



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 you require this employee under a contract of employment to:

- rent an office away from your place of business?  Yes  No
- pay for 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 repay this employee for any of these expenses?  Yes  No

If **yes**, indicate the type of expense and amount you did or will repay:

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 you require this employee under a contract of employment to use a portion of his or her home for work?  Yes  No

If **yes**, approximately what percentage of the workday would this employee work at their home office? \_\_\_\_\_

Was the home work space used exclusively to earn income from the office or employment and on a regular and continuous basis, for meeting clients or other persons in the ordinary course of performing the office or employment duties during the period to which the expenses relate?  Yes  No

Did you or will you repay this employee for any of the expenses?  Yes  No

If **yes**, indicate the type of expense and amount you did or will repay:

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 you require this tradesperson, 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 your 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 make sure that the name and telephone number of the authorized person are clearly printed in case we need to call to verify information.