



Savanna Well Servicing Inc.
Suite 1000, 734 7 Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

MEMORANDUM

TO: All Well Servicing Employees

SUBJECT: **2026 TD4 Forms and Subsistence Payments**

Field employees in our Canadian Well Servicing division are required to fill out one **TD4 form** and a **TD4 Letter of Responsibility** form on an annual basis.

For any recalls or rehires within the year, it is the employee's responsibility to contact the payroll department to ensure that we have a form on file for 2026 year. Please note that new hires will be filling out the form as part of their new hire package.

The **TD4 Letter of Responsibility** is a document stating that the employee is responsible to notify Payroll if he/she is returning home daily from the rig location or if they no longer satisfy the conditions on the TD4 form. Please write your name, sign and date this document.

Employees who are not staying in a camp and do not meet the criteria above are to immediately notify Payroll. Failure to comply with the above policies could result in employees being audited and potential penalties and interest owed to CRA.

Rig Managers: Please mark the "TD4" boxes for each employee's time sheet in CRM. Enter "Yes" if the employee is in fact staying in a non-camp location and eligible for non-tax subsistence and a "No" if the employee is returning home daily.

Rig Managers: Please ensure copies of these forms and this email are made available to the employees on your rigs.

Please return the signed forms to the payroll office. If these forms are not returned your subsistence will be fully taxable.

Forms should be submitted to: Payroll and your Crew Coordinator

SWSCA-Payroll@savannawellservicing.com

Should you have any questions, please call Iryna Timofyeyeva at 403-218-8095 and leave a message. Your call will be returned within 2 working days.



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TD4 LETTER OF RESPONSIBILITY

Declaration of Exemption - Employment at a Special Work Site

I _____ (Enter Full Legal Name), employee of Savanna Well Servicing Inc. ("Savanna") acknowledge and accept responsibility to notify Savanna's Payroll team if the following conditions are **not** met:

- My principal place of residence is available for me to live in. I do not rent it to anyone.
- Because of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location.
- My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site.

Employees who do not meet the criteria above are to immediately notify Savanna's Payroll team through the contact below and will be taxed on non-camp subsistence.

Savanna Payroll E-mail: SWSCA-Payroll@savannawellservicing.com

Savanna Payroll Phone: 403-218-8095

You understand that failure to comply with the CRA legislation could result in penalties and interest.

Savanna has agreed that the following conditions are met:

- The duties the employees must perform at the special work site are temporary in nature and, by reason of distance, the employees are not expected to return daily to their principal places of residence.
- The board and lodging provided, or the allowance received by the employees have been for a period of at least 36 hours spent at the special work site (including the time the employees spend travelling between work and residence).
- The benefits or allowances for transportation given to the employees relate only to the period the employees receive the allowances, or their value for board and lodging.

Employee Acknowledgement and Signature:

By signing below, you acknowledge that you have read, understood, and accept the terms and conditions outlined in this document.

Employee Signature

Date Signed

Declaration of Exemption – Employment at a Special Work Site

Who can use this form

Use this form if you are an employee who works at a special work site. It will allow your employer to determine if the following benefits can be excluded from your income:

- An allowance provided by your employer for board and lodging at a special work site that is not more than a reasonable amount or the value of board and lodging provided by your employer at a special work site
- An allowance provided for transportation to and from your principal place of residence and a special work site that is not more than a reasonable amount or the value of transportation provided to and from your principal place of residence and a special work site

Your employer will exclude these benefits or allowances from your income if you meet all of the conditions below

You and your employer should fill out this form when you begin your employment at a special work site or if your employment situation at a special work site changes.

For more details, see archived Interpretation Bulletin IT-91R4, Employment at Special Work Sites or Remote Work Locations.

Employee information (please print)

Last name		First name and initial(s)		Social Insurance Number	
Address of your principal place of residence (self-contained domestic establishment)					Postal code
Number of kilometers between your principal place of residence and the special work site (one way)		Varied		Location where you live while you are employed at the special work site	
		km		Many Various Locations	

Employee's certification

I certify that I meet all of the following conditions:			
<ul style="list-style-type: none"> • I maintain a self-contained domestic establishment as my principal place of residence at the address above. • My principal place of residence is available for me to live in. I do not rent it to anyone. • I am not expected to commute between my principal place of residence and the special work site while I am working at that location because of the distance between them • My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site. 			
Year	Month	Day	Signature of employee

Employer information (please print)

Name of employer		Savanna Well Servicing Inc	
Address		Suite 1000, 734 - 7 Ave SW, Calgary, AB T2P 3P8	
Type of business	Oil & Gas Well Servicing	Account number (from Form PD7A, Remittance voucher)	
Name of proprietors or partners (if applicable)			
Exact location of the special work site (including the municipality)		The benefits or allowances below are available under:	
Many various well site locations - AB / SK / BC		<input type="checkbox"/> collective agreement <input checked="" type="checkbox"/> company policy	
Period of work at the special work site requiring the employee to be away from his or her principal place of residence for at least 36 hours.		Year Month Day Year Month Day From 2 0 2 5 1 2 2 1 to 2 0 2 6 1 2 1 9	

Employer details of benefits or allowances (give an estimate if you do not know the exact amount)

	Board	Lodging	Board and lodging	Transportation	Other
Amount paid to employee for:	\$	\$	\$	\$	\$
Value of free:	\$	\$	\$	\$	\$

Continued on next page

Employer's certification

<p>I certify that all of the following conditions are met:</p> <ul style="list-style-type: none"> • The duties of the employee at the special work site are temporary and the employee is not expected to return daily to their principal place of residence because of the distance between them • The board and lodging provided or the allowance received by the employee have been for a period of at least 36 hours spent at the special work site (including the time the employee spends travelling between the principal place of residence and the special work site) • The benefits or allowances for transportation given to the employee relate only to the period the employee also receives the value of board and lodging or allowances for board and lodging <p>After you fill out this form with your employee, keep it with your payroll records in case the Canada Revenue Agency asks to see it.</p>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%; text-align: center;">Year</th> <th style="width: 25%; text-align: center;">Month</th> <th style="width: 25%; text-align: center;">Day</th> <th style="width: 25%;"></th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Year	Month	Day						Signature of employer or authorized officer		
Year	Month	Day									

Note: Employers should contact their tax services office if they receive a Form TD4 with doubtful statements. Any person who knowingly completes or accepts a Form TD4 with false or deceptive statements commits an offence.

Personal information (including the SIN) 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.