



For Departmental Use

# TRUST INCOME TAX RETURN AND INFORMATION RETURN

## Identification

Name of Trust	Account Number T     -           -
Name of Trustee/Executor/Administrator	
Mailing Address of Trustee/Executor/Administrator	Telephone Number
	Postal Code
Residence of Trust at end of taxation year	
Province or Territory _____ Country _____	
Was the trust resident in Canada throughout the taxation year    Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Return for Taxation Year  
from   19     to   19   
Day    Month    Year                      Day    Month    Year

Did the fiscal period change since the last return was filed?  
No     Yes

Is this the first year of filing?  
No     Yes

If no, for what year was the last return filed?  
If yes, attach a copy of the trust document or will (unless it was filed with the deceased's T1 return)  
Attached     Year \_\_\_\_\_    With T1

Is this an amended return?    No     Yes

Address on last return is same as above or

Was the trust wound up?    No     Yes   
If yes, give date \_\_\_\_\_  
Day    Month    Year

Will you be requesting a clearance certificate after you receive a Notice of Assessment?    No     Yes

### Type of Trust

#### TESTAMENTARY

- Spousal
- Other

#### INTER VIVOS

- Spousal
- Unit
- Mutual Fund
- Communal Organization
- Employee Benefit Plan
- Insurance Segregated Fund
- Fully/Partially registered
- Non registered

Date of death

19   
Day    Month    Year

Social Insurance Number of Deceased

- Non-profit organization

Corporation account number, if applicable

- Employee trust

- Other inter vivos (specify) \_\_\_\_\_

Date trust created

19   
Day    Month    Year

- Is the trust one of a number of trusts created from contributions by the same individual?  
If yes, attach a list of names and addresses of the other trusts .....  No     Yes
- For any trust (other than a unit trust) did the ownership of capital or income interests change during this taxation year OR since 1984?  
If yes, state the year, and if during the taxation year, attach a statement showing the changes .....  No     Yes
- Were the terms of the trust amended or varied during this taxation year?  
If yes, attach copies of the documents effecting these changes .....  No     Yes
- Did the trust reside in Canada on June 18, 1971 and without interruption until the end of this taxation year? .....  No     Yes
- Did the trust receive any capital additions by way of gift since June 18, 1971?  
If yes, state the year and if during this taxation year, attach a statement giving details .....  No     Yes
- 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 taxation year, state the amount of the loan, the lender and relationship to beneficiaries .....  No     Yes
- Was the trust, at anytime, a spousal trust that reported a deemed realization on the death of the beneficiary spouse?  
If yes, state the date of death of the beneficiary spouse. ....  No     Yes
- Does the will, trust document, or court order require the payment of trust income to beneficiary(ies)? .....  No     Yes
- Did the trust designate, under subsection 104(13.1) or (13.2) any portion of a beneficiary's income to be retained in the trust? .....  No     Yes
- In which official language do you wish to receive correspondence? ..... English?     French?

**2**  
**Income and Deductions Before Allocations/Designations**

**Income** (see Guide, lines 01 to 19)

Taxable Capital Gains (from Trust Schedule 1, line 122)	_____		_____	01
Pension Income	_____		_____	02
Actual Amount of Dividends (from Trust Schedule 8, line 805)	_____		_____	03
Foreign Investment Income (from Trust Schedule 8, line 808)	_____		_____	04
Other Investment Income (from Trust Schedule 8, line 815)	_____		_____	05
Business Income (from Form 2124)	Gross _____		96 Net _____	06
Farming Income (from Form T2042)	Gross _____		97 Net _____	07
Fishing Income (from Form T2121)	Gross _____		98 Net _____	08
Real Estate Rental Income (from Form T776)	Gross _____		99 Net _____	09

Other Income (specify and attach any information slip received)

_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	19

**Total Income** (add lines 01 to 19) \_\_\_\_\_ **20**

**Deductions** (see Guide, lines 21 to 40)

Carrying Charges (Trust Schedule 8, line 820)	_____		_____	21
Total Trustee Fees (all trustee fees are income to the recipient)	_____		22	
Subtract: Trustee fees not applicable to income	_____		23	
Trustee Fees deductible from income (subtract line 23 from line 22)	_____		24	
Allowable Business Investment Loss	_____		_____	25

Other Deductions from Total Income (specify) (see Guide, line 40)

_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	40

**Total Deductions** (add lines 21, 24, 25 and 40) \_\_\_\_\_ **41**

**Income** (subtract line 41 from line 20) \_\_\_\_\_ **42**

**Add: Taxable Benefits Included on T3 Supplementaries** (see Guide, lines 43 and 44)

Upkeep, Maintenance and Taxes of any Property Used or Occupied by any Beneficiary	_____		_____	43
Value of other benefits to recipients	_____		_____	44
<b>Total Taxable Benefits</b> (add lines 43 and 44)	_____		_____	45

**Income Before** Allocations/Designations (add lines 42 and 45) \_\_\_\_\_ **46**

**Subtract:** Total Income Allocations/Designations to Beneficiaries (from Trust Schedule 9, Part B, line 928) \_\_\_\_\_ **47**

**Income After** Allocations/Designations (subtract line 47 from line 46) \_\_\_\_\_ **48**

Add: Gross-up amount of Dividends retained by the trust (Trust Schedule 8, line 824) \_\_\_\_\_ **49**

**NET INCOME OF TRUST** (add lines 48 and 49) (enter on page 4, line 50) \_\_\_\_\_ **50**

**Schedules and Other Information Required**

Complete the following questionnaire. Attach the completed schedule or statement, as indicated, providing full details. Failure to provide the proper information may delay the assessment of the return.

	No	Yes	If yes, complete Trust Schedule
1. Did the trust dispose of capital property during the year? (Report both the actual and deemed dispositions) .....	<input type="checkbox"/>	<input type="checkbox"/>	1
2. Is the trust claiming a capital gains reserve? .....	<input type="checkbox"/>	<input type="checkbox"/>	2
3. Is the trust designating capital gains to beneficiaries? .....	<input type="checkbox"/>	<input type="checkbox"/>	3 and 4
4. If this is a spouse trust, did the beneficiary spouse die during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>	5
5. Did the trust dispose of qualified farm property or qualified small business corporation shares and answer "yes" to question 3 above? .....	<input type="checkbox"/>	<input type="checkbox"/>	6
6. Is the trust designating pension income to beneficiaries? .....	<input type="checkbox"/>	<input type="checkbox"/>	7
7. Is the trust reporting investment income? .....	<input type="checkbox"/>	<input type="checkbox"/>	8
8. Is the trust claiming a Dividend Tax Credit? .....	<input type="checkbox"/>	<input type="checkbox"/>	8
9. Is the trust allocating/designating income to beneficiaries? If yes, also complete T3 Summary and T3 Supplementary .....	<input type="checkbox"/>	<input type="checkbox"/>	9
10. Is the trust making a preferred beneficiary election? If yes, it must be filed on time and in the manner prescribed by Regulation 2800. (See Guide, Preferred Beneficiary Election) .....	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the trust distributing income, or is income deemed payable, to non-resident beneficiaries? If yes, also complete NR4B Summary and NR4B Supplementary .....	<input type="checkbox"/>	<input type="checkbox"/>	10
12. Is the trust subject to Part XII.2 Tax? .....	<input type="checkbox"/>	<input type="checkbox"/>	10
13. Does the trust have taxable income (Trust return, page 4, line 56)? .....	<input type="checkbox"/>	<input type="checkbox"/>	11 or 12, and 13 or 14
(A trust may be liable for minimum tax even if no income is retained in the trust. Refer to Trust Schedule 12 for more details.)			
14. Did the trust distribute assets (other than cash) to beneficiaries during the taxation year? If yes, see Guide .....	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has the trust made a subsection 164(6) election? If yes, it must be filed with an amended T1 Return for the deceased .....	<input type="checkbox"/>	<input type="checkbox"/>	

**Calculation of Taxable Income of Trust**

Net Income of Trust (from page 2) ..... 50

**Deductions to Arrive at Taxable Income**

Non-Capital Losses of Other Years (see Guide, line 51) ..... 51  
 Net Capital Losses of Other Years (see Guide, line 52) ..... 52  
 Capital Gains Deduction for Resident Spouse Trust only (from Trust Schedule 5, line 525) ..... 53  
 Other Deductions to arrive at Taxable Income (specify) (see Guide, line 54) ..... 54

**Total Deductions** (Add lines 51 to 54) ..... 55

**TAXABLE INCOME OF TRUST** (subtract line 55 from line 50)  
 (if amount is 0, enter on Trust Schedule 12, line 1221 for minimum tax, or  
 if amount is greater than 0, enter amount on Trust Schedule 11, line 1101 or 1107) ..... 56

**Summary of Tax and Credits**

**TAX** Federal Tax Payable (Trust Schedule 11, line 1129 or Trust Schedule 12, line 1255) ..... 81  
 Provincial or Territorial Tax Payable (Trust Schedule 13 or 14) ..... 82  
 Part XII.2 Tax Payable (Trust Schedule 10, line 1008) ..... 83  
**Total Taxes Payable** (add lines 81 to 83) ..... 84

**CREDITS** Payments on Account of Tax or Tax paid by instalments ..... 85  
 Total Tax Deducted per Information Slips ..... 86  
 Refundable Quebec Abatement (Trust Schedule 11, line 1130 or Trust Schedule 12, line 1256) ..... 87  
 Refundable Investment Tax Credit (Form T2038(IND)) ..... 88  
 Capital gains refund Form T184 (mutual fund, trust, only) ..... 89  
 Part XII.2 Tax Credit (from T3 Supplementary, Box 38) ..... 90  
**Total Credits** (add lines 85 to 90) ..... 91

**Balance Owning or Refund** (Subtract line 91 from line 84) ..... 92  
 (a difference of less than two dollars is neither charged nor refunded)

Amount enclosed ..... 93

**Payment: Attach cheque or money order made payable to the Receiver General**

Name of Person or Company (other than Trustee/Executor/Administrator) who prepared this return.  Address in Full  _____ _____ _____ _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Postal Code</td> <td style="width:40%;">Telephone Number</td> </tr> <tr> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ - _ _ </td> </tr> </table> Privacy Act Personal Information Bank Number RCT/P-PU-015 The material on this form is condensed from the Income Tax Act and Regulations which contain the terms of the law on which the tax is determined.	Postal Code	Telephone Number	_ _ _ _	_ _ - _ _	<p style="text-align: center;"><b>CERTIFICATION</b></p> I, (print name) _____  HEREBY CERTIFY that the information given in this T3 Return and in any documents attached is true, correct, complete and fully discloses the income from all sources.  _____ Signature of authorized person  Date _____ 19 _____
Postal Code	Telephone Number				
_ _ _ _	_ _ - _ _				