

Agency

CLERGY RESIDENCE DEDUCTION

- You have to complete this form to claim the clergy residence deduction. You complete Part A and Part C, and your employer completes Part B. If you have more than one employer in the year, each employer has to complete a separate Part B. In this situation, you must complete only one Part C calculation by combining the income from all eligible employers.
- You do not have to file this form with your return. However, you have to keep it in case we ask to see it.
- For more information, see Interpretation Bulletin IT-141, Clergy Residence Deduction.

Last name	First name	Tax year	ax year Social insurance number	
lome address	Address of residen	ce being claimed (if different)		
—— Part B – Conditions of qualifying er	mployment (to be completed by the e	employer) ————		
. Was this employee (tick (\checkmark) whichever of	the following applies):			
a) 🔲 a member of the clergy? If so, sp	pecify his or her title.			
b) a regular minister? If so, specify t	the spiritual duties the employee was a	uthorized to perform.		
If you ticked a) or b), go to question 3.				
c) a member of a religious order? If	so, provide the name of the order.			
. If this employee was a member of a religion	ous order, please answer the following:	:		
a) Was he or she employed by the order on a full-time basis?			Yes No	
b) Does the order place restrictions on thi	s employee's outside employment activ	vities?	Yes No	
If yes, specify the restrictions.				
c) Describe how this employee was admit	ted to the order.			
d) Are there written standards of conduct	of conduct to which this employee must adhere?		Yes No	
If yes, are these standards exclusive to	nese standards exclusive to members of the order?			
. Was this employee (tick (\checkmark) whichever of	s this employee (tick (\checkmark) whichever of the following applies):			
a) in charge of a diocese, parish, or	congregation?			
b) ministering to a diocese, parish, o	or congregation?			
	dministrative service? If so, provide the tappointed this employee to his or her			
Provide this employee's job title and a list	of his or her duties (or attach a copy o	f his or her job description)		
. Did you provide free accommodation to th	nis employee?		Yes No	
223 E (05) (Vous pour	vez obtenir ce formulaire en francais à www.arc.g	c ca ou au 1 800 950 3376 \	Canad	

Employer Certification

I certify that the information provided in Part B for this employee 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	
Part C – Ca	Iculation of deduction (to be o	completed by employee)	
(A) If you receive		sidence, the value of which was shown in Box 30 of your	
(B) If you owned	l or rented the residence being clai	med, complete the following:	
How many n	nonths did you ordinarily occupy thi	s residence during the year?	
Calculation	:		
		Il eligible employers)	
		t 3 \$ 4	
Enter the	e greater of Line 2 and Line 4	\$5	
for the to in qualify	All amounts claimed by you or by	owned, fair rental value including utilities ence was owned or rented and you were	
Line 6 m	inus Line 7	\$ 8	
Enter the	e lesser of:		
Line 6 and Line 9		\$ 9 	
* Note : Th reduced in connec period. T	e actual rent and utilities paid or, if by all other amounts deducted in ca ction with the same accommodation	residence owned, the fair rental value including utilities must be alculating income from a business or from an office or employment n if the other amounts deducted are in respect of the same months or your spouse or common-law partner claims work-space-in-the-home	
being claime of your retur	ed (B) for a different part of the yea	sidence (A) for part of the year and owned or rented the residence ar, add amounts (A) and (B) and claim the total amount on line 231 gy residence deduction can never exceed income from qualifying	