

Regulation 105 Waiver Application

Use this form if you are a non-resident self-employed individual or corporation and want to apply for a reduced amount of Regulation 105 withholding tax from amounts paid to you for services provided in Canada.

For more information about how to fill out this form, see "How to complete Form R105, Regulation 105 Waiver Application" at canada.ca/cra-rendering-services-canada.

Who can apply for the Regulation 105 waiver

If you are a non-resident person, including a self-employed individual, corporation, partnership, joint venture or hybrid entity (such as a limited liability company), you can apply to waive or reduce the amount of Regulation 105 withholding tax from amounts paid to you for services provided in Canada.

If your application is approved, the CRA will authorize the payer(s) to not withhold tax or to withhold it at a reduced rate. You (the non-resident applicant or your authorized representative) and the payer(s) will receive written information from the CRA about the result of the waiver application.

Types of Regulation 105 waivers

Two types of waivers exist to reduce the amount of Regulation 105 withholding tax a non-resident has to pay: a treaty-based waiver, or an income and expense waiver.

A treaty-based waiver is available to:

- persons resident in a country that Canada has a tax treaty with and who do not have a permanent establishment in Canada
- persons who are eligible for an exemption based on the specific provisions of a tax treaty

For more information on the eligibility for a treaty-based waiver, please visit <u>canada.ca/cra-rendering-services-canada</u> under the heading "Guidelines For Treaty Based Waivers involving Regulation 105 withholding".

An income and expense waiver is available to:

- · persons who are resident in a country that does not have a treaty with Canada
- persons who would otherwise be refused under the Regulation 105 treaty-based waiver guidelines.

The income and expense waiver process allows a non-resident person to claim their estimated expenses against their Canadian-sourced income. If the estimated tax payable is lower than the withholding normally required (15%) under Regulation 105, the non-resident person may benefit from the lower rate. To request an income and expense waiver, complete this form including **Appendix B**.

Persons in the film and TV industry

- Non-resident persons who carry out behind-the-scenes services that relate to the film and television industry should complete this form and must complete Appendix A.
- Do not use this form if you are a non-resident actor in a film or video production and would like less non-resident tax to be withheld on the income you earn in Canada. Instead, fill out Form T1287 for individuals, or Form T1288 for corporations.

How and where to apply

Complete this form and mail it, along with supporting documents, to the CRA International Waivers Centre of Expertise that services the area where you will provide your services. Our Centres of Expertise are listed at: <u>canada.ca/cra-rendering-services-canada</u>.

To make sure that there is enough time to process the waiver, make sure the Centre of Expertise gets this form by one of the following dates:

- 30 days before you start your services in Canada; or
- 30 days before you receive your first payment for those services.

Note

A waiver is not a final determination of a non-resident's tax liability to Canada. This is determined once the non-resident's Canadian income tax return has been assessed.



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Section I – Applicant identification

1. Canadian Individual tax number	r (ITN) *	Social insurance numbe	er (SIN)	Canadian busi	iness number (BN)	2. Date of Birth YYYYMMDD			
* Check this box if a T1261 Application for a Canada Revenue Agency Individual Tax Number (ITN) for Non-Residents has been sent to the Sudbury Tax Centre.									
3. Legal name of the applicant providing services in Canada									
4. Professional or operating name	4. Professional or operating name of the applicant, if different than the legal name noted above (if an unincorporated musical group, state the group's name)								
5. Mailing address									
	Address Line 1								
Address Line 2									
Address Line 3									
6. Country of permanent residence	Э					7. Telephone number			
8. Check the box that best describ	es the ty	pe of applicant who will	provide services in	Canada for the	current contract.				
Individual Indiv	idual arti	ist Individual at	nlete	ember of band	Unincorporated group	Partnership Corporation			
Joint venture Star	corporat	ion (including Limited lial	cility corporations)	Lim	nited liability corporation (L	LC's excluding star corporations)			
Other (specify)									
9. Check the box that best describ	es the ty	pe of industry the applic	ant will be providin	g services in Ca	anada for the current contr				
Mining, Oil, Gas Extraction	n [Offshore Oil/Gas	Cons	truction/Installa	tion Transportation	DN Professional, Scientific and Technical Services			
Business Professionals	[Entertainment		nd-the-scenes (Felevision Indus		duction Music			
Speaker/Lecturer	[Sport/Recreation	Educ	ation	Health	Emergency Services			
Other (specify)									
10. Check the box to show the bas	sis for a	reduction in the Regulation	on 105 withholding	tax from amou	nts paid to you for services	provided in Canada.			
Treaty-Based Waiver Gu	idelines	Income and E	xpense Waiver						
11. Complete the following chart if has elected to be taxed as a corpora separate page.						orid entity, such as an LLC, that art. If you need more space, attach			
Note: Partnerships or hybrid entiti partnership's worldwide income, s									
Names of individual group members, joint venture members, shareholders or partners.	indiv	cate their Canadian vidual tax number or dian social insurance number	Position	or title	Country of residence	Percentage of voting shares, allocation, income or profit/loss, whichever is applicable			

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Section II – Current Payer Information – Please provide the following information for each payer for which you have a written agreement or signed contract for the calendar year. Attach a separate page if you need more space.

Payer Information								
Name						Canadia	an business	number (BN)
Mailing address								
Address Line 1								
Address Line 2								
Address Line 3								
Contact person							Telephone	number
Arrival Date in Canada	Departure Date from Can	ada Days Out	side Canada	Contract A	mount	Loca	tion of Servio	ces (City/Province)
Year Month Day	Year Month Day	during se	rvice period	Amount	Currency			
	ees/amounts and the curre sales, overages or other a		it may receive	. For example, bonuse	s, sponsorship	/promot	ional income	e, residuals/participante
Amount	Currenc	y		Reason				
	nd the currency to be reimb accommodation, meals/pe		yer to the app	licant or to be paid by	the payer to a	third par	ty on the app	blicant's behalf. For
Amount	Currenc	y			Reimburseme	ents		
	contracts will the applicant or make-up, or other rente				e rented to ano	ther part	ty in Canada	(e.g., sound or
Yes	No							
13. For any of the above contracts will the applicant be paying any sub-contractors or employees for services in Canada?				the applicant previousl Canada this calendar		b) Was	a waiver app	blied for?
Yes	No		Y	es N	o		Yes	No No
	parate sheet with the legal of the employee or sub-co urrency.							

Dates of Previous Service – If the applicant has previously provided services in Canada in this calendar year or the previous three calendar years for which no waiver was applied for please complete the area below (attach a separate page if you need more space).							
From	То	Payer Name	Address	Contract Amount	Currency		
Year Month Day	Year Month Day						

Dates of Future Services – If the applicant has a written agreement to provide services in Canada later in the current calendar year or within the next three calendar years please complete the area below (attach a separate page if you need more space).							
From	То	Payer Name	Address	Contract Amount	Currency		
Year Month Day	Year Month Day						

Section III – Representative Information

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15. Complete this section to allow t as your representative for matters in	he Canada Revenue Agency (CRA) to deal with another person (such as your payer, pay related to this waiver.	roll company, accountant or agent)
Would you like all correspondence	related to this waiver application sent to your representative at the address below?	Yes No
	resentative to deal with the CRA for your other tax matters, please complete form AUT-0 can be found on our website at canada.ca/cra-forms.	1 Authorize a Representative for
Name of representative		
Mailing address		
Address Line 1		
Address Line 2		
Address Line 3		
Telephone number	Non-resident applicant's signature	Date YYYYMMDD
Section IV Declaration of		
	f country of residence and entitlement to tax treaty benefits	
16. Declaration of country of reside	nce and entitlement to tax treaty benefits.	
I certify that	(print legal name of individual or legal entity) is entitled to the be	enefits of the tax treaty between
Canada and their country of reside	nce for income tax purposes.	
I further state that if there are provi provision in the treaty and is eligible	sions in the treaty that limit the application of tax treaty benefits, the applicant or their inco e for tax treaty benefits.	ome meets the conditions of the
I certify that:		
 the information and supportir 	g documentation provided with this application is true and correct;	
 the applicant will provide the application; 	Canada Revenue Agency with documentation as may be necessary to substantiate the in	formation provided in the waiver
	ips or other entities that have elected to be taxed as a corporation on worldwide in a resident of the country of permanent residence referred to in question 6 and that they ry and Canada;	
	Canada Revenue Agency immediately of any changes to the information presented in the iver request being denied or revoked and the payer required to withhold accordingly; and	
	enue Agency providing a copy of the waiver approval/denial letter, which includes the Ind yer(s)/payroll company noted in this application.	ividual Tax Number or Social
If someone other than the waive	applicant completed this form, please provide their:	
Name		
Mailing address		
Address Line 1		
Address Line 2		
Address Line 3		
Telephone number	Signature of non-resident applicant or representative	Date YYYY MM DD

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APPENDIX A – Payer Information Film - Television Industry Only

If services are to be provided in the film or television industry, indicate in which of the following areas.								
Feature film	Movie of the week Television series Commercial							
Other (specify)								
Indicate the type of services th	e applicant will provide in Canada.							
Director	Assistant Director	Producer	Director of photogr	aphy Set	designer			
Artistic Director	Make-up/hair stylist	Make-up/hair stylist Costume designer Sound technician Lighting technician						
Electrical technician	Location manager	Camera operator	Photographer	Proc	duction accountant			
Other (specify)								
What is the Canadian allocated details as to how the allocation	d portion of the contracted amount for t was calculated.	ne services to be provide	d (if this figure differs from th	nat in Section II)? PI	ease provide			
Provide the following information make payments and withhold a	on about the payroll company (if different and remit tax on its behalf. The payroll of the tay of tay	ent from the payer). The company must have a BN	payroll company may be co N, under which it would remit	ntracted by the prod the tax withheld.	luction company to			
Name	Address	Canadian Business Number (BN)	Contact person	Telephone number	Fax number			
	on about the production company (if he production company must have a B							
Name	Address	Canadian Business Number (BN)	Contact person	Telephone number	Fax number			
Provide the following information multiple locations.	on about the production studio/locati	ons. This may be an act	ual production studio as well	as other locations.	There may be			
Name	Address	Canadian Business Number (BN)	Contact person	Telephone number	Fax number			
Provide the following information about the foreign parent company. (If different from the payer).								
Name	Address	Canadian Business Number (BN)	Contact person	Telephone number	Fax number			
		<u> </u>						
Does the applicant have a long	g-term service contract with the (Canad	ian) production company	or its foreign parent (e.g. m	ajor studio)?				
			- / · · · ·					

If yes, explain the nature of the service contract with this production company or its foreign parent.

APPENDIX A – Payer Information Film and Television Industry Only – continuation

Is the applicant's contract for this project related to any previous or future contracts in Canada with this production company or major studio?
Yes No
If yes, provide the waiver applicant's relationship to the projects for which services were or are to be provided.
Are the payer(s) and the applicant dealing at arm's-length with one another?
Yes No
Will the applicant be providing their services through a loan out corporation for their services in Canada?
Yes No

APPENDIX B – Income and Expense Worksheet					
		Amount	Currency		
Gross Revenue					
Fees for Services	\$				
Confirmed Overages	\$				
Other Amounts	\$				
Total Revenue	\$				
Expenses					
Professional Fees	\$				
Union Dues	\$				
Reasonable Accommodation	\$				
Meal Allowances	\$				
Travel costs by plane, bus or train	\$				
Travel costs by personally owned or rented vehicles	\$				
Equipment rental expenses (other than vehicles) Rented in Canada	\$				
Equipment rental expenses (other than vehicles) Rented outside Canada	\$				
Subcontractors (Canadian)	\$				
Subcontractors (Non-resident)	\$				
Employees (Canadian)	\$				
Employees (Non-resident)	\$				
Additional Expenses (Describe)	\$				
Additional Expenses (Describe)	\$				
Additional Expenses (Describe)	\$				
Total Expenses	\$				
Net Income	\$				

We collect your personal information under the authority of Subsection 153(1.1) of the Income Tax Act (ITA) and use it to process the application for a waiver of withholding taxes. Information may be shared with other federal government institutions in accordance with income tax legislation. The SIN is collected pursuant to section 237 of the ITA and is used for identification purposes.

Personal information is described in information bank number CRA-PPU 421 (Small and Medium Enterprises) and is protected under the <u>Privacy Act</u>. Individuals have a right of protection, access to and correction or notation of their personal information. Please be advised that you are entitled to complain to the Privacy Commissioner of Canada regarding our handling of your information.