

Co-operative Graduate Hiring Incentive

Under the **Co-operative Education Tax Credit** program
in accordance with Section 10.1 of *The Income Tax Act (Manitoba)*

Part 1: Certification of Graduate

(To be completed by Employer based on Graduand's Certificate)

- Certifies that the employee has graduated from a recognized co-operative education program.
- For purposes of claiming this benefit, graduate must provide Graduand's Certificate to employer.
- This application must be accompanied by a copy of the graduate's degree, diploma or certificate.

Program Permit #	Co-operative Education Program	Date of Graduation or course completion

Part 2: Employer Information

(to be completed by Employer)

Employer identification	
Employer Name <i>(Registered corporate name or individual's name as used for income tax purposes)</i>	
Operating Name	
Check one: Employer Type: Incorporated <input type="checkbox"/> Complete (A) or Unincorporated <input type="checkbox"/> Complete (B)	
(A) Corporate Employer – Business # (9 digit) Year End Date	
Taxable Corporation <input type="checkbox"/> OR Exempt under Section 149 Income Tax Act <input type="checkbox"/> If exempt indicate category (e.g. municipal, crown, non-profit etc.):	
(B) Individual (unincorporated) Employer – SIN	
Mailing Address	Postal Code
Name of Contact <i>(tax or accounting department)</i>	Position
Contact's Phone	Email

Forward completed form to:

Manitoba Tax Assistance Office

809-386 Broadway
Winnipeg, MB R3C 3R6
Phone: (204) 948-2115 or
1-800-782-0771 outside Winnipeg
Fax: (204) 948-2263

Office Use Only

Part 3: Employment Information for First Qualifying Period of Employment
(to be completed by Employer at end of first period of employment)

Graduate – Employment Period 1		
Name		First _____ Last _____
SIN	Copy of Diploma Attached <input type="checkbox"/>	
Permanent Address		
Phone	e-mail	
Job Description: Explain how this employment is related to the training received by graduate. E.g. obvious connection: Culinary Arts – Chef. Otherwise, detailed explanation required.		
Duration of first period of employment:	from _____ (day,mo,year)	to _____ (day,mo,year)
Location(s) where work was carried out during period of employment: (address including prov and country)		
Gross amount of salary & wages paid to the graduate*	\$ _____	
LESS: amount of any other government assistance received or receivable*	\$ _____	
Eligible Salary & Wages:	\$ _____	
*Explain amounts		
Certification by Official of the Employer		
Signature of Authorized Signing Officer: I certify that I am an authorized signing officer of the above Employer and that the information given in this declaration is, to the best of my knowledge, true, correct and complete. I also confirm that I will furnish upon request such additional information as may be required to facilitate the processing of this application and to provide statistical data for administration of the CETC. I hereby authorize use and transmission of this information as required for administration of the CETC.		
Name _____	Position _____	
Signature _____	Date _____	

If the employer changes between the first and second employment periods, a new application will be required.

Part 4: Employment Information for Second Qualifying Period of Employment
(to be completed by Employer on a photocopy of Parts 1-3, at end of second period of employment)

Graduate – Employment Period 2		
Duration of second period of employment:	from _____ (day,mo,year)	to _____ (day,mo,year)
No other changes from period 1 <input type="checkbox"/> OR Yes, changes from period 2 <input type="checkbox"/>		
Explain Changes:		
Gross amount of salary & wages paid to the graduate	\$ _____	
LESS: amount of any other government assistance received or receivable *	\$ _____	
Eligible Salary & Wages:	\$ _____	
*Explain amounts		
Certification by Official of the Employer		
Signature of Authorized Signing Officer: I certify that I am an authorized signing officer of the above Employer and that the information given in this declaration is, to the best of my knowledge, true, correct and complete. I also confirm that I will furnish upon request such additional information as may be required to facilitate the processing of this application and to provide statistical data for administration of the CETC. I hereby authorize use and transmission of this information as required for administration of the CETC.		
Name _____	Position _____	
Signature _____	Date _____	