

T3 TRUST INCOME TAX AND INFORMATION RETURN

Legislative references on this return refer to the *Income Tax Act* and *Income Tax Regulations*. All references to "the guide" on this return refer to Publication T4013, *T3 Trust Guide*.

▲ Step 1 – Identification and other required information

Residence of trust at the end of the tax year Specify country (if other than Canada)	
If Canada, enter the province or territory	
Name of trust	Trust account number T - -
Name of trustee, executor, liquidator, or administrator	Do not use this area
Mailing address of trustee, executor, liquidator, or administrator	Telephone number
	Postal code
Mailing address, if different than trustee (or name and mailing address of the contact person, if different)	Telephone number
	Postal code
Is the trust resident on designated Aboriginal settlement lands? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes , enter the name and settlement number.	
If the trust had business income in the year, enter the province(s) or territory(ies) where that income was earned.	
If the trust became or ceased to be a resident of Canada in the year , enter the date.	Became resident Year Month Day Ceased to be resident Year Month Day

<h3>Type of Trust</h3> <p>Testamentary</p> <p><input type="checkbox"/> Spousal or common-law partner</p> <p style="text-align: center;">Date of death Year Month Day</p> <p><input type="checkbox"/> Other</p> <p style="text-align: center;">Social insurance number of deceased</p> <p>Inter vivos</p> <p><input type="checkbox"/> Spousal or common-law partner</p> <p style="text-align: center;">Date trust was created Year Month Day</p> <p><input type="checkbox"/> Unit</p> <p><input type="checkbox"/> Mutual fund</p> <p><input type="checkbox"/> Communal organization</p> <p><input type="checkbox"/> Employee benefit plan</p> <p><input type="checkbox"/> SIFT (specified investment flow-through trust)</p> <p><input type="checkbox"/> TFSA (tax-free savings account)</p> <p>Insurance segregated fund:</p> <p><input type="checkbox"/> Fully or partially registered</p> <p><input type="checkbox"/> Non-registered</p> <p><input type="checkbox"/> Non-profit organization – Business Number:</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Joint spousal or common-law partner</p> <p><input type="checkbox"/> Alter ego</p> <p><input type="checkbox"/> Employee Life and Health</p> <p>Code number for other inter vivos, see the guide for details.</p> <p>Other inter vivos (specify)</p>	<h3>Return for tax year</h3> <p>from Year Month Day to Year Month Day</p> <p>Is this the first year of filing a T3 return? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If no, for what year was the last return filed? Year</p> <p>If yes, attach a copy of the trust document or will, and a list of assets at death (unless filed with the deceased's final T1 return). Attached <input type="checkbox"/> With T1 <input type="checkbox"/></p> <p>Is this an amended return? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Address on last return is same as above, or the following: Same <input type="checkbox"/></p> <p>Is this the final return of the trust? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, enter the trust wind-up date. Year Month Day</p> <p>Your language of correspondence: English <input type="checkbox"/> French <input type="checkbox"/></p>
<p>Deemed resident</p> <p>Is this a deemed resident trust? Yes <input type="checkbox"/></p> <p>If yes, please specify any other country in which it is also considered resident.</p>	

Other required information

- | | | |
|---|--------------------------|--------------------------|
| | No | Yes |
| 1. Is the trust one of a number of trusts created from contributions by the same individual?
If yes , complete Schedule 6, and attach a list of the names, addresses, and account numbers of the other trusts. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. For any trust (other than a unit trust), did the ownership of capital or income interests change since 1984?
If yes , enter the year, and, if during this tax year, attach a statement showing the changes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were the terms of the trust amended or varied since June 18, 1971?
If yes , enter the year, and, if during this tax year, attach copies of the documents effecting these changes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the trust continuously resided in Canada since it was established (or since June 18, 1971, if it was established before that date)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the trust receive any additional capital property by way of gift since June 18, 1971? (Do not include the original property settled on the trust.) If yes , enter the year, and, if during this tax year, attach a statement giving the details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the trust borrow money, or incur a debt, in a non-arm's length transaction since June 18, 1971?
If yes , state the year, and, if during this tax year, attach a statement showing the amount of the loan, the lender's name, and the lender's relationship to the beneficiaries. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the will, trust document, or court order require the payment to beneficiaries of trust income earned in the current year?
If yes , complete Schedule 9. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the trust receive, after December 17, 1999, any property as a transfer from a non-grandfathered, inter vivos trust, where the beneficial ownership of the property did not change as a result of the transfer?
If yes , enter the year, and, if during this tax year, attach a statement giving details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the trust distribute assets other than cash to a beneficiary during the tax year?
If yes , attach a statement giving a complete description of the property, the name and address of the beneficiary to whom the property was distributed, and the date the property was distributed. If the beneficiary is an individual, provide the beneficiary's social insurance number. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did the trust receive any additional property by way of a contribution of property (as defined in the "Definitions" of the guide) since June 22, 2000? If yes , enter the year, and, if during this tax year, attach a statement giving details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the trust qualify as a public trust or public investment trust that has to post information about the trust on the CDS Innovations Inc Web site under section 204.1 of the <i>Income Tax Regulations</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did the trust use the International Financial Reporting Standards when it prepared its financial statements? | <input type="checkbox"/> | <input type="checkbox"/> |

Step 2 – Calculating total income (see lines 01 to 20 in the guide)

Taxable capital gains (line 21 of Schedule 1)				01 •
▲ Pension income (report CPP/QPP death benefits on line 19 below)	+			02 •
▲ Total of actual amount of dividends from taxable Canadian corporations (line 3 of Schedule 8)	+			03 ■
Actual amount of dividends other than eligible dividends from taxable Canadian corporations (line 1 of Schedule 8)		3A		
▲ Foreign investment income (line 6 of Schedule 8)	+			04 •
▲ Other investment income (line 12 of Schedule 8)	+			05 •
Business income	Gross		96 • Net +	06 •
Farming income	Gross		97 • Net +	07 •
Fishing income	Gross		98 • Net +	08 •
Rental income	Gross		99 • Net +	09 •
NISA Fund 2			+	10 •
(includes _____ NISA Fund 2 payments received while the beneficiary spouse or common-law partner is, or was, alive, or received by a communal organization)			101 •	
▲ Deemed dispositions income or losses (line 42 of Form T1055)			+	11 •
▲ Other income (specify and attach any information slips received)				
_____	+			
_____	+			
_____	=			
▲ Add lines 01 to 19. This is the trust's total income .			+	19 •
			=	20

Step 3 – Calculating net income (see lines 21 to 50 in the guide)

		<u>Trust's total income</u> (line 20 of page 2)		20
▲	Carrying charges and interest expenses (line 17 of Schedule 8)			21 •
	Trustee fees (see lines 22 to 24 in the guide)	22 •		
	Trustee fees that do not relate to income or were deducted elsewhere on this return	-	23 •	
	Trustee fees deductible from income (line 22 minus line 23)	=	▶ +	24
	Allowable business investment losses		+	25 •
	Other deductions from total income (specify—see line 40 in the guide)			
		+		
		+		
		=	▶ +	40 •
▲	Add lines 21, 24, 25, and 40	=	▶ -	41
▲			=	42
	Taxable benefits (see lines 43 and 44 in the guide)			
	Upkeep, maintenance, and taxes of a property used or occupied by a beneficiary		43 •	
	Value of other benefits to a beneficiary	+	44 •	
	Total taxable benefits (line 43 plus line 44)	=	▶ +	45
▲	Income before allocations (line 42 plus line 45)		=	46
	Amounts paid or payable to beneficiaries		471 •	
	Less: Amounts claimed under subsections 104(13.1) and (13.2) (attach a statement)	-	472 •	
▲	Total deductible income allocations (line 471 minus line 472)	=	▶ -	47 •
	Income after allocations (line 46 minus line 47)		=	48
▲	Total gross-up amount of dividends retained or not designated by the trust (line 32 of Schedule 8)		+	49 •
▲	Line 48 plus line 49. This is the trust's net income .		=	50 •

Step 4 – Calculating taxable income (see lines 51 to 56 in the guide)

Deductions to arrive at taxable income				
	Non-capital losses of other years (see line 51 in the guide)			51 •
	Net capital losses of other years (see line 52 in the guide)	+		52 •
	Capital gains deduction for resident spousal or common-law partner trust only (line 10 of Schedule 5)	+		53 •
	Other deductions to arrive at taxable income (specify – see line 54 in the guide)			
		+		54 •
	Add lines 51 to 54	=	▶ -	55
▲	Line 50 minus line 55. This is the trust's taxable income .		=	56 •
	<p>If the amount is more than zero, enter the amount on line 56, and on line 1 of Schedule 11. If the amount is zero or negative, enter "0" on line 56. If minimum tax applies, enter the positive or negative result from line 56 on line 23 of Schedule 12.</p>			

