

**Co-op Education and Apprenticeship Tax Credits**

in accordance with Section 10.1 of *The Income Tax Act*, Manitoba

**Co-op Graduates Hiring Incentive**

**Employer identification**

Employer Name: <i>(Registered corporate name or individual's name used for income tax purposes)</i>	
Operating Name:	
Business Number: <i>(9 digit number)</i>	Fiscal Year End: <i>(mmm/dd)</i>
Mailing Address: <i>(street, city, province, postal code)</i>	
Name of Contact: <i>(tax or accounting department)</i>	Contact's Position:
Contact's Phone:	E-mail:

**Graduate and employment information *(A copy of the Diploma must be attached to this application)***

Graduate Name <i>(last):</i>	<i>(first):</i>
Graduate Social Insurance Number:	
Co-operative Education Program Name:	Work Placement Permit Certificate #:
Date of graduation or course completion: <i>(yyyy/mm/dd)</i>	First Employment Period or Second Employment Period
Date employment period began: <i>(yyyy/mm/dd)</i> _____ Date employment period ended: <i>(yyyy/mm/dd)</i> _____	
<i>Please complete a separate application for each employment period.</i>	

Office use only *(Rev. Mar 2013)*

## Graduate and employment information (continued)

Was the work performed by the graduate primarily carried out in Manitoba? Yes or No If no, explain:
Were the job duties related to training received by the graduate? Yes or No If no, explain:

## Calculation of the Co-op Education and Apprenticeship Tax Credits

Gross salaries paid to the graduate for this employment period:	\$	(a)
<b>LESS:</b> Any other government assistance received or receivable in respect of the salaries paid to the apprentice for this employment period. Please explain:  I have applied for government assistance but have not received approval to date. <del>Yes</del> or <del>No</del> . If Yes, explain.	\$	(b)
Eligible salary: (a) minus (b)	\$	(c)
Co-op Education and Apprenticeship Tax Credits: Amount (c) x 5%: <span style="float: right;"><i>(maximum \$2,500)</i></span>	\$	(d)

## Certification by authorized representative of the employer

I certify that I am an authorized representative of the employer and that the information given on page 1 and 2 of 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 required to process this application and provide statistical data. I hereby authorize using and sharing this information as required to administer the Co-op Education and Apprenticeship Tax Credits program.

Name (*print*): \_\_\_\_\_ Position: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

Forward completed application to:

Manitoba Tax Assistance Office  
809-386 Broadway, Winnipeg, MB R3C 3R6  
Phone: 204-948-2115 in Winnipeg; or Toll-free 1-800-782-0771  
Fax: 204-948-2263

Upon approval of this application, the Manitoba Tax Assistance Office will provide a Proof of Credit Certificate for income tax purposes.