

Declaration of Conditions of Employment

The employer must complete this form and give it to the employee for the employee to be able to deduct employment expenses from their income.

The employee does not have to file this form with their return, but must keep it in case the Canada Revenue Agency (CRA) asks to see it. For details about claiming employment expenses, see the following publications:

- Guide T4044, Employment Expenses
- Archived Interpretation Bulletin IT-352R2, Employee's Expenses, Including Work Space in Home Expenses
- Archived Interpretation Bulletin IT-522R, Vehicle, Travel and Sales Expenses of Employees

Part A – Employee information

| La | st name | | First na | ame | Tax year |
|----|--|-------------|--------------------|--|-------------|
| Er | nployer address | | | | |
| Jo | b title and brief description of duties | | | | |
| Pa | rt B – Conditions of employm | ent | | | |
| 1. | Did this employee's contract require employment? Answer yes even if yo all such expenses. | | | | |
| | If no , the employee is not entitled to answer any of the other questions | | ployment expens | es, and you are not required to | |
| 2. | Enter the period(s) of employment de | uring the y | vear: | | |
| | Year Month Day From | Ye | ar Month Da | іу | |
| | If there was a break in employment, | specify the | e dates: | | |
| 3. | Did you pay this employee wholly or contracts negotiated? | partly by o | commission acco | rding to the volume of sales made | or |
| | If yes , enter the commissions paid contracts negotiated | \$ | and t | the type of goods sold or | |
| | Is there a business development acc which the employee's employment e | | | | om YesNo |
| | If yes, is the commission income from | m this acc | ount included in t | box 14 of the T4 slip? | Yes 🗌 No |
| 4. | Did you require this employee to pay reimbursement? | for exper | nses for which the | ey did or will receive a | Yes 🗌 No |
| | If yes , enter the amount and type of | expenses | that were: | | Included on |
| | | | Amount | Type of expense | T4 slip |
| | received upon proof of payment | \$ | | | Yes 🗌 No |
| | charged to the employer, such as credit card charges | \$ | | | 🗌 Yes 🗌 No |

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| 5. | Did this employee's contract of employment require them to: | |
|-------|--|-------------|
| | rent an office away from your place of business? | 🗌 Yes 🗌 No |
| | employ a substitute or an assistant? | 🗌 Yes 🗌 No |
| | pay for supplies that the employee used directly in their work? | 🗌 Yes 🗌 No |
| | pay for the use of a cell phone? | 🗌 Yes 🗌 No |
| | Did you or will you reimburse this employee for any of these expenses? | 🗌 Yes 🗌 No |
| | If yes, enter the type of expense and amount you did or will reimburse: | Included on |
| | Amount Type of expense | T4 slip |
| | \$ | Yes No |
| | \$ | Yes 🗌 No |
| | \$ | |
| 6. | Did you require the employee to use a part of their home for work? | _ Yes 🗌 No |
| | Note : This does not have to be part of the employee's employment contract, and may be a written or verbal agreement between you and your employee. | |
| | If yes , about what percentage of the employee's duties of employment were performed at their home office?% | |
| | Did you or will you reimburse this employee for any of their work-space-in-the-home expenses? | 🗌 Yes 🗌 No |
| | If yes , enter the type of expense and amount you did or will reimburse: | Included on |
| | Amount Type of expense | T4 slip |
| | \$ | Yes No |
| | \$ | Yes _ No |
| | \$ | |
| lf tl | he employee only had home office expenses, skip to "Employer declaration" section. | |
| 7. | Did you normally require this employee to travel to locations that were not your place of business or between different locations of your places of business, during the course of performing their employment duties? | 🗌 Yes 🗌 No |
| | If yes , what was the employee's area of travel (be specific)? | |
| 8. | Did you require this employee to be away for at least 12 consecutive hours from the municipality and metropolitan area (if there is one) of your business where the employee normally reported for work? | 🗌 Yes 🗌 No |
| | If yes, how often? | |
| 9. | Did this employee receive or were they entitled to receive a motor vehicle allowance? | 🗌 Yes 🗌 No |
| | If yes , enter: | - |
| | • the amount received as a fixed allowance, such as a flat monthly allowance \$ | |
| | • the per kilometre (km) rate used (\$/km) and the amount received \$ | - |
| | the amount of the allowance that was included on the employee's T4 slip | |
| | Did this employee have the use of a company vehicle? | 🗌 Yes 🗌 No |
| | Was the employee responsible for any of the expenses incurred for the company vehicle? | ☐ Yes ☐ No |
| | If yes, enter the amount and type of expenses: | |
| | Amount Type of expense | |
| | \$ | |
| | \$ | |
| | \$ | |
| | | |

Protected B when completed

| 10. | Did you require this employee to pay other expenses for which they did not receive any allowance or reimbursement? | Ye | es 🗌 No |
|-----|---|-----|---------|
| | If yes , enter the type(s) of expenses: | | |
| 11. | Did this employee work for you as a tradesperson? | □ Y | es 🗌 No |
| | If yes , did you require this employee, as a condition of employment, to buy and provide tools that were used directly in their work? | Ye | es 🗌 No |
| | If yes , do all of the tools on the list given to you by the employee satisfy this condition? | □ Y | es 🗌 No |
| | Please sign and date the list. | | |
| 12. | Did this employee work for you as an apprentice mechanic? | □ Y | es 🗌 No |
| | If yes , was this employee registered in a program established under the laws of Canada, or of a province or territory, that leads to a designation under those laws as a mechanic licensed to repair self-propelled motorized vehicles? | □ Y | es 🗌 No |
| | Did you require this apprentice mechanic, as a condition of employment, to buy and provide tools that were used directly in their work? | Ye | es 🗌 No |
| | If yes , are all of the tools on the list given to you by the employee used in connection with the employee's work for you as an apprentice mechanic in the program described in this question? | Ye | es 🗌 No |
| | Please sign and date the list. | | |
| 13. | Did this employee work for you in forestry operations? | □ Y | es 🗌 No |
| | Did you require the employee, as a condition of employment, to provide a power saw (including a chain saw or tree trimmer)? | Ye | es 🗌 No |
| [| | | |

Employer declaration

I certify that the information given on this form is, to the best of my knowledge, correct and complete.

Note: Enter the name and telephone number of the authorized person in case the CRA needs to call to verify information.

| ext. Telephone number | Signature of employer or auth | orized person * |
|--------------------------------------|--|----------------------------------|
| ropic signature if it is applied in | | |
| forfic signature in it is applied in | accordance with the guidance specified b | by the CRA. |
| e this section if the CRA asks th | ne employee to send in this form. | |
| employee | Social insurance number | Date |
| | e this section if the CRA asks the creater | employee Social insurance number |

See the privacy notice on your return.