General Employment Conditions

Any salaried employee or employee earning commissions who wishes to claim a deduction for employment expenses must have this form completed by the employer. This form and form TP-59-V, Employment Expenses of Salaried Employees and Employees Who Earn Commissions, must be enclosed with the employee’s income tax return.

Be sure to provide all the information requested.

Identification of the employee

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Social insurance number</th>
</tr>
</thead>
</table>

Identification of the employer

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Identification number</th>
<th>File T.Q</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Postal code</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Contact person</th>
<th>Area code</th>
<th>Telephone</th>
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</table>

Questions concerning the employment

1. Did the employee’s duties and employment contract require the employee to incur expenses to earn employment income? ....... ☐ Yes ☐ No

   If no, the employee cannot deduct employment expenses. Consequently, you do not need to complete or sign this form.

2. Employee’s period of employment: from [Y M D] to [Y M D]

3. Employee’s title or position: __________________________________________

Remuneration, allowance or reimbursement of expenses

4. Was the employee remunerated, in whole or in part, by commissions or similar amounts based on sales made or contracts negotiated? ................................................................. ☐ Yes ☐ No

   If yes, provide the following information:
   (a) Amount of remuneration received: $ __________
   (b) Type of property sold or contracts negotiated: __________________________________________

5. Did the employee receive a per-kilometre allowance? ......................................................... ☐ Yes ☐ No

   If yes, provide the following information:
   (a) Rate per kilometre: __________/km
   (b) Total number of kilometres travelled: _______ km
   (c) Total allowance: $ __________
   (d) Portion of that amount included in box A of the employee’s RL-1 slip: $ __________
   (e) If the allowance does not cover all the kilometres travelled for the employment, indicate the types of trips covered by the allowance: __________________________________________
6. Did the employee receive an allowance or a reimbursement for expenses? .......................................................... ☐ Yes ☐ No

If yes, enter the amounts received by the employee and the portion of these amounts included in box A of the employee’s RL-1 slip:

<table>
<thead>
<tr>
<th>Allowance</th>
<th>Reimbursement</th>
<th>Portion included in box A of the RL-1 slip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(a) Motor-vehicle expenses: $__________ $__________ $__________
(b) Travel expenses: $__________ $__________ $__________
(c) Other expenses. Specify: $__________ $__________ $__________

7. Was the employee entitled to be reimbursed for office rent, the salary or wages of an assistant or substitute, or supplies used directly in the performance of his or her duties? .......................................................... ☐ Yes ☐ No

If you paid such expenses, provide the following information:
(a) Type of expenses paid: ____________________________________________
(b) Amount of expenses paid: $__________
(c) Portion of this amount included in box A of the employee’s RL-1 slip: $__________

Motor-vehicle expenses and travel expenses

8. Was the employee required to perform some or all of his or her duties away from your place of business, or at various locations? .......................................................................................................................................................................................... ☐ Yes ☐ No

If yes, provide the following information:
(a) Percentage of work hours spent at your place of business: ________%
(b) Percentage of work hours spent at customers’ premises or on the road: ________%
(c) Percentage of work hours spent at the employee’s home: ________%

9. Did the employee’s duties require the employee to spend at least 12 consecutive hours away from the municipality or metropolitan area where your place of business (to which the employee ordinarily reported for work) is located? ......... ☐ Yes ☐ No

If yes, where was the employee required to perform his or her duties?

10. Was the employee required to supply a motor vehicle? .................................................................................................... ☐ Yes ☐ No

11. Under the employment contract, was the employee required to incur travel or motor-vehicle expenses? ...................... ☐ Yes ☐ No

If yes, provide particulars:

Cost of supplies, expenses related to an office in the home and other expenses

12. Under the employment contract, was the employee required to purchase supplies used directly in the performance of his or her duties? .......................................................... ☐ Yes ☐ No

If yes, provide particulars: ____________________________________________

13. Under the employment contract, was the employee required to pay salary or wages to an assistant or substitute? ............ ☐ Yes ☐ No

14. Did the employee have an office at your place of business? .......................................................................................................................... ☐ Yes ☐ No

15. Under the employment contract, was the employee required to maintain an office outside your place of business? ............ ☐ Yes ☐ No

If yes, and if the employee maintained the office in his or her home, check the appropriate box or boxes.
☐ The employee performed his or her duties primarily (more than 50%) at that office.
☐ The employee used that office exclusively to earn employment income, and to meet clients or other people on a regular and ongoing basis in the normal course of his or her duties.

16. Under the employment contract, was the employee required to incur other expenses not mentioned in this form? .......... ☐ Yes ☐ No

If yes, provide particulars: ____________________________________________

Expenses of a sharesman

17. If the employee is a sharesman or a sharesman’s helper, was he or she required under the employment contract to incur or share certain expenses? .......................................................... ☐ Yes ☐ No

If yes, provide particulars: ____________________________________________

Certification by the employer

I certify that all the information provided on this form is accurate and complete.

Signature of employer or authorized person __________________________ Title or position __________________________ Date ________________

[Signature of employer or authorized person]

[Title or position]

[Date]

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