

DECLARATION OF CONDITIONS OF EMPLOYMENT

The employer must complete this form for the employee to deduct employment expenses from his or her income.

The **employee** does not have to file this form with his or her return, but must keep it in case we ask to see it. For details about claiming employment expenses, see Guide T4044, *Employment Expenses*, or interpretation bulletins IT-352, *Employee's Expenses, Including Work Space in Home Expenses*, and IT-522, *Vehicle, Travel and Sales Expenses of Employees*.

Part A – Employee information (please pri	nt)								
Last name	First name	First name		Social insurance number					
Home address		Business address							
Job title and brief description of duties									
Part B – Conditions of employment									
Did this employee's contract require him or he	er to pay his or her own e	xpenses while carrying out the	he duties of employn	nent? Yes No					
Answer "yes" even if you provide an allowance or a reimbursement in respect of some or all such expenses.									
If no, the employee is not entitled to claim employment expenses, and you are not required to answer any of the other questions.									
2. Did you normally require this employee to wor	rk away from your place o	of business or in different pla	ices?	Yes No					
If yes , what was the employee's area of trave	I (be specific)?								
Did you require this employee to be away for area (if there is one) of your business where t				Yes No					
If yes, how frequently?									
		Year Month D	ay	Year Month Day					
4. Indicate the period(s) of employment during th	ne year: from		to						
If there was a break in employment, specify d	ates:								
5. Did this employee receive a motor vehicle allo	owance?			Yes No					
If yes, indicate:									
the amount received as a fixed allowance, such as a flat monthly allowance									
the amount of the allowance that was included on the employee's T4 slip									
Did this employee have the use of a company vehicle? Was the employee responsible for any of the expenses incurred for the company vehicle? Yes Yes									
was the employee responsible for any of the	expenses incurred for the	e company venicie?		Yes No					
If yes , indicate the amount and type of expens	ses:	Amount		Type of expense					
		\$ \$	_						
		\$							
6. Did you require this employee to pay for expe	nses for which he or she	did or will receive a reimbu	rsement?	Yes No					
If yes, indicate the amount and type of expens	ses that were:	Amount	Type of expense	Included on T4 slip					
received upon proof of payment	\$			Yes No					
charged to the employer, such as credit car				Yes No					
7. Did you require this employee to pay other ex				ent? Yes No					
If yes, indicate the type(s) of expenses:									
, se, marcate are typo(e) or experience.									



8.	Did you pay this employee wholly or partly by commission according to the volume of sales made or contracts negotiated?	,	Yes		No				
	If yes , indicate the commissions paid (\$) and the type of goods sold or contracts negotiated (_).					
	Is there a business development account or other similar commission income account available from which the employee's employment expenses are paid or reimbursed?		Yes		No				
	If yes , is the commission income from this account included in box 14 of the T4 slip?		Yes		No				
9.	Did this employee's contract of employment require him or her to:		V		Na				
	rent an office away from your place of business?	H	Yes	Н	No				
	pay for a substitute or assistant?	=	Yes	Н	No				
	pay for supplies that the employee used directly in his or her work?		Yes	Ц	No				
	pay for the use of a cell phone?	Ш	Yes	Ц	No				
	Did you or will you reimburse this employee for any of these expenses?		Yes		No				
	If yes, indicate the type of expense and amount you did or will reimburse:								
	Amount Type of expense I	Included on T4 sl			ip				
	\$		Yes	Ш	No				
	\$		Yes		No				
	\$		Yes		No				
		$\overline{}$	· · ·	$\overline{\Box}$	NI.				
10.	Did this employee's contract of employment require him or her to use a portion of his or her home for work?		Yes		No				
	If yes, approximately what percentage of the employee's duties of employment were performed at their home office? % Was the home office used exclusively to earn income from the office or employment, and on a regular and continuous basis for meeting clients or other persons in the ordinary course of performing the office or employment duties during the period to which the expenses relate?		Yes		No				
	Did you or will you reimburse this employee for any of his or her home office expenses?		Yes		No				
	If yes , indicate the type of expense and amount you did or will reimburse:								
		nclud	ed on 1	Γ4 sl	ip				
	\$		Yes		No				
	\$		Yes		No				
	\$		Yes	\Box	No				
		$\overline{}$		\equiv					
11.	Did this employee work for you as a tradesperson?	Ш	Yes		No				
If yes , did you require this employee, as a condition of employment, to purchase and provide tools that were used directly in his or her work?					No				
	If yes , do all of the tools itemized on the list provided to you by the employee satisfy this condition?		Yes		No				
	Please sign and date the list.								
10	Did this ampleuse work for you so an apprentice mechanic?		Yes	$\overline{\Box}$	No				
12.	Did this employee work for you as an apprentice mechanic?			Н					
	that leads to a designation under those laws as a mechanic licensed to repair self-propelled motorized vehicles?		Yes		No				
	directly in his or her work?		Yes		No				
	If yes , are all of the tools itemized on the list provided 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 ?		Yes		No				
	Please sign and date the list.			ш					
	•			$\overline{}$					
13.	Did this employee work for you in forestry operations?		Yes		No				
	Did this employee, as a condition of employment, have to provide a power saw (including a chain saw or tree trimmer)?		Yes		No				
Em	ployer declaration								
	certify that the information provided on this form is, to the best of my knowledge, correct and complete.								
Name of employer (print) Name and title of authorized person									
_	Date Telephone number Signature of employer or authorized p	person			_				
No	ote: Please clearly print the name and telephone number of the authorized person in case we need to call to verify information.								
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This Form Provided By:



Toll Free: 1-877-729-0504