Application by a non-resident of Canada for a reduction in the amount of non-resident tax required to be witheld for tax year

for tax year



NEW – Effective January 2011, a non-resident will only be required to file one Form NR5 every five taxation years and the non-resident would retain their original reduction coverage throughout this five year approval period.

Section 1 – Information and terms of agreement

- As a non-resident, it may be beneficial for you to elect under section 217 of the Canadian *Income Tax Act* to pay tax at the same rate as residents of Canada on your Canadian-source pensions or other benefits described in Section 2 below. If you wish to elect under section 217, we will use the information you give on this application to determine if the election may benefit you. If we process your application and it indicates that an election under section 217 may be beneficial, we will authorize your Canadian payer(s) to reduce the amount of non-resident tax withheld from your benefits. Your reduction will be valid for **five years**.
- If we approve this application, you will have to file a Canadian income tax return within six months of the end of every taxation year covered under the five year approval period to benefit from the election under section 217. If you do not file your return within that time, you will have to pay the full amount of tax that your payer(s) should have withheld. We cannot process a return if it is filed late.
- If you are a resident of Algeria, Azerbaïjan, Brazil, Croatia, Cyprus, Ecuador, Greece, Ireland, Italy, New Zealand, the Philippines,
 Portugal, Romania, Senegal, Slovenia or Turkey and are applying only to receive a treaty exemption on qualifying income, you must
 complete all sections of this form and report all your Canadian-source benefits. Although you are not electing under section 217 and need
 not to file a Canadian income tax return, we also require information on your net world income. We will apply the treaty exemption on
 qualifying income.
- If you have questions about this application, contact the International Tax Services Office by writing to P.O. Box 9769, Station T, Ottawa ON K1G 3Y4, or by telephone, toll free, at **1-855-284-5946** (in Canada or the United States), or from elsewhere at **613-940-8499**. The fax number is 613-941-6905.

Section 2 – Types of Canadian benefits you have to report in Section 4 below

1. Canada Pension Plan (CPP) or Quebec Pension Plan
5. Death benefits

(QPP) benefits
6. Benefits under the Employment Insurance Act
2. Old Age Security (OAS) pension
7. Registered retirement savings plan (RRSP) payments*
3. Superannuation or pension benefits including registered 8. Registered retirement income fund (RRIF) payments pension plan (RPP) benefits* 4. Retiring allowance*

*Do not use this application for amounts 3, 4, or 7 that you are transferring to your RRSP or RPP.

Instead, use Form NRTA1, Authorization for Non-Resident Tax Exemption. For additional Canadian benefits, refer to guide T4145 – Electing Under Section 217 of the Income Tax Act.

Section 3 – Applicant identification (please print)

Address (street number and name) City Country Zip or postal code Telephone number Spouse's name	Your date of birth Y M D
City Country Zip or postal code Telephone number Spouse's name	
Telephone number Spouse's name	Y M D
Telephone number Spouse's name	
	Date of departure from Canada
	Y M D
	Spouse's SIN or ITN
*If you do not have a SIN or ITN, please complete Form T A Canada Revenue Agency Individual Tax Number (ITN) for Non-Resi	
Section 4 - Canadian benefits described in Section 2 above that you will receive in the ye	ar

Section 4 - Canadian benefits described in Section 2 above	e that you will receive in the year		
a) Social security benefits (in CAN\$)	Account number		E
CPP benefits (do not include death benefits) .		QPP benefits (do	\$
not include death benefits)			\$
CPP/QPP death benefits			\$
OAS benefits*			\$
*Do not report OAS Guaranteed Income Supplement in this sec	ction. Report it on line (b) of Section 5.		

b) Other Canadian benefits (in CAN\$) (please indicate any a				
payment (periodic or lump-sum payment) RRSP payr	ment \$			
RRIF payment (please give minimum amount)				
Other (please specify type)				
Payer's name	Policy plan number			
Payer's mailing address (street number and name)	City Province F			
	xiste en français.) Canada Protected B			
Section 5 – Net world income information (in CAN\$)* when completed	Section 6 – Non-refundable tax credit information			
a) Estimated other Canadian-source income (employment and business income, and taxable Canadian capital gains) for which you have to file a Canadian income tax return (including amounts that are exempt under the Canadian Income Tax Act or by virtue of a treaty between Canada and your country of residence). Please give details on a separate sheet, indicating type and amount of income and allowable deductions				
b) Estimated other Canadian-source income (e.g. interest, dividends	s, net rental, Guaranteed Income Supplement) \$			
c) Will you receive income from sources outside Canada? Yes No If yes, please indicate the estimated amount for the upcoming year: (e.g. interest, dividends, pensions, income from employment, social security, other)				
Total income from sources outside Canada	\$			
* If there are changes to your estimated world income for the year, ple than 30 days after these changes occur.	ase file an amended application no later			
Member of a recognized religious order: Will you be giving your total	aunorannustian pagaian and agreed income			
to the religious order and claiming a vow of perpetual poverty deduction				
1. If you are married or have a common-law spouse, are you supp	porting your spouse? Yes No			
A common-law spouse is a person with whom you live in a common-least 12 months, or with whom you live in a common-law relationship your child.				
2. Are you single, divorced, separated, or widowed, and supportin except for a relative who has a mental or physical disability*?				
If you claim a person here, you cannot claim that person again in que	estion 3 below.			
Do you support a disabled* dependent relative who, on December and who has a physical or mental infirmity?				
will you pay tuition fees for yourself or will you be a full-time student?	YesNo			
If yes , please give the following information:				
amount of your tuition fees, for courses you will take in the year, to	to attend a university or a college\$			
 number of months in the year that you will be enrolled full-time in university, college, or a school offering job retraining courses or of of Canada 				
amount of any scholarships, fellowships, or bursaries you will rec	eive in the tax year\$			
Do you have a prolonged disability*?	Yes			
* The disability must markedly restrict the activities of daily living and s				
least 12 consecutive months. If you make a claim for the disability tax will have to file a completed Form T2201, Disability Tax Credit Certifi	x credit or a claim for a disabled dependant, you			
Section 7 – Dependent information	oute, man your ourradian moome tax returns			
If you answered yes in questions 1, 2, or 3 of Section 6 above, please g	give the following information (attach a list if you need more space):			
Dependant's name				
Residential address				
Relationship to you	of disability, if any			
Estimated annual world income (CAN\$)				

Section 8 – Certification

I,, certify that the information given on this form is, to the best of my knowledge, corr with the terms outlined in Section 1, <i>Information and terms of agreement.</i>	ect and complete. I understand and agree
Non-resident's signature	Date
Note If you are signing for the applicant, you have to include a copy of the power of attorney docu	ment with this application.

Privacy Act, Personal Information Bank number CRA PPU 094