



Information Return for the Electronic Filing of a Trust Return

Tax year 2 0 1 3

- The information on this form relates to the tax year shown in the top right corner.
- Before you fill out this form, read the information and instructions on **page 2**.
- The contact identified in Part **A** (or the trust's legal representative) must sign Part **E**.
- In Part **A**, enter only the information of the trustee, executor, liquidator, administrator or custodian who is the primary contact for the Canada Revenue Agency (CRA). Do not enter information for any other contact persons.
- Your electronic filer must fill out Part **C** and Part **D** before submitting your return.
- Give the signed original of this form to your electronic filer and keep a copy for yourself.

Part A – Identification and address as shown on the trust's return (mandatory)					
Residence of trust at the end of the tax year. Specify country. If Canada, enter the province or territory.				Trust account number T - -	
Name of trust			Athlete's name (if Amateur Athlete Trust)		
Name of trustee, executor, liquidator, administrator or custodian					Telephone number
Mailing address		City	Province, Territory or State	Country	Postal or zip code

Part B – Declaration of amounts from the T3 Return (mandatory)	
Select the type of T3 return you are filing, and enter the required information.	
<input type="checkbox"/> T3 Trust Income Tax and Information Return	
Total income (line 20)	
Net income (line 50)	
Taxable income (line 56)	
Total taxes payable (line 84)	
Total credits (line 93)	
Balance owing or refund (line 94)	
<input type="checkbox"/> T3-RCA	
Total Part XI.3 tax payable or refundable in the year (line 646)	
Tax on advantages and prohibited investments (line 653)	
Balance owing or refund (line 663)	
<input type="checkbox"/> T3ATH-IND <input type="checkbox"/> T3D <input type="checkbox"/> T3GR <input type="checkbox"/> T3M <input type="checkbox"/> T3P <input type="checkbox"/> T3PRP <input type="checkbox"/> T3RI <input type="checkbox"/> T3S	
Total taxes payable (line 190)	
Balance owing or refund (line 090)	
<input type="checkbox"/> T1061	

Part C – Electronic filer identification (mandatory)	
By signing Part E below, I declare that the following person or firm is electronically filing the return of the trust named in Part A . Part E must be signed before the return is electronically transmitted.	
Name of person or firm: <u>FULCRUM GROUP CHARTERED PROFESSIONAL ACCOUNTANTS LTD.</u>	Electronic filer number: <u>R0175</u>
Representative Identifier (Rep ID): _____	

Part D – Document control number (mandatory)	
The document control number generated for my electronic record: _____	

Part E – Declaration and authorization (mandatory)	
I declare that the information entered in Parts A , B and C is correct and complete and fully discloses the trust's income from all sources. I also declare that I have read the information on page 2 of this form, and that the electronic filer identified in Part C is filing the trust's return. I allow this electronic filer to communicate with the CRA to correct any errors or omissions.	
_____ Signature (contact identified in Part A or the trust's legal representative)	_____ Name and title of contact identified in Part A or the trust's legal representative <div style="display: flex; justify-content: center; gap: 20px;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> <div style="display: flex; justify-content: center; gap: 20px;"> Year Month Day HH MM SS </div>



Dear Client,

This letter outlines the basis of understanding between the Primary Trustee of the Trust (the Trustee) and Fulcrum Group Chartered Professional Accountants (the Firm) and our involvement in the preparation and filing of the Trust’s tax return. It is the Trustee’s responsibility, under the Income Tax Act, to provide us with complete and accurate information. This applies to the written or printed records the Trustee provides, as well as any explanations given. Any schedules or documents included in the Trust’s return are prepared on a “Tax Purposes Only” basis. These are not intended for third party use (the Trust’s bank or lawyer, for instance).

The Firm will treat all information obtained from the Trustee while performing our services as confidential and it will not be used except in connection with the performance of our services. This restriction will not apply to any confidential information that the Firm is required by law or professional standards to disclose. Under this engagement, the Trustee authorizes the Firm personnel performing any income tax return preparation services to discuss or have available to them all information and materials that may affect the engagement.

Our fees are based upon an hourly rate for the time taken by the person preparing the return, as well as an administration fee that includes, any supplies required and the time taken to print, review, and efile the return. Either party, without notice, may terminate the arrangement.

Canada Revenue Agency selects tax returns to review or audit from time to time and the Trust’s return could be selected. In the event there is a reassessment, there could be additional tax owing plus interest and perhaps penalties for any particular year. There will also be additional fees for any services we perform in assisting with their audit. If there is an error found for which we must assume responsibility, our liability for damage is limited to the penalties incurred for the incident; however, the tax and interest on the transaction would be the Trustee’s responsibility.

Canada Revenue Agency has a subsection in the Income Tax Act for applying civil penalties to third parties for false statements or omissions that are made by the taxpayer. The minimum penalty is \$2,500 and the Trust hereby agrees to indemnify us should any penalty be imposed on us due to false statements or omissions.

If the Trust holds foreign investments totaling over \$100,000, the Trustee is required to file a T1135. Fulcrum Group will prepare this return based on the information the Trustee provides below.

By initialing below, the Trustee understands the risks and responsibilities associated with electronic communication and agrees to receive communications, documents, and the Trust’s tax return via the Trustee’s personal email account.

Please Read carefully, complete all appropriate areas

The Trust _____ have foreign investments over \$100,000 DOES NOT or DOES
_____ I authorize Fulcrum Group Chartered Professional Accountants to send electronic communications Yes or No
I understand and accept all terms of this engagement
_____ <div style="display: flex; justify-content: space-between;"> Primary Trustee’s Signature Today’s Date Print Primary Trustee’s Name </div>

Yours truly,

Fulcrum Group

Fulcrum Group
 Chartered Professional Accountants

Authorize a Representative for Offline Access

Representatives

For online access to your client's information, do **not** complete this form. Instead, go to canada.ca/cra-login-services and sign in to Represent a Client.

Individuals and business owners

If you are a Canadian individual or business, you can **view, add, or modify an authorized representative online** using our online services at canada.ca/cra-login-services.

Use this form to authorize a representative to communicate on your behalf with the Canada Revenue Agency (CRA) using only offline access (by phone, fax, mail, or in person) for several types of accounts. For more information, see **When to use this form** on page 3.

Step 1 – Account information

Use this section to identify all of the accounts you want the representative to access. Provide **both** the account number and name for each account.

SIN, TTN, or ITN First name Last name

Trust account number Trust name

Non-resident account number Non-resident account name

If you identified a non-resident account number and have an associated CRA identifier, please provide it here:

Other CRA identifier* Type of CRA identifier (SIN, TTN, ITN, trust account number, or business number)

* Note that providing your other CRA identifier will not provide authorization for that account.

Business number Business name

If you provided a business number, choose **one** of the following **business options**:

Option 1 – Give access to **all** my business number program accounts

Option 2 – Give access to **specific** business number program accounts

For a **list of supported program identifiers**, see page 3.

Program identifier (two letters)	All reference numbers	or	A specific reference number (four digits)
<input type="text"/>	<input type="checkbox"/>	or	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	or	<input type="text"/>

Step 2 – Representative information

Choose **one** of the following options and fill in the required information:

Option 1 – I am authorizing an **individual**

First name Last name Telephone number Extension

Option 2 – I am authorizing a **firm**

Firm name Telephone number Extension

FULCRUM GROUP CHARTERED PROFESSIONAL ACCOUNTANTS LTD. **780-532-4641**

Step 3 – Level of access

Choose **one** of the following levels:

Level 1 – Allow access **to information only**

We can disclose information about your account to your representative.

Level 2 – Allow access **to information and to make certain account changes**

We can disclose information about your account to your representative, and they can request to make certain changes on your account.

Step 4 – Authorization expiry date

If you want this authorization to expire, provide an expiry date.

Expiry date (YYYYMMDD): (optional)

Note: If there is no expiry date, the authorization will remain until you or someone with signing authority changes or cancels it.

Step 5 – Certification

You must have signing authority for the accounts identified in **Step 1**. We may contact you for more information.

Choose the appropriate option:

- I am the:**
- taxpayer
 - parent or legal guardian of a taxpayer under the age of 16
 - legal representative (such as the executor, power of attorney, or trustee)
 - owner (such as the sole proprietor, or a partner of a partnership)
 - officer of a non-profit organization
 - corporate director or corporate officer
 - individual with delegated authority for the business account

We will not process this form if your name does not match the one in our records. To avoid processing delays, verify that we have complete and valid information on file for you **before** signing this form.

First name

Last name

Telephone number

I certify that the information given on this form is correct and complete.

Signature: _____

Date (YYYYMMDD):

Once completed, **send this form to your tax centre** within **six months** of the date you signed it or we will not process it. For more information, see page 4.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 005, CRA PPU 015, CRA PPU 047, CRA PPU 063, CRA PPU 094, CRA PPU 140, CRA PPU 165, CRA PPU 178, CRA PPU 218, CRA PPU 223, CRA PPU 224, CRA PPU 231, CRA PPU 232, CRA PPU 233, CRA PPU 234 and CRA PPU 235 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.