



For departmental use

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TRUST INCOME TAX AND INFORMATION RETURN

Step 1 - Identification

Name of trust		Account number T - -	
Name of trustee, executor, or administrator			
Mailing address of trustee, executor, or administrator			Telephone number ()
			Postal code
Residence of trust at end of taxation year Province or territory _____		If the trust had business income in 1994, 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"/> If no, country _____			

Type of trust	
Testamentary	Date of death 19 Year Month Day
1. <input type="checkbox"/> Spousal	Social insurance number of deceased
2. <input type="checkbox"/> Other	
Inter vivos	
1. <input type="checkbox"/> Spousal	8. <input type="checkbox"/> Non-profit organization
2. <input type="checkbox"/> Unit	Corporation account number, if it applies
3. <input type="checkbox"/> Mutual fund	9. <input type="checkbox"/> Employee trust
4. <input type="checkbox"/> Communal organization	10. <input type="checkbox"/> Other inter vivos (specify) _____
5. <input type="checkbox"/> Employee benefit plan	Date trust created 19 Year Month Day
Insurance segregated fund	
6. <input type="checkbox"/> Fully/Partially registered	
7. <input type="checkbox"/> Non-registered	

Return for taxation year	
from 19	to 19
Year Month Day	Year Month Day
Did the fiscal period change since the last return was filed? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Is this the first year of filing a T3 return? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If <i>no</i> , for what year was the last return filed? If <i>yes</i> , attach a copy of the trust document or will, and a list of assets at death (unless filed with the deceased's T1 return). Attached <input type="checkbox"/> Year _____ With T1 <input type="checkbox"/>	
Is this an amended return? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Address on last return is same as above or Yes <input type="checkbox"/>	
Is this the final return of the trust? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If <i>yes</i> , give the date the trust wound up, or is planning to wind up. 19 Year Month Day	

- | | | |
|---|--------------------------------|---------------------------------|
| 1. Is the trust one of a number of trusts created from contributions by the same individual?
If <i>yes</i> , attach a list of names, addresses and account numbers 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 <i>yes</i> , 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 <i>yes</i> , state the year, and if during this taxation 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 capital additions by way of a gift since June 18, 1971?
If <i>yes</i> , 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 <i>yes</i> , state the year, and if during this taxation year, attach a statement showing the amount of the loan, the lender's name, and the lender's relationship to beneficiaries. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the trust, in the previous taxation year, covered by an election to defer the deemed realization day (Form T1015)?
If <i>yes</i> , was at least one exempt beneficiary alive throughout this taxation year?
If <i>no</i> , state the date of death of last exempt beneficiary. | <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 want to receive correspondence? English <input type="checkbox"/> French <input type="checkbox"/> | | |

Step 2 Calculating total income

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 T2124)	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 •
Add lines 01 to 19 inclusive. This is the trust's total income .			▶ 20 •

Step 3 Calculating net income

Deductions from total income (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 •	
Trustee fees that do not apply 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 •
Add lines 21, 24, 25, and 40.			▶ 41
Subtract line 41 from line 20. This is the trust's income .			▶ 42

Adjustments and allocations or designations (see guide, lines 43 to 49)

Taxable benefits included on T3 Supplementary slips (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 or designations (add lines 42 and 45)			46
Total income allocations or designations to beneficiaries (from Schedule 9, Part A, line 928)			47 •
Income after allocations or designations (subtract line 47 from line 46)			48
Gross-up amount of dividends retained by the trust (from Schedule 8, line 824)			49 •
Add lines 48 and 49. This is the trust's net income . Please enter this amount at line 50 on page 4.			▶ 50 •

Please complete the following questionnaire. Attach the completed schedule or statement, as indicated, providing full details. If you do not provide the proper information, we may have to delay the assessment of the return (see the section in the guide called "Schedules and other information required".)

	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"/>	3, 4, and 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 or designating income to beneficiaries? If yes, also complete a 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	<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 (page 4, line 56)?	<input type="checkbox"/>	<input type="checkbox"/>	11 or 12, and 13 or 14
A trust may have to pay minimum tax even if no income is retained in the trust. See Schedule 12 for more details.			
14. Did the 21-year deemed realization rule apply to the trust in the year?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you filing:			
• Form T1055, <i>Summary of Deemed Realizations</i> ; or	<input type="checkbox"/>	<input type="checkbox"/>	
• Form T1015, <i>Election by a Trust to Defer the Deemed Realization Day?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Did the trust distribute assets other than cash to beneficiaries during the taxation year? If yes, attach a statement giving details.	<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"/>	
18. If this return is for a 1994 taxation year ending after February 21, 1994, did the trust:			
• own property at the end of February 22, 1994 which would have produced a capital gain if it had been disposed of, and	<input type="checkbox"/>	<input type="checkbox"/>	
• have a beneficiary on February 22, 1994 who is an individual resident in Canada at any time in the individual's taxation year in which the trust's taxation year that includes February 22, 1994 ends?	<input type="checkbox"/>	<input type="checkbox"/>	

Deductions from net income (see guide, lines 51 to 54)

Net income of trust (from line 50 on 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 Schedule 5, line 525) _____ 53 •
 Other deductions to arrive at taxable income (specify) (see guide, line 54) _____ 54 •

 Add lines 51 to 54 inclusive. _____ **▶** _____ 55

Subtract line 55 from line 50. This is the trust's **taxable income**.

(If the amount is greater than zero, enter the amount at line 56, and on Schedule 11 at line 1101 or 1107.

If the amount is zero or negative, enter zero at line 56, and enter the actual amount on Schedule 12 at line 1221 for minimum tax.) _____ **56•**

Step 5 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 •
 Add lines 81 to 83 inclusive. **Total taxes payable** _____ **▶** _____ 84•

Credits Payments on account of tax or tax paid by instalments _____ 85 •
 Total tax deducted as shown on 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 slip, box 38) _____ 90 •
 Refundable Northwest Territories tax credit _____ 91 •
 Add lines 85 to 91 inclusive. **Total credits** _____ **▶** _____ 93

Subtract line 93 from line 84. **Balance owing or refund** _____ 94
 We do not refund or charge a difference of less than \$2.

Amount enclosed _____ 95
Payment: Attach a cheque or money order, payable to the Receiver General. Do not mail cash.

Refund code 100

Name of person or company (other than trustee, executor, or administrator) who prepared this return. _____
 Address in full _____

Postal code	Telephone
_____	(_____) _____

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) _____
 CERTIFY that the information given in this T3 return and in any documents attached is, to the best of my knowledge, correct, complete, and fully discloses the income from all sources.

 Signature of trustee, executor, or administrator

Date _____ 19 _____