

Application for annual certificate regarding an employee

ORIGINAL TEXT IN FRENCH

This form has been translated for information purposes only.

1. General information on the corporation

Name of the corporation	Qualification certificate
	Number:

2. Identification of employee

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name	Last name	Social insurance number:	
			ⓘ To be completed only for a new employee or an employee who has changed their SIN.	
Home address				
City	Province	Postal code	Is this a new address?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of the place of work		City	Province	Postal code
			Québec	
Telephone (Office)		E-mail		
Ext.:				

3. Employee's start date

yyyy/mm/dd

4. Period covered by this application

From:	To:
_____	_____
yyyy/mm/dd	yyyy/mm/dd
ⓘ The period covered normally corresponds to the taxation year of the corporation. The period covered may be shorter than the taxation year of the IFC if, in the course of the year, the employee began employment or relinquished his duties.	

5. Employee's duties with the corporation

Name of position held	Number of hours worked per week
Duration of employment contract:	
<input type="checkbox"/> Indefinite duration <input type="checkbox"/> Fixed duration (Indicate the period): From <input type="text"/> yyyy/mm/dd To <input type="text"/> yyyy/mm/dd	
Name of employer as it appears on the employee's Relevé 1 slip	

6. Statistics

Employee's salary range	
<input type="checkbox"/> < \$25 000	<input type="checkbox"/> \$70 000 to \$84 999
<input type="checkbox"/> \$25 000 to \$39 999	<input type="checkbox"/> \$85 000 to \$99 999
<input type="checkbox"/> \$40 000 to \$49 999	<input type="checkbox"/> \$100 000 to \$124 999
<input type="checkbox"/> \$50 000 to \$59 999	<input type="checkbox"/> \$125 000 to \$149 999
<input type="checkbox"/> \$60 000 to \$69 999	<input type="checkbox"/> > \$150 000
Highest level of education attained by the employee	
<input type="checkbox"/> DES or DEP: Secondary school diploma or vocational training diploma <input type="checkbox"/> DCS: Diploma of Collegial Studies <input type="checkbox"/> Undergraduate degree: Bachelor's degree and certificate <input type="checkbox"/> Graduate degree: Master's degree and graduate diploma <input type="checkbox"/> Postgraduate degree: Doctorate	
Employee's certification (if applicable)	
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7. Detailed description of employee's duties with the corporation

Employee's duties directly attributable to the corporation's activities specified in its qualification certificate	Proportion of these duties relative to the employee's overall duties
Subtotal	%
<p>Employee's duties devoted to carrying out ineligible tasks</p> <p>① For example, administrative tasks include corporate management, human and material resources management, accounting and legal affairs; secretarial work, messenger services.</p>	
Subtotal	%
TOTAL	100%

If necessary, attach an annex to this form.

8. Declaration of the person responsible for the application

I, the undersigned, certify that to the best of my knowledge, all the information contained in this form is true and complete and that at least 75% of the duties of _____ are directly attributable to the transactional process specific

Name of the employee

to carrying out the activities stipulated in the qualification certificate of the corporation.

On request, I shall provide the Ministère des Finances, Revenu Québec, or their representatives, with any information concerning this certification application or any matter relating to the duties of the employee.

I understand that under the provisions of the law, the Minister may retroactively revoke the annual certificate where justified by information or documents brought to his attention.

Lastly, I undertake to advise the Ministère des Finances, in writing as soon as possible, of any change that may arise in the information provided.

Signature of the person responsible for the application

Date (yyyy/mm/dd)

Name (print)

Title