

## Employee Summary for T4s

<b>Employee Info</b>	Name of employee (Last, First)			
	SIN			
	Birth date			
	Street			
	Unit/ Apt.			
	City			
	Province			
	Postal Code			
	# weeks worked in year			
<b>Salary/ Wages</b>	Gross Salary/Wages for the year			
	Employment commissions incl in gross			
	CPP Deduction			
	CPP2 Deduction			
	EI Deduction			
	Income Tax Deduction			
<b>Benefits</b>	RPP Contributions			
	RPP/DPSP Registration #			
	Union Dues			
	Charitable Donations			
	Group term life insurance			
	Municipal Officer's expense allowance			
	Flat Rate automobile allowance			

Personal use of employer's automobile	Personal kms			
	Total kms			
	Original vehicle cost incl HST if owned			
	Monthly lease Payment incl HST			
	Term of Lease			
	Downpayment, if leased			
	Manufacturer's suggested retail price, if leased			
Dental Benefits	Eligible to access dental insurance/coverage including health spending and wellness accounts:			
	Please circle <b>YES</b> or <b>No</b> .			
	If <b>YES</b> , please indicate who is covered using a checkmark below:			
	1. Employee only			
	2. Employee, spouse & dependent children			
	3. Employee & spouse			
Other Info	4. Employee & dependent children			