FEDERAL YOUTH HIRES PROGRAM **Associated Group of Employers**

Complete this form if you meet all the following conditions:
• you employ youths aged 18 to 24 in 1999 or 2000;

- you indicated on your T4 Summary or T4F Summary that you are part of an associated group of employers; and
- you were associated with any other employer at any time during the year.

Your employer name	Your Bu	Your Business Number		
If you are part of an associated group of employers, the all employers in the group were a single employer. If you youth Hires Program or the employers' guide called Palist of associated employers and allocation of prereach employer has to attach a copy of this form to the	ou need more ayroll Deduction nium relief (If e T4 or T4F in	information, see the pa ons (Basic Information). you need more space, formation return when	use a separate sheet.)	
 If you filed your return electronically, send this form to Ottawa ON K1A 1A2. 	the Ottawa 1	echnology Centre, 875	Heron Road,	
Employer's name	Busi	ness Number	Allocation of the premium relief (%)	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
Certification I, , certify that the information given (authorized person)	on this form is,	to the best of my knowled	ge, correct and complete.	
Authorized person's signature	Date	Contact person and telephone number		

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