

DIOCESE OF VICTORIA

T4A Remittance Form





PARISH OR SCHOOL.				
PERSONAL INFORMATION				
Full Legal Name:				
Surname:	First Name: M		iddle Name(s):	
Street Address:	City:	Prov/S	tate:	
Postal/ZIP Code:	Phone:	Business:		
Social Insurance No.:				
Immigration Status:				
Canadian Citizen	Country of (Citizenship if not Canadian:		
Permanent Resident				
Work/Study Permit				
PAYMENT / ACCOUNT INFO	RMATION			
Date:	НС	DNORARIUM AMOUNT:		
Withholding Tax Calculation	s:			
Canadian Citizen or Resident	of Canada (no tax withheld)			
Non-Resident-US Citizen or Re	esident of US (withhold 10% tax <= \$50	000 / 15% tax > \$5000)		
Non-Resident-Foreign Citizen	or Resident of a Foreign Country (with	nhold 15% tax)		
Non-Resident with CRA Exem	ption (tax waiver letter must be attach	ned; no tax withheld)		
	NET HONORARIUM PAYN	MENT (less above taxes):		
	TRAVEL REIMBURSEMEN	IT (not reported on T4A):		
		TOTAL PAYMENT:		
AUTHORIZATION AND APPR	ROVALS			
Date:	Prepared By:			
Date:	Authorized By:			

Please submit to payroll administrator prior to payment. T4A and withheld tax will be submitted from centralized payroll. Payment/cheque is to be issued by parish/school directly.