

## Application for a Refund of Overdeducted CPP Contributions or El Premiums

For the year ending December 31,

If you are an employer who overdeducted Canada Pension Plan (CPP) contributions or employment insurance (EI) premiums for a worker for any of the reasons listed in Part A below, fill out and mail or fax this form to your National Verification and Collection Centre to apply for a refund. A separate form is required for each worker.

You can send us this application with your T4 information return, or send it later within the following time limits:

- for CPP contributions, no later than four years from the end of the year in which the overpayment occurred
- for EI premiums, no later than three years from the end of the year in which the overpayment occurred
- if an overdeduction results from a decision letter issued by the Canada Revenue Agency or by the court: a) the time limits described in the previous two bullets, or b) no later than **30 days** from the date the decision is communicated to you

**Do not fill out this form** if you have deducted and reported **more than the maximum** CPP contributions or EI premiums required for the year on only one T4 slip for the worker. We will reduce your share to the required maximum and notify you of any credit balances when we process your T4 information return. However, if you reported these overdeductions on more than one T4 slip for the worker, fill out Part A and Part B so we can calculate the amount of your overpayment.

Do not fill out this form if you have overdeducted CPP contributions or EI premiums within the current calendar year. Instead, reduce your current year remittances by the overdeduction.

If you are making an adjustment due to non-pensionable or non-insurable employment and you received a decision letter from the Canada Revenue Agency or a court decision, attach a copy with this completed form. After we receive your completed form and a copy of the letter or decision, we will send your refund.

To get an official decision from the Canada Revenue Agency about whether a person is engaged in pensionable or insurable employment, fill out Form CPT1, Request for a CPP/EI Ruling – Employee or Self-Employed?, or you can send a letter. To get this form, go to **canada.ca/cra-forms-publications** or call **1-800-959-5525**. If you are registered to My Business Account, you can ask for a ruling and send your documents electronically. For more information, go to **canada.ca/my-cra-business-account**.

Do not adjust the CPP contribution or EI premium amounts you report on your worker's T4 slips. We will credit a worker for excess CPP contributions or EI premiums when the worker files his or her income tax and benefit return.

For information on overdeducted Quebec Parental Insurance Plan premiums, visit Revenu Québec's website at revenuquebec.ca/en.

Tick a box below to show how you want this refund applied										
Refund       Transfer to current-year remittance account       Transfer to another CRA account No:										
dentification (please print)										
Employer's name (as shown on Form PD7A)	Payroll program account number									
Employer's mailing address: Apt. No – Street No. Street name, and City	Prov / Terr Postal code									
Worker's name (last name first)	Social insurance number									
Worker's mailing address: Apt. No – Street No. Street name, and City	Prov / Terr Postal code									
Part A – Tick the box(es) below that show the reason(s) for this application										
Canada Pension Plan (CPP)	Employment Insurance (EI)									
Worker under 18 or over 70 years of age       Date of birth         Worker is 65 to 70 years of age, receiving a         retirement pension from CPP or Quebec Pension         Plan (QPP) and has elected to stop contributing to         the CPP by filing Form CPT30 with the employer         Worker considered disabled under CPP or QPP         Date worker was considered to be disabled         Year         Month         Date worker was considered to be disabled	<ul> <li>Premiums on earnings paid to the worker were more than the maximum amount required for the year.</li> <li>Worker of a corporation controls of the voting shares of that corporation (see top of next page</li> <li>Worker was not engaged in insurable employment (for example, the person was self-employed or not dealing at arm's length with their employer.)</li> <li>Note: A ruling may be required.</li> </ul>									
Worker died during the year Date of death	Please explain (Attach a separate sheet if necessary):									
Worker was not engaged in pensionable employment (for example, the person was self-employed.) <b>Note:</b> A ruling may be required.										
Please explain (Attach a separate sheet if necessary):										
<ul> <li>Contributions on earnings paid to the worker were more than the maximum amount required for the year.</li> <li>Error in reading contribution tables</li> <li>CPP ruling</li> </ul>	Error in reading premium tables									



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## Protected B when completed

Part A (cont	inued) – If	you ticked the orporate share	e "Worker of a arrangement	corp . We	oration" I may require	oox, e ad	, attach an u Iditional doo	ıpd cun	ated copy of you nentation at a late	r share registe er date.	er or fill out the	following		
List the officer	s of the corp	oration and the	e distribution	of th	e voting sha	ares	s. (Attach a s	epa	arate sheet if nece	essary.)				
	Title (If a	Title (If an officer of the corporation)				Number of voting shares owned			Date of issue					
Have there bee shares?	n any transfei	rs of the voting		Yes		No			<b>es</b> , when and to w ach a separate sh			ed?		
Date			Transferred to						Transferred from					
Part B – Lis <sup>.</sup> You MUST fill d						you	ır overpaym	ent	-					
Pay Perio	d or Year		Canada P	Pensi	on Plan (CP	P)				Employment	Insurance (EI)			
From	То	Pensionable earnings	Pensionable earnings Worker CPP contribution deducted		Required CPP contribution		CPP overpayme	Insurable earnings		Worker El premium deducted	Required EI premium	EI overpayment		
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Certificatior	n - Must be	completed	by the em	ploy	ver or an a	aut	horized of	ffic	cer					
l,			, certify	that t	the information	on g	given on this	forr	n and in any attac	hed document	is correct and co	omplete.		
	Print nar	ne												
Date	Sign	nature of employer or authorized officer Position or office Telephone number												
Note: If the Certif	ication section h	nas not been sign	ed by the employ	/er or	an authorized	offic	er, the process	sing	of the form will be d	elayed.				
							. –		and related program					

Personal information is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at **canada.ca/cra-info-source**.