



Claim for Meals and Lodging Expenses

Use this form if you are an **employee of a transport business**, such as an airline, railway, bus or trucking company, or if you are an **other transport employee**, as defined in Chapter 4 of Guide T4044, Employment Expenses, including a long-haul truck driver.

You complete **Parts 1 and 2**, and your employer completes **Part 3**. For details, see Chapter 4 of Guide T4044.

If there is not enough space below, attach another sheet of paper. Keep receipts to support your claim in case we ask you for them.

You do not have to send this form with your return, but keep it in case we ask to see it later.

Part 1 – Employee information

| | | |
|-----------|------------|-------------------------|
| Last name | First name | Social insurance number |
|-----------|------------|-------------------------|

| | | | | | | |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|
| Period of employment during | Year | From: Year | Month | To: Year | Month | Method of calculation used |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Simplified <input type="checkbox"/> Detailed <input type="checkbox"/> Batching <input type="checkbox"/> |

Part 2A – Trip and expense summary not including eligible travel periods of long-haul truck drivers (attach a separate sheet if needed)

| Number of | | Average no. of hrs. per trip ¹ | Home terminal | Away from home terminal | Service classification ² | Meals bought | | Lodging and showers | |
|-----------|-------|---|---------------|-------------------------|-------------------------------------|--------------|-----------------------|---------------------|-----------------------|
| Days | Trips | | | | | No. | Cost Canadian dollars | No. | Cost Canadian dollars |
| | | | | | | \$ | | \$ | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Totals | | | | | | (i) | | (ii) | |

Part 2B – Trip and expense summary for eligible travel periods of long-haul truck drivers (attach a separate sheet if needed)

| Number of | | Average no. of hrs. per trip ¹ | Home terminal | Away from home terminal | Meals bought | | Lodging and showers | | |
|-----------|-------|---|---------------|-------------------------|--------------|-----------------------|---------------------|-----------------------|--|
| Days | Trips | | | | No. | Cost Canadian dollars | No. | Cost Canadian dollars | |
| | | | | | | \$ | | \$ | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Totals | | | | | | (iii) | | (iv) | |

1 Enter the average length of time you spent away from your employer's home terminal. The employer's **home terminal** is the employer's establishment where you report for work.

2 This applies only to claims that **railway employees** make. Enter your class of service (for example, engineer, maintenance worker, conductor, machine operator, maintenance-of-way employee).

| | | | | |
|--|-------------|-------|-------------|------------------------|
| Total amount you paid for meals from line (i) in Part 2A | 8523 | _____ | 1 | |
| Subtract any non-taxable amount you received or will receive for these expenses | - | _____ | 2 | |
| Subtotal (line 1 minus line 2). If negative, enter "0" | | | = | × 50% = _____ 3 |
| Total amount you paid for meals from line (iii) in Part 2B | 8528 | _____ | 4 | |
| Subtract any non-taxable amount you received or will receive for these expenses | - | _____ | 5 | |
| Subtotal (line 4 minus line 5). If negative, enter "0" | | | = | × 80% = _____ 6 |
| Total amount you paid for lodging from line (ii) in Part 2A | | _____ | 7 | |
| Total amount you paid for lodging from line (iv) in Part 2B | | + | 8 | |
| Subtotal (line 7 plus line 8) | | | = | 9 |
| Subtract any non-taxable amount you received or will receive for these expenses | - | _____ | 10 | |
| Subtotal (line 9 minus line 10). If negative, enter "0" | | | 9200 | = _____ 11 |
| Allowable claim: Add lines 3, 6, and 11. Enter this amount on line 22900 of your return | | | | ▶ + _____ 12 |

Certification by employee

I certify that the information provided in this form is a true statement of the actual expenses I paid while I was away from my home terminal during (Year)

Date _____

Signature _____

Part 3 – Employment information (to be completed by the employer)

1. Is your company's main business the transportation of:
 - goods _____ Yes No
 - passengers _____ Yes No

2. What is the name of the collective agreement that governs this employee's employment with your company? _____

3. Is the employee ever required for their job to be away for at least 12 **consecutive** hours from the municipality and metropolitan area (if there is one) where the employee regularly reports to work? Yes No

4. a) Is the employee a long-haul truck driver? Yes No
- b) If **yes**, is the employee ever required for their job to be away for at least 24 **consecutive** hours from the municipality or metropolitan area (if there is one) where the employee regularly reports to work, and to travel at least 160 kilometres from the employer's establishment to which the employee regularly reports to work? Yes No

5. Are subsidized meals available to this employee? Yes No
 If **yes**, what is the total cost to this employee? \$ _____

6. a) Is the employee entitled to receive an allowance or repayment for:
 - meals _____ Yes No Amount \$ _____
 - lodging _____ Yes No Amount \$ _____
- b) How much of the allowance or repayment did you report on this employee's T4 slip? \$ _____