

Co-Operative Education Tax Credit (CETC) PROOF OF COMPLETED WORK PLACEMENT

Under the Co-op Education & Apprenticeship Tax Credit program
Section 10.1 of *The Income Tax Act (Manitoba)*



PART I: PRE-APPROVAL OF WORK PLACEMENT *To be completed by Program or Institution and forwarded to employer before placement begins.*

A: Certificate # of authorising Work Placement Permit	B: Serial # of Proof of Completed Work Placement: <i>To be assigned by Manitoba Finance</i>	Date of Issue of this pre-approval:

This certifies that the work placement detailed below

- is a qualifying work placement under CETC and under Section 10.1 of *The Income Tax Act (Manitoba)*;
- meets the conditions specified by the Minister on the Work Placement Permit identified in Box A above;
- when completed will result in a credit towards the degree, certificate, or diploma of the student identified hereunder.

Identify Institution and Program	
Name of Authorising Institution	
Name of the Co-operative Education Program	
Identify employer hosting work placement (“the Employer”)	
Employer Name	
Identify student in the work placement (“the Student”)	
Name	
Permanent Address	
Phone	e-mail
Address during the work placement (if different)	
Details of the planned work placement from the Program’s records	
Duration of work placement:	from _____ through _____ <small>(year/month/day) (year/month/day)</small>
Location(s) where work will be carried out during work placement: <i>(Note statutory requirement work must be performed primarily in Manitoba.)</i>	
Number of <i>previous</i> CETC-funded work placements completed by this student. <i>(Note statutory lifetime limit of 5 placements per student for CETC.)</i>	

PART II: TO BE COMPLETED BY EMPLOYER at end of work placement

Employer details and details of the work placement from the Employer's records	
E M P L O Y E R	Employer Name <i>(Registered corporate name or individual's name as used for income tax purposes)</i>
	Operating Name
	Check one: Employer Type: Incorporated <input type="checkbox"/> Complete (A) or Unincorporated <input type="checkbox"/> Complete (B)
	(A) Corporate Employer – Business # (9 digit) Year End Date Taxable Corporation <input type="checkbox"/> OR Exempt under Section 149 Income Tax Act <input type="checkbox"/> If exempt indicate category (e.g. municipal, crown, non-profit etc.):
	(B) Individual (unincorporated) Employer – Business #
	Mailing Address Postal Code
	Name of Contact <i>(tax or accounting department)</i> Position
	Contact's Phone Email
	Student Name SIN
	Duration of work placement from through (year/month/day)
Location(s) where work was carried out during work placement:	
Explain any discrepancy in duration or location compared to plan described above by Program:	
Amount of salary & wages paid to the student for this work placement only*	\$
LESS: amount of any other government assistance received or receivable e.g. funding through Career Focus *	\$
Net Eligible Salary & Wages:	\$
*Explain amounts included or excluded from remuneration above.	
Certification by Official of the Employer	
Signature of Authorized Signing Officer: I certify that I am an authorized signing officer of the above employer and that the information given in this declaration is, to the best of my knowledge, true, correct and complete. I also confirm that I will furnish upon request such additional information as may be required for the processing of this application and the administration of the Co-op Education & Apprenticeship Tax Credit program.	
Name _____	Position _____
Signature _____	Date _____

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PART III: TO BE COMPLETED BY STUDENT at end of work placement

I hereby certify that I am the student enrolled in the program described above, that I completed the work placement about which details are given above, and that the information given in the above statements about the work placement are, to the best of my knowledge, true, correct, and complete. I hereby authorize use and transmission of this information as required for administration of the Co-op Education & Apprenticeship Tax Credit program.
I have previously enrolled in a co-operative education program <i>other than</i> the one in which I am currently enrolled. No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give particulars: Institution _____ Year(s) _____ Program Name: _____
Signature _____ Date _____

It is an offence knowingly to make false statements under the Manitoba Income Tax Act. This information is being collected in accordance with section 10.1 of *The Income Tax Act (Manitoba)*. Pursuant to *The Freedom of Information and Protection of Privacy Act*, the information shall only be used and disclosed as necessary for the purpose of administering the Co-op Education & Apprenticeship Tax Credit program. If you have questions about this form, contact the official whose contact information is given below.

<p>Policy Analyst Council on Post-Secondary Education (COPSE) 410-330 Portage Avenue Winnipeg MB R3C 0C4 (204) 945-0746 - voice (204) 945-1841 - fax dsmith@copse.mb.ca www.copse.mb.ca</p>	<p>After Parts II & III have been completed and signed by the Employer and the Student, respectively, this form must be returned to the issuing co-op program or institution. A <i>Proof of Credit</i> will be issued to the Employer, which certificate must be filed with the income tax form for the tax year in which this co-op placement ended.</p>
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**PART IV: TO BE COMPLETED BY PROGRAM OR INSTITUTION
 after Parts I through III have been completed and signed**

Certification by Officials of Institution and Program	
<p>This certifies that all requirements by the Institution and by the Program for completion of the work placement have been fully satisfied and that as a result of the completion of this work placement, credit will be granted towards the degree, certificate, or diploma of the student identified above.</p>	
<p>Signature of Program Coordinator or other person responsible for monitoring work placements: I certify that I am an authorized signing officer of the above-named Co-op Education Program and that the information given in this declaration is, to the best of my knowledge, true, correct and complete. I also confirm that I will furnish upon request such additional information as may be deemed necessary to facilitate the processing of this application.</p>	
<p>_____ Name</p>	<p>_____ Position</p>
<p>_____ Signature</p>	<p>_____ Date</p>
<p>Signature of Program Director, Dean, or other official authorised to sign on behalf of the Institution. I certify that I am an authorized signing officer of the above-named Institution and that the information given in this declaration is, to the best of my knowledge, true, correct and complete.</p>	
<p>_____ Name</p>	<p>_____ Position</p>
<p>_____ Signature</p>	<p>_____ Date</p>

Institution returns completed form to:

Manitoba Tax Assistance Office
 809-386 Broadway
 Winnipeg, MB R3C 3R6
 Phone: (204) 948-2115 or
 1-800-782-0771 outside Winnipeg
 Fax: (204) 948-2263