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*.

Par	t A – Employee information (please print)			_					
Last name		First name		Tax year	Social insurance number				
Home address			Business address						
Jol	o title and brief description of duties								
Par	t B – Conditions of employment								
1.	Did this employee's contract require him or her to pay Answer " yes " even if you provide an allowance or a re If no , the employee is not entitled to claim employme	eimbursement in	respect of some or all such	expenses.				No	
2.	Did you normally require this employee to travel to loc different locations of your places of business, during t If yes , what was the employee's area of travel (be spe	he course of perf	forming his or her employme	ent duties?		Yes		No	
3.	3. 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?								
4.	Indicate the period(s) of employment during the year: If there was a break in employment, specify dates:		Year Month [Day L to	Year		Day 		
5.	If yes, indicate: • the amount received as a fixed allowance, such as • the per km rate used	a flat monthly all e amount receive the employee's T	lowance\$ ed\$ '4 slip\$			Yes Yes Yes		No No	
	Was the employee responsible for any of the expense of the expenses of the exp	es incurred for the	Amount \$ \$		Type of			— —	
6.	If yes, indicate the amount and type of expenses that received upon proof of payment charged to the employer, such as credit card charge	were: \$ es\$	Amount	Type of expense		Yes Included or Yes Yes Yes	T4 sli	No P No No	
7.	Did you require this employee to pay other expenses If yes , indicate the type(s) of expenses:		-						



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?		No			
	If yes , is the commission income from this account included in box 14 of the T4 slip?	Yes	No			
_	District and a section of another section is big and a					
9.	Did this employee's contract of employment require him or her to: • rent an office away from your place of business?	Yes	No			
	employ a substitute or assistant?	Yes	No No			
	· ·	Yes	□ No			
	pay for supplies that the employee used directly in his or her work?	Yes	□ No			
	pay for the use of a cell phone?	Yes	H			
	Did you or will you reimburse this employee for any of these expenses?	res	No			
	If yes , indicate the type of expense and amount you did or will reimburse:		T4 - U			
		ncluded on	No			
	\$	Yes	□ No			
	\$	Yes	H			
	\$	Tes	No			
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?%					
	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:					
		ncluded on	T4 slip			
	\$	Yes	No			
	\$	Yes	No No			
	\$	Yes	No No			
11.	Did this employee work for you as a tradesperson?	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?	Yes	No No			
If yes , do all of the tools itemized on the list provided to you by the employee satisfy this condition?						
	Please sign and date the list.					
12.	Did this employee work for you as an apprentice mechanic?	Yes	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?	Yes	No			
	Did you require this apprentice mechanic, as a condition of employment, to purchase and provide tools that were used	Yes	☐ No			
	directly in his or her work?					
	you as an apprentice mechanic in the program described in this question?	Yes	No			
	Please sign and date the list.					
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			
Fm	ployer declaration					
_	proyer 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					
	ext.					
-	Date Telephone number Signature of employer or authorized p	person				
N/	ote : Please clearly print the name and telephone number of the authorized person in case we need to call to verify information.					