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Canada Revenue
Agency

Agence du revenu du Canada

Declaration of Conditions of Employment

The employer must complete this form and give it to the employee for the employee to be able to deduct employment expenses from their income.

The **employee** does not have to file this form with their return, but must keep it in case the Canada Revenue Agency (CRA) asks to see it. For details about claiming employment expenses, see the following publications:

- Guide T4044, Employment Expenses
- Archived Interpretation Bulletin IT-352R2, Employee's Expenses, Including Work Space in Home Expenses
- Archived Interpretation Bulletin IT-522R, Vehicle, Travel and Sales Expenses of Employees

Part A -	· Employ	vee infor	mation
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Last name			First name				year 2023	
Em	ployer address						023	
Job	title and brief description of duties							
Paı	rt B – Conditions of employment							
1.	Did this employee's contract require them to pay their own expenses while carrying out the duties of employment? Answer yes even if you give an allowance or a reimbursement in respect of some or all such expenses.					Yes		No
	If no , the employee is not entitled to claim employment expendence questions.	ises, a	nd you are not re	quired to answer any of the other		•		
2.	Enter the period(s) of employment during the year:							
	Year Month Day From To							
	If there was a break in employment, specify the dates:							
3.	Did you pay this employee wholly or partly by commission according to the volume of sales made or contracts negotiated?					Yes		No
	If yes , enter the commissions paid \$		and the type	e 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
	$\underline{\text{If yes}},$ is the commission income from this account included in	in box	14 of the T4 slip?			Yes		No
4.	Did you require this employee to pay for expenses for which t	they di	d or will receive a	reimbursement?		Yes		No
	If yes , enter the amount and type of expenses that were: Amount Type of expense					Include T4 s		
	received upon proof of payment	\$				Yes		No
	 charged to the employer, such as credit card charges 	\$				Yes		No

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5.	Did this employee's contract of employment require them to:		ı		
	• rent an office away from your place of business?		Yes		No
	employ a substitute or an assistant?		Yes		No
	pay for supplies that the employee used directly in their 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, enter the type of expense and amount you did or will reimburse: Amount Type of expense				
	\$		Yes		No
	\$		Yes		No
	\$		Yes		No
6.	Did you require the employee to use a part of their home for work?		Yes		No
	Note: This does not have to be part of the employee's employment contract, and may be a written or verbal agreement between you and your employee.				
	If yes , about what percentage of the employee's duties of employment were performed at their home				
	Did you or will you reimburse this employee for any of their work-space-in-the-home expenses?		Yes		No
	If yes , enter the type of expense and amount you did or will reimburse:		Include T4 s		
	Amount Type of expense		Yes	p	No
	\$ \$	H	! 	H	
	\$		Yes Yes		No
	\$		res		No
lf	the employee only had home office expenses, skip to "Employer declaration" section.				
7.	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 their employment duties?		Yes		No
	If yes , what was the employee's area of travel (be specific)?				
8.	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 often?				
9.	Did this employee receive or were they entitled to receive a motor vehicle allowance?		Yes		No
	If yes, enter: ● the amount received as a fixed allowance, such as a flat monthly allowance \$				
	 the amount received as a fixed allowance, such as a flat monthly allowance the per kilometre (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	\sqcap	No
	If yes , enter the amount and type of expenses:		-		
	Amount Type of expense				

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10.	Did you require this employee t	o pay other expenses for which they did not re	eceive any allowance or reimbursement?	_ Yes	☐ No			
	If yes , enter the type(s) of expe	nses:						
11.	Did this employee work for you	·		Yes	No			
	If yes , did you require this emptheir work?	loyee, as a condition of employment, to buy a	ind provide tools that were used directly in	_ Yes	☐ No			
	If yes, do all of the tools on the	list given to you by the employee satisfy this of	condition?	Yes	No			
	Please sign and date the list.							
12.	Did this employee work for you	Yes	No					
	If yes , was this employee regis to a designation under those la	Yes	No					
	Did you require this apprentice directly in their work?	d you require this apprentice mechanic, as a condition of employment, to buy and provide tools that were used ectly in their work?			No			
	If yes , are all of the tools on the list given 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?							
	Please sign and date the list.							
13.	Did this employee work for you	n forestry operations?		Yes	☐ No			
	Did you require the employee, tree trimmer)?	Yes	No					
	nployer declaration							
	,	n this form is, to the best of my knowledge, co	·					
NO	ne: Enter the name and telepho	ne number of the authorized person in case t	ne CRA needs to call to verily information.					
Name of employer			Name and title of authorized pe	Name and title of authorized person				
		ext.						
	Date	Telephone number	Signature of employer or authorized	person *				
Th	e CRA will accept an electronic s	signature if it is applied in accordance with the	guidance specified by the CRA.					
Th	e employee has to complete this	section if the CRA asks the employee to send	I in this form.					
	Nan	ne of employee	Social insurance number	Date				
_		Home a	address					

See the privacy notice on your return.

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