

## DECLARATION OF EXEMPTION – EMPLOYMENT AT A SPECIAL WORK SITE

### Who can use this form?

Use this form if you are an employee who works at a special work site. It will allow your employer to determine if the following benefits can be excluded from your income:

- a reasonable allowance for, or the value of, free board and lodging provided by your employer at a special work site; and
- a reasonable allowance for, or a reimbursement of, transportation expenses you received for transportation to and from your principal place of residence, which must be a self-contained domestic establishment.

Your employer will exclude these benefits or allowances from your income if **all** the conditions explained below are met.

You and your employer should complete this form when you begin your employment at a special work site or if your employment situation at a special work site changes.

For more details, see Interpretation Bulletins IT-91, *Employment at Special Work Sites or Remote Work Locations*, and IT-254, *Fishermen – Employees and seafarers – Value of rations and quarters*.

### Employee information (please print)

Last name	First name and initial(s)	Social insurance number
Address of your principal place of residence (self-contained domestic establishment)		Postal code
Number of kilometres between your principal place of residence and the special work site (one way) ▶	State where you live while you are employed at the special work site	

### Employee's certification

I certify that I meet **all** of the following conditions:

- I maintain my principal place of residence at the above address.
- My principal place of residence is available for me to live in. I do not rent it to anyone.
- Because of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location.
- My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site.

Year	Month	Day	Signature of employee
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### Employer information (please print)

Name of employer			
Address			
Type of business		Business Number (from Form PD7A)	
Name of proprietors or partners (if applicable)			
Exact location of the special work site (including the municipality)		The above benefits or allowances are available under: collective agreement <input type="checkbox"/> company policy <input type="checkbox"/>	
Periods of work at the special work site requiring the employee to be away from his or her principal place of residence for at least 36 hours.		From:	To:

### Employer details of benefits or allowances (give an estimate if you do not know the exact amount)

	Board	Lodging	Board and lodging	Transportation	Other
Amount paid to employee for:	\$	\$	\$	\$	\$
Value of free:	\$	\$	\$	\$	\$

### Employer's certification

I certify that **all** of the following conditions are met:

- The duties the employee has to perform at the special work site are temporary and, by reason of distance, the employee is not expected to return daily to his or her principal place of residence.
- The board and lodging provided or the allowance received by the employee have been for a period of at least 36 hours spent at the special work site (including the time the employee spends travelling between work and residence).
- The benefits or allowances for transportation given to the employee relate only to the period the employee receives the allowances, or their value for board and lodging.

After you complete this form with your employee, keep it with your payroll records for your reference and in case we ask to see it.

Year	Month	Day	Signature of employer or authorized officer
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**Note:** Employers should contact their tax services office if they receive a Form TD4 with doubtful statements. Any person who knowingly completes or accepts a Form TD4 with false or deceptive statements commits an offence.