



For Departmental Use

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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 _____		If the trust had business income in 1992, state province(s) or territory(ies) where that income was earned.	
Was the trust resident in Canada throughout the taxation year		Yes <input type="checkbox"/> No <input type="checkbox"/>	

TYPE OF TRUST

Testamentary

1. Spousal

2. Other

Date of death
____ 19 ____
Day Month Year

Social Insurance Number of Deceased

Inter vivos

3. Mutual Fund

4. Communal Organization

5. Employee Benefit Plan

6. Fully/Partially registered

7. Non registered

8. Non-profit organization

9. Employee trust

10. Other inter vivos (spec'fy)

Corporation account number, if applicable

Insurance Segregated Fund

Date trust created
____ 19 ____
Day Month Year

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 a T3 return?
No Yes

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

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

Is this an amended return?
No Yes

Address on last return is same as above or
Yes

Is this the final return of the trust?
No Yes

If yes, give the date trust wound up, or is planning to wind up.
____ 19 ____
Day Month Year

- | | | |
|--|-----------------------------------|----------------------------------|
| 1. 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 <input type="checkbox"/> | Yes <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, state the year, and if during this taxation 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, state the year, and if during this taxation year, attach copies of the documents effecting these changes | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the trust reside in Canada on June 18, 1971 and without interruption until the end of this taxation year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 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. | <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 taxation year, attach a statement showing the amount of the loan,
the lender and relationship to beneficiaries. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the will, trust document, or court order require the payment of trust income to beneficiary(ies)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In which official language do you wish to receive correspondence? | English? <input type="checkbox"/> | French? <input type="checkbox"/> |

Income and Deductions Before Allocations/Designations

Income (see Guide, lines 01 to 20)

Taxable Capital Gains (from Schedule 1, line 122) 01•
Pension Income 02•

Actual Amount of Dividends (from Schedule 8, line 805) 03•
Foreign Investment Income (from Schedule 8, line 808) 04•
Other Investment Income (from 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•

NISA Fund No. 2 10•
(includes _____ NISA Fund No. 2 payments received while beneficiary spouse is or was alive)
Deemed realizations (from form T1055, line 42) 11•

Other Income (specify and attach any information slip received)

_____ 19•

Total Income (add lines 01 to 19) 20•

Deductions (see Guide, lines 21 to 41)

Carrying Charges (from 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 to 45)

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

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

Subtract: Total Income Allocations/Designations to Beneficiaries (from 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 (from 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 Schedule
1. Did the trust dispose of capital property during the year? (Report both actual and deemed dispositions) (Use form T1055 to report deemed realizations from the 21-year rule.)	<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 spousal trust and the beneficiary spouse died during the year, is the trust claiming a capital gains deduction?	<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 or 4 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)? (A trust may be liable for minimum tax even if no income is retained in the trust. Refer to Schedule 12 for more details.)	<input type="checkbox"/>	<input type="checkbox"/>	11 or 12, and 13 or 14
14. Did the 21-year deemed realization rule apply to the trust in the year? If yes, which form are you filing? • Form T1055, Summary of Deemed Realizations, or • Form T1015, Election by a Trust to Defer the Deemed Realization Day.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Did the trust distribute assets (other than cash) to beneficiaries during the taxation year? If yes, see Guide "Distribution of property to beneficiaries".	<input type="checkbox"/>	<input type="checkbox"/>	
16. 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"/>	
17. Has the trust made a subsection 164(6.1) 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, line 50) 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 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 Schedule 12, line 1221 for minimum tax, or
 if amount is greater than 0, enter amount on Schedule 11, line 1101 or 1107) 56 •

Summary of Tax and Credits

TAX Federal Tax Payable (from Schedule 11, line 1129 or Schedule 12, line 1255) 81 •
 Provincial or Territorial Tax Payable (from Schedule 13 or 14) 82 •
 Part XII.2 Tax Payable (from 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 (from Schedule 11, line 1130 or Schedule 12, line 1256) 87 •
 Refundable Investment Tax Credit (Form T2038(IND)) 88 •
 Capital gains refund (from 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 Owing or Refund (Subtract line 91 from line 84)
 (a difference of less than two dollars is neither charged nor refunded) 92

Amount enclosed 93

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

Refund code 100

Name of Person or Company (other than Trustee/Executor/Administrator) who prepared this return.

Address in Full

Postal Code	Telephone Number
	()

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.

CERTIFICATION

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 _____