |
| | If there was a break in employment, specify dates: | | | | | | | |
| 4. | Did this employee receive a motor vehicle allowance? If <i>yes</i> , indicate: | | | Yes No | | | | |
| | • the amount received as a fixed allowance, such as a flat monthly | allowance \$ | | | | | | |
| | the per km rate used (\$/km), and the amount re | eceived \$ | | | | | | |
| | the amount of the allowance that was included on the employee' | s T4 slip \$ | | | | | | |
| | Did this employee have the use of a company vehicle? | | | Yes No | | | | |
| 5. | Did this employee receive a repayment of the expenses he or she p | aid to earn employment inc | come? | Yes No | | | | |
| | If yes, indicate the amount and type of expenses that were: | Amount | ٦ | Гуре of expense | | | | |
| | received upon proof of payment \$ | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | charged to the employer, such as credit card charges \$ | | | <u> </u> | | | | |
| | included on the employee's T4 slip \$ | | | | | | | |
| 6. Did you require this employee to pay other expenses for which the employee did not receive any allowance or repayment? | | | ment? Yes No | | | | | |
| | If yes, indicate the type(s) of expenses | | | | | | | |
| 7. | Did you pay this employee wholly or partly by commission according | g to the volume of sales ma | ade or contracts negot | iated? Yes No | | | | |
| | If yes, indicate the commissions paid (\$) and | the type of goods sold or co | ontracts negotiated (|). | | | | |
| | Is there a business development account or other similar commission from which the employee's employment expenses are paid or reimb | | | Yes No | | | | |
| | If yes, is the commission income from this account included in box | | | | | | | |
| | | | | | | | | |

(Vous pouvez obtenir ce formulaire en français à www.arc.gc.ca ou au 1-800-959-3376.)

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| 8. | Did you require this employee to be away for at least 12 consecutive hours from the municipality and metropolitan area (if there is one) of your business where the employee normally reported for work? | Yes | No | | |
|---|--|--------------------------|----------------------|--|--|
| 9. | Did you require this employee under a contract of employment to: | | | | |
| | rent an office away from your place of business? pay for a substitute or assistant? pay for supplies that the employee used directly in his or her work? pay for the use of a cell phone? | Yes Yes Yes Yes | No No No No | | |
| | Did you or will you repay this employee for any of these expenses? | Yes | No | | |
| | If yes, indicate the type of expense and amount you did or will repay: | | | | |
| 10. | Did you require this employee under a contract of employment to use a portion of his or her home for work? | Yes | No | | |
| | The work space must be where the employee mainly (more than 50% of the time) does his or her work OR used only to earn the employment income and also used on a regular and continuous basis for meeting clients or customers. | | | | |
| | Did you or will you repay this employee for any of the expenses? | Yes | No | | |
| | If yes, indicate the type of expense and amount you did or will repay: | | | | |
| 11 | | | | | |
| 11. | Did you require this tradesperson, as a condition of employment, to purchase and provide tools after May 1, 2006, that were used directly in his or her work? | Yes | No | | |
| | If <i>yes</i> , do all of the tools itemized on the list provided to you by the employee satisfy this condition? Please sign and date the list. | Yes | No | | |
| | | | | | |
| 12. | Did this employee work for you as an apprentice mechanic? | Yes | No | | |
| | If yes, was this employee registered in a program established under the laws of a province or territory that leads to a designation under those laws as a mechanic licensed to repair self-propelled motorized vehicles? | Yes | No | | |
| 13. | Did you require this apprentice mechanic, as a condition of employment, to purchase and provide tools that were used directly in his or her work? | Yes | No | | |
| | If yes, do all of the tools itemized on the list provided to you by the employee satisfy the condition described in 12? Please sign and date the list. | Yes | No | | |
| 14 | Did this employee work for you as a forestry worker? | Yes | No | | |
| | Did this employee, as a condition of employment, have to provide a power saw (including a chain saw or tree trimmer)? | Yes | No | | |
| | | | | | |
| Employer declaration | | | | | |
| - Employer declaration | | | | | |
| I certify that the information provided on this form is, to the best of my knowledge, correct and complete. | | | | | |

| Name | of employer (print) | Name and title of authorized person (print) |
|------|---------------------|---|
| | () | |
| Date | Telephone | Signature of employer or authorized person |
| Note | | |

Please make sure that the name and telephone number of the authorized person is clearly printed in case we need to call to verify information.

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