



## SUPPLEMENTARY UNEMPLOYMENT BENEFIT PLAN INCOME TAX RETURN

- As trustee for a trust governed by a supplementary unemployment benefit plan, you have to complete and file this form no later than 90 days after the end of the taxation year. The taxation year of the trust is the calendar year.  
**Note:** When a trustee responsible for filing this return does not act as administrator of the supplementary unemployment benefit plan, the trustee is still responsible for obtaining and reporting the required information.
- If the plan is not registered under the *Income Tax Act* throughout its period of operation or existence during the taxation year, the income of the trust may be subject to tax. To report taxable income or claim a Part XII.2 tax credit, complete a *T3 Trust Income Tax and Information Return*. You can get a copy of the *T3 Trust Guide* and the *T3 Trust Forms Package* from our Web site at [www.cra.gc.ca](http://www.cra.gc.ca), or by calling 1-800-959-2221.
- Send the completed return to: Ottawa Technology Centre, 875 Heron Road, Ottawa ON K1A 1A2.
- We may impose penalties if this return is not filed on time. We charge interest at the prescribed rates on any amounts owing.

Name of plan		Account number (if one has been assigned) <b>T</b>																																					
Name of trustee filing this return		Plan registration number																																					
Mailing address of trustee																																							
Address where the trust keeps its books and records (if different from address above)																																							
Names of other trustees		Province or territory of residence of the plan																																					
Date the trust:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>came into existence (effective date of registration)</p> <p>▶</p> <table border="1" style="display: inline-table; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Year</td><td>Month</td><td>Day</td><td colspan="5"></td></tr> </table> </div> <div style="text-align: center;"> <p>ceased to exist</p> <p>▶</p> <table border="1" style="display: inline-table; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Year</td><td>Month</td><td>Day</td><td colspan="5"></td></tr> </table> </div> </div>									Year	Month	Day														Year	Month	Day						Return for taxation year <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
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### Tax under section 207.1(5) on agreements to acquire shares

- Complete Form T2000, *Calculation of Tax on Agreements to Acquire Shares*, if the trust entered into an agreement (other than for the acquisition, or the writing by it, of an option listed on a prescribed stock exchange) to acquire a share of the capital stock of a corporation (other than from the corporation) at a price that may differ from the fair market value at the time the share was acquired.
- Attach the completed Form T2000 to this return and enter the calculated amount on line 1.

Tax on agreements to acquire shares. Enter this amount on line 2. 241 \_\_\_\_\_ 1

### Summary of Tax and Refund

Tax under section 207.1(5) on agreements to acquire shares (line 1)	<span style="background-color: black; color: white; padding: 2px 5px;">140</span>	_____	2
<b>Minus:</b> Payments on account .....	<span style="background-color: black; color: white; padding: 2px 5px;">010</span>	_____	3
<b>Balance owing or refund</b> (line 2 minus line 3)	<span style="background-color: black; color: white; padding: 2px 5px;">090</span>	_____	4
Generally, we do not charge or refund \$2 or less.			
<b>Amount enclosed</b>	<span style="background-color: black; color: white; padding: 2px 5px;">095</span>	_____	5

**Payment:** Attach a cheque or money order payable to the Receiver General. Do not mail cash.

### Certification

I, \_\_\_\_\_, of \_\_\_\_\_

Print name Address

certify that the information given in this return is, to the best of my knowledge, correct and complete.

\_\_\_\_\_

Signature of trustee or trust company official Position or office if trustee is a corporation

( ) \_\_\_\_\_

Telephone number Date