

# 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 Guide T4013, *T3 Trust Guide*.

Do not use this area.

## 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

Name of trustee, executor, liquidator, or administrator

Mailing address of trustee, executor, liquidator, or administrator

City Province or territory

Mailing address, if different than trustee (or name and mailing address of the contact person, if different)

City Province or territory

Is the trust resident on **designated** Aboriginal settlement lands? Yes  No  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

**Deemed resident:** (see the guide for detailed filing information)

Is this a deemed resident trust? Yes  No  If **yes**, please specify any other country in which it is also considered resident.

Your language of correspondence: English  French

**Type of trust**  
See the guide for details.

If the trust is a Testamentary Trust, complete this section.

Other testamentary trust (specify)

Date of death Year Month Day

Social Insurance Number of the deceased

If the trust is an Inter Vivos Trust, complete this section.

Other inter vivos trust (specify)

Date trust was created Year Month Day

Non-profit organization - Business Number, if any:

**Return for tax year**

From Year Month Day to Year Month Day

Is this the first year of filing a T3 return? Yes  No

If **no**, for what year was the last return filed? Year

If **yes**, attach a copy of the trust document or will, and a list of assets at death (unless filed with the T3 APP or the deceased's final T1 return).

Attached  With T3 APP  With T1

Is this an amended return? Yes  No

Is this the final return of the trust? Yes  No

If **yes**, enter the trust wind-up date. Year Month Day

**Reporting foreign income and property**

If the trust is resident in Canada, you have to report its income from all sources, both inside and outside Canada.

Did the trust hold specified foreign property at any time in the tax year with a total cost of more than CAN \$100,000? Yes  No

If **yes**, you may have to complete and attach Form T1135, *Foreign Income Verification Statement*. For filing requirements, see that form.

If the trust dealt with a non-resident trust or corporation in the year, contact us at **1-800-959-8281** for more filing requirements.

**Other required information**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. If the trust is a deemed resident trust, is the trust an "electing trust" as defined in section 94? If <b>yes</b> , in what year did the trust elect to have paragraph 94(3)(f) apply and attach a schedule of assets. (see the guide) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the will, trust document, or court order require the payment to beneficiaries of trust income earned in the current year? If <b>yes</b> , complete Schedule 9.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the trust distribute assets other than cash to a beneficiary during the tax year? If <b>yes</b> , attach a note 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"/> |
| 4. Was there a change to the beneficiaries of the trust? If <b>yes</b> , attach a note giving the names of the beneficiaries, social insurance numbers and the date of the change.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the lifetime beneficiary under the trust die in the year? If <b>yes</b> , provide the date of death (see the guide for details).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the trust borrow money, or incur a debt, in a non-arm's length transaction? If <b>yes</b> , state the year, and, if during this tax year, attach a note 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. For any trust (other than a unit trust) did the ownership of capital or income interests change since 1984? If <b>yes</b> , enter the year, and, if during this tax year, attach a note showing the changes. ....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the trust hold shares in a private corporation? If <b>yes</b> , attach a note giving details of the corporation, including, name, business number and the number of shares held. ....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 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 <b>yes</b> , enter the year, and, if during this tax year, attach a note giving details. ....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 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"/> |
| 11. Did the trust use the International Financial Reporting Standards when it prepared its financial statements? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was the trust subject to a loss restriction event during this tax year? If <b>yes</b> , provide the date of the event.....   | <input type="checkbox"/> | <input type="checkbox"/> |

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

|  |       |              |            |
|--|-------|--------------|------------|
| Taxable capital gains (line 23 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 <b>other than eligible</b> 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 + |
| Farming or fishing income  | Gross |              | 97 • Net + |
| Rental income  | Gross |              | 99 • Net + |
| AgriInvest Fund 2 payments (see line 10 in the guide)  | +     |              | 10 •       |
| (includes _____ AgrInvest Fund 2 payments received while the beneficiary spouse or common-law partner is, or was, alive, or received by a communal organization) |       | <b>101 •</b> |            |
| 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 <b>total income</b> .  | =     |              | 19 •       |
|  |       |              | 20         |

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

|  |   |                       |        |
|--|---|-----------------------|--------|
|  | <b>Trust's total income</b> (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 |
|  |   | Line 20 minus line 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 <b>before</b> allocations (line 42 plus line 45)  |   |                       | = 46   |
| Amounts paid or payable to beneficiaries   |   | 471 •                 |        |
| Less: Amounts designated under subsections 104(13.1) and (13.2) (attach a statement - see line 472 in the guide) | -   | 472 •                 |        |
| ▲ Total deductible income allocations (line 471 minus line 472)  | =   | ▶ -                   | 47 •   |
| Income <b>after</b> 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 <b>net income</b> .  |   |                       | = 50 • |

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

|   |   |   |        |
|---|---|---|--------|
| <b>Deductions to arrive at taxable income</b>                                     |   |   |        |
| 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 •   |
| 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 <b>taxable income</b> .                |   |   | = 56 • |

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.

**Tax:**

|  |   |      |      |
|--|---|------|------|
| ▲ Total federal tax payable (see line 81 in the guide)                                       |   | 81 ■ |      |
| ▲ Provincial or territorial tax payable (from the applicable provincial or territorial form) | + | 82 ■ |      |
| Part XII.2 tax payable (line 12 of Schedule 10)  | + | 83 ■ |      |
| Add lines 81 to 83. <b>Total taxes payable</b>   |   |      | 84 • |

**Credits:**

|   |   |      |    |
|---|---|------|----|
| ▲ Tax paid by instalments   |   | 85   |    |
| ▲ Total tax deducted (see lines C, D, and 86 in the guide)                      | C |      |    |
| Transfer to Quebec  | D |      |    |
| Net tax deducted (line C minus line D)  | = |      | ▶  |
| Refundable Quebec abatement (line 34 of Schedule 11, or line 56 of Schedule 12) | + | 86 • |    |
| Refundable investment tax credit [Form T2038(IND)]                              | + | 87 • |    |
| Capital gains refund (Form T184)  | + | 88 • |    |
| Part XII.2 tax credit (box 38 of T3 slip)                                       | + | 89 • |    |
| Other credits (specify)   | + | 90 • |    |
|   | + | 91 • |    |
| Add lines 85 to 91. <b>Total credits</b>  |   |      | ▶  |
| Line 84 minus line 93. <b>Refund or balance owing</b>                           |   |      | 93 |
| If the result is negative, you have a <b>refund</b> .                           |   |      | 94 |
| If the result is positive, you have a <b>balance owing</b> .                    |   |      |    |

Generally, we do not refund or charge a difference of \$2 or less.

Amount enclosed 95 •

**Payment: Attach a cheque or money order payable to the Receiver General. Do not mail cash.**

Refund code  100  
(see the guide for details)

**Refund: Complete the area below or complete Form T3-DD, Direct Deposit Request for T3.**

**Direct Deposit - Start or change**

**This area does not have to be completed every year.** Do not complete this area if the trust's direct deposit information has not changed.

To **start** direct deposit or to **change** information already provided to the Canada Revenue Agency (CRA), the legal representative must complete **Form T3-DD, Direct Deposit Request for T3**, or complete the banking information below. By signing and dating this form, you certify that you are the legal representative and that the information given on the form is correct and complete. You also **authorize** the CRA to deposit **any amounts payable** to the trust by the CRA in the trust's bank account provided, until otherwise notified by the legal representative. This authorization will replace all of the trust's previous direct deposit authorizations.

**Send a "void" cheque or a letter/form stamped by the financial institution showing that the account is in the name of the trust.**

|       |                  |       |                  |       |                           |
|-------|------------------|-------|------------------|-------|---------------------------|
| 350 • |                  | 351 • |                  | 352 • |                           |
|       | Branch No.       |       | Institution No.  |       | Bank account number       |
|       | (5-digit number) |       | (3-digit number) |       | (maximum 12-digit number) |

▲ **Name and address of person or company** (other than trustee, executor, liquidator, or administrator) **who prepared this return.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|  |             |                  |
|--|-------------|------------------|
|  | Postal code | Telephone number |
|  |             |                  |

**Certification** (by trustee, executor, liquidator, or administrator)

I, \_\_\_\_\_

(print)

certify that the information given on this return and in any documents attached is correct and complete, and fully discloses the income from all sources.

\_\_\_\_\_  
Authorized person's signature

\_\_\_\_\_  
Position or title

\_\_\_\_\_  
Date