



DECLARATION OF CONDITIONS OF EMPLOYMENT

Protected B
when completed

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 print)

Last name	First name	Tax year 2016	Social insurance number
Home address		Business address P.O. Box 2000, Hamilton Ontario, L8N 3Z5	
Job title and brief description of duties Resident Physician			

Part B – Conditions of employment

1. Did this employee's contract require him or her to pay his or her own expenses while carrying out the duties of employment? 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 travel to locations that were not your place of business or between different locations of your places of business, during the course of performing his or her employment duties? Yes No
 If yes, what was the employee's area of travel (be specific)? _____

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? Yes No
 If yes, how frequently? _____

4. Indicate the period(s) of employment during the year: From

Year	Month	Day

 to

Year	Month	Day

 If there was a break in employment, specify dates: _____

5. Did this employee receive or was he or she entitled to receive a motor vehicle allowance? Yes No
 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
 Was the employee responsible for any of the expenses incurred for the company vehicle? Yes No
 If yes, indicate the amount and type of expenses:

	Amount	Type of expense
\$ _____		_____
\$ _____		_____
\$ _____		_____

6. Did you require this employee to pay for expenses for which he or she did or will receive a reimbursement? Yes No
 If yes, indicate the amount and type of expenses that were:

	Amount	Type of expense	Included on T4 slip
• received upon proof of payment \$ _____		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• charged to the employer, such as credit card charges \$ _____		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Did you require this employee to pay other expenses for which he or she did not receive any allowance or reimbursement? Yes No
 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? 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:

- rent an office away from your place of business? Yes No
- employ a substitute or assistant? 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 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	Included on T4 slip	
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

Amount	Type of expense	Included on T4 slip	
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$ _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

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? Yes No

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? 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.

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

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 number
_____ Signature of employer or authorized person	

Note: Please clearly print the name and telephone number of the authorized person in case we need to call to verify information.