

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 the *Employment Expenses* guide (T4044), 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

Last name	First name	Tax year	Social insurance number				
Home address	Business address						
Job title and brief description of duties							
and the district description of duties							
Part B – Conditions of employment							
1. Did this employee's contract require the employee to pay his or her own expenses while carrying out the duties of employment? Yes No If no , the employee is not entitled to claim employment expenses, and you are not required to answer any of the other questions .							
Did you normally require this employee to work away from If yes, what was the employee's area of travel (be specific)	3	rent places?	<u> </u>				
Indicate the period(s) of employment during the year: fro If there was a break in employment, specify dates:	(Year) (Month)		(Year) (Month) (Day)				
4. Did this employee receive a motor vehicle allowance? If yes, indicate: • the amount received as a fixed allowance, such as a flat monthly allowance • the per 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							
 5. Did this employee receive a repayment of the expenses her If yes, indicate the amount and type of expenses that were received upon proof of payment charged to the employer, such as credit card charges included on the employee's T4 slip 			Yes No Type of expense				
Did you require this employee to pay other expenses for will lif yes, indicate the type(s) of expenses	hich the employee did not receive		ment? Yes No				
7. Did you pay this employee wholly or partly by commission	according to the volume of sales	made or contracts nego	tiated? 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?							
If yes, is the commission income from this account include	d in box 14 of the T4 slip?		Yes No				

8.			e hours from the municipality and metropolitan area ted for work?	Yes	No			
9.	Did you require this employ	ee under a contract of employment to:						
	pay for a substitute or aspay for supplies that the	ssistant?employee used directly in his or her work	?	Yes Yes Yes Yes Yes	No No No No			
	Did you or will you repay th	is employee for any of these expenses?		Yes	No			
	If yes, indicate the type of e	expense and amount you did or will repay	·					
10.	Did you require this employee under a contract of employment to use a portion of his or her home for work?							
	Did you or will you repay this employee for any of the expenses? If yes, indicate the type of expense and amount you did or will repay:							
11.		person, as a condition of employment, to p	ourchase and provide tools after	Yes	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.							
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?							
13.	13. Did you require this apprentice mechanic, as a condition of employment, to purchase and provide tools that were used directly in his or her work?							
	If yes, do all of the tools itemized on the list provided to you by the employee satisfy the condition described in 12?							
14.	14. Did this employee work for you as a forestry worker? Yes No				No			
	Did this employee, as a condition of employment, have to provide a power saw (including a chain saw or tree trimmer)?							
Employer declaration I 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 (print)							
		()						
	Date Telephone Signature of employer or authorized person							
	Note Please make sure that the name and telephone number of the authorized person is clearly printed in case we need to call to verify information.							