



--	--

--	--	--	--

For Departmental Use

## TRUST INCOME TAX RETURN AND INFORMATION RETURN

### Identification

Name of Trust \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Trustee/Executor/Administrator \_\_\_\_\_

Mailing Address of Trustee/Executor/Administrator \_\_\_\_\_ Telephone Number \_\_\_\_\_

Postal Code \_\_\_\_\_

Residence of Trust at end of taxation year \_\_\_\_\_

Province or Territory \_\_\_\_\_ Country \_\_\_\_\_

Was the Trust Resident in Canada throughout the Taxation Year? Yes  No

For Departmental Use

Return for Taxation Year  
from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
Day Month Year Day Month Year

Did the fiscal period change since the last return was filed?  
No  Yes

Is this the first year of filing? No  Yes

If no, for what year was the last return filed? \_\_\_\_\_ Year  
If yes, attach a copy of the trust document or will (unless it was filed with the deceased's T1 return)  
Attached  With T1

Is this an amended return? No  Yes

Address on last return is same as above   
or

Was the trust wound up? No  Yes

If yes, give date \_\_\_\_\_ 19 \_\_\_\_\_  
Day Month Year

Will you be requesting a clearance certificate after you receive a Notice of Assessment? No  Yes

### Type of Trust

**TESTAMENTARY**

- Spousal
- Other

**INTER VIVOS**

- Spousal
- Unit
- Mutual Fund
- Communal Organization
- Employee Benefit Plan

### Date of death

\_\_\_\_\_ 19 \_\_\_\_\_  
Day Month Year

### Social Insurance Number of Deceased

\_\_\_\_\_

### Date trust created

\_\_\_\_\_ 19 \_\_\_\_\_  
Day Month Year

- Insurance Segregated Fund
  - Fully/Partially registered
  - Non registered
- Other inter vivos (specify) \_\_\_\_\_

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| 1. Is the trust one of a number of trusts created from contributions by the same individual?<br>If yes, attach a list of names and addresses of the other trusts . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. For any trust (other than a unit trust) did the ownership of capital or income interests change during the taxation year OR since 1984?<br>If yes, state the year, and if during the taxation year, attach a statement showing the changes _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were the terms of the trust amended or varied during the taxation year?<br>If yes, attach copies of the documents effecting these changes . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the trust reside in Canada on June 18, 1971 and without interruption until the end of the current taxation year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the trust receive any capital additions by way of gift since June 18, 1971?<br>If yes state the year and if during the taxation year, attach a statement giving details _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the trust borrow money, or incur a debt, in a non-arm's length transaction since June 18, 1971?<br>If yes, state the year, the amount of the loan, the lender and relationship to beneficiary(ies) _____                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the estate made a Subsection 164(6) election? (to be filed with an amended T1 return for the deceased) . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the will or trust document require the payment of trust income to beneficiary(ies)? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you selected under Subsections 104(13.1) or 104(13.2) to retain additional income in the trust? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In which official language do you wish to receive correspondence? . . . . . English? <input type="checkbox"/> French? <input type="checkbox"/>  |                          |                          |

**2**  
**Income and Deductions Before Allocations/Designations**

**Income** (see Guide, lines 01 to 10)

Taxable Capital Gains (from Trust Schedule 1, line 122) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 01  
Pension Income . . . . . \_\_\_\_\_ | \_\_\_\_\_ 02

Actual Amount of Dividends (from Trust Schedule 8, line 805) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 03  
Foreign Investment Income (from Trust Schedule 8, line 808) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 04  
Other Investment Income (from Trust Schedule 8, line 815) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 05

Business Income (from Form T2032) . . . . . Gross \_\_\_\_\_ | \_\_\_\_\_ 96 Net \_\_\_\_\_ | \_\_\_\_\_ 06  
Farming Income (from Form T2042) . . . . . Gross \_\_\_\_\_ | \_\_\_\_\_ 97 Net \_\_\_\_\_ | \_\_\_\_\_ 07  
Fishing Income (from Form T2121) . . . . . Gross \_\_\_\_\_ | \_\_\_\_\_ 98 Net \_\_\_\_\_ | \_\_\_\_\_ 08  
Real Estate Rental Income (from Form T776) . . . . . Gross \_\_\_\_\_ | \_\_\_\_\_ 99 Net \_\_\_\_\_ | \_\_\_\_\_ 09

Other Income (specify and attach any information slip received)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ ▶ \_\_\_\_\_ | \_\_\_\_\_ 10

**Total Income** (add lines 01 to 10) . . . . . \_\_\_\_\_ | \_\_\_\_\_ ▶ \_\_\_\_\_ | \_\_\_\_\_ 11

**Deductions** (see Guide, lines 12 to 18)

Carrying Charges (Trust Schedule 8, line 820) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 12  
Total Trustee Fees (all trustee fees are income to the recipient) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 13  
Subtract: Trustee fees not applicable to income . . . . . \_\_\_\_\_ | \_\_\_\_\_ 14  
Trustee Fees deductible from income (subtract line 14 from line 13) . . . . . \_\_\_\_\_ | \_\_\_\_\_ ▶ \_\_\_\_\_ | \_\_\_\_\_ 15

Allowable Business Investment Loss . . . . . \_\_\_\_\_ | \_\_\_\_\_ 17

Other Deductions from Total Income (specify) (see Guide, line 18)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ ▶ \_\_\_\_\_ | \_\_\_\_\_ 18

**Total Deductions** (add lines 12, 15, 17 and 18) . . . . . \_\_\_\_\_ | \_\_\_\_\_ ▶ \_\_\_\_\_ | \_\_\_\_\_ 19

**Net Income** (subtract line 19 from line 11) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 20

**Add: Taxable Benefits included on T3 Supplementaries** (see Guide, lines 21 and 22)

Upkeep, Maintenance and Taxes of any Property Used or Occupied by any Beneficiary . . . . . \_\_\_\_\_ | \_\_\_\_\_ 21  
Value of other benefits to recipients . . . . . \_\_\_\_\_ | \_\_\_\_\_ 22  
**Total Taxable Benefits** (add lines 21 and 22) . . . . . \_\_\_\_\_ | \_\_\_\_\_ ▶ \_\_\_\_\_ | \_\_\_\_\_ 23

**Net Income Before** Allocations/Designations (add lines 20 and 23) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 24

**Subtract:** Total Income Allocations/Designations to Beneficiaries (from Trust Schedule 9, Part B, line 928) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 25

**Net Income After** Allocations/Designations (subtract line 25 from line 24) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 26

Add: Gross-up amount of Dividends retained by the trust (Trust Schedule 8, line 824) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 27

**NET INCOME OF TRUST** (add lines 26 and 27) (enter on line 50) . . . . . \_\_\_\_\_ | \_\_\_\_\_ 28

**Schedules and Other Information Required**

Complete the following questionnaire. If the answer is "Yes", tick(✓) the box and attach the completed schedule or statement providing full details. Failure to provide the proper information may delay the assessment of the return.

	Yes	Trust Schedule
1. Did the trust dispose of capital property during the year? (Report both the actual and deemed dispositions) . . . . .	<input type="checkbox"/>	1
2. Is the trust designating capital gains to beneficiaries? . . . . .	<input type="checkbox"/>	3 and 4
3. If this is a spouse trust, did the beneficiary spouse die during the year? . . . . . If yes, a) provide the name, address and Social Insurance Number of the beneficiary spouse  _____	<input type="checkbox"/>	
b) Is the trust claiming a capital gains deduction? . . . . .	<input type="checkbox"/>	5
4. Is the trust designating pension income to beneficiaries? . . . . .	<input type="checkbox"/>	7
5. Is the trust reporting investment income? . . . . .	<input type="checkbox"/>	8
6. Is the trust claiming a Dividend Tax Credit? . . . . .	<input type="checkbox"/>	8
7. Is the trust allocating/designating income to beneficiaries? . . . . .	<input type="checkbox"/>	9, T3 Supplementary
8. Is the trust subject to Part XII.2 Tax? . . . . .	<input type="checkbox"/>	10
9. Is the trust distributing income, or is income deemed payable, to non-resident beneficiaries? . . . . .	<input type="checkbox"/>	10
10. Does the trust have taxable income (Trust return, page 4, line 56)? . . . . . (A trust may be liable for minimum tax even if no income is retained in the trust. Refer to Trust Schedule 12 for more details.)	<input type="checkbox"/>	11 or 12 and 13 or 14
11. Is the trust making a preferred beneficiary election? If yes, it must be filed on time and in the manner prescribed by Regulation 2800. (See Guide, Preferred Beneficiary Election) . . . . .	<input checked="" type="checkbox"/>	
12. Did the trust distribute assets (other than cash) to beneficiaries during the taxation year? . . . . . If yes, attach a statement showing values for each asset distributed.	<input type="checkbox"/>	

**Calculation of Taxable Income of Trust**

Net Income of Trust (from line 28) ..... 50

**Deductions to Arrive at Taxable Income**

Non-Capital Losses of Other Years (see Guide, line 51) ..... 51  
 Net Capital Losses of Other Years (see Guide, line 52) ..... 52  
 Capital Gains Deduction for Resident Spouse Trust only (Trust Schedule 5) ..... 53  
 Other Deductions from Taxable Income (specify) (see Guide, line 54) ..... 54

**Total Deductions** (Add lines 51 to 54) ..... 55

**TAXABLE INCOME OF TRUST** (subtract line 55 from line 50)  
 (if amount is 0, enter on Trust Schedule 12, line 1221 for minimum tax, or  
 if amount is greater than 0, enter amount on Trust Schedule 11, line 1101 or 1107) ..... 56

**Summary of Tax and Credits**

**TAX** Federal Tax Payable (Trust Schedule 11, line 1129 or Trust Schedule 12, line 1255) ..... 81  
 Provincial or Territorial Tax Payable (Trust Schedule 13 or 14) ..... 82  
**Part XII.2 Tax Payable** (Trust Schedule 10, line 1008) ..... 83  
**Total Taxes Payable** (add lines 81 to 83) ..... 84

**CREDITS** Payments on Account of Tax or Tax paid by instalments ..... 85  
 Total Tax Deducted per Information Slips ..... 86  
 Refundable Quebec Abatement (Trust Schedule 11, line 1130 or Trust Schedule 12, line 1256) ..... 87  
 Refundable Investment Tax Credit (Form T2038(IND) ) ..... 88  
 Other Credits (Specify) ..... 89  
**Total Credits** (add lines 85 to 89) ..... 90

**Balance Owning or Refund** (Subtract line 90 from line 84) ..... 91  
 (a difference of less than a dollar is neither charged nor refunded)

Balance Owning for Part XIII Tax (from Trust Schedule 10, line 1031) ..... Payer's Remittance No.  ..... 92

Amount enclosed ..... 93

**Payment: Attach cheque or money order made payable to the Receiver General**  
 (If your cheque includes Part XIII Tax, attach form PD7AR-NR.)

Name of Person or Company (other than Trustee/Executor/Administrator) who prepared this return.  
 \_\_\_\_\_  
 Address in Full  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  

Postal Code	Telephone Number

**CERTIFICATION**

I, (print name) \_\_\_\_\_

HEREBY CERTIFY that the information given in this T3 Return, related T3 Supplementaries and in any documents attached is true, correct, complete and fully discloses the income from all sources.

\_\_\_\_\_  
 Signature of authorized person

Date \_\_\_\_\_ 19 \_\_\_\_\_

Privacy Act Personal Information Bank Number RCT/P-PU-015

The material on this form is condensed from the Income Tax Act and Regulations which contain the terms of the law on which the tax is determined.