



# Christ the Teacher

ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212  
45A Palliser Way, Yorkton, Saskatchewan, S3N 4C5  
Telephone: (306)783-8787 Fax: (306)783-4992

## Support –Casual and Full-Time Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Religion: \_\_\_\_\_ Cell: \_\_\_\_\_

Bilingual: ☐ English ☐ French ☐ Other \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any Training Cert? Yes ☐ No ☐ S.I.N.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ (DD-MM-YYYY)

Position Applying for: ☐ Educational Assist ☐ Clerical ☐ Caretaker

Area(s) of Specialization: \_\_\_\_\_

Communities Willing To work and Available to Sub: ☐ Yorkton ☐ Melville ☐ Theodore

Additional Information: \_\_\_\_\_

I am aware that my personal information (name, mailing address, telephone number, email address, and teacher's certificate number) will be provided to the Saskatchewan School Boards and Municipal Employees Pension Plan.

**A satisfactory Criminal Record Check (within the past 12 months) WITH VULNERABLE SECTOR will be required before hiring is confirmed.**

Attach a RESUME if available

### BANKING INFORMATION

**ATTACH A VOID PERSONAL CHEQUE or BANK ACCOUNT CONFIRMATION (from bank)**

*Hand written account numbers will no longer be accepted.*

*The personal information requested on this form is collected and used by HR and Payroll personnel. How this information is accessed, used, or disclosed is protected under the Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.*

### Electronic Pay Stubs

**Please attach the email address that you would prefer your paystubs to go to. It is the employee's responsibility to ensure a secure email.**

Email Address: (Please Print) \_\_\_\_\_

**NOTE:** Any changes to personal information from date of hire need to be sent to Division Office Attention: [payroll.department@ctcs.ca](mailto:payroll.department@ctcs.ca)  
Examples of Changes: Telephone, Address, Name changes, email addresses etc.

This will ensure that all communication from Division Office to Employee is forwarded to you in a timely manner. It is the employee's responsibility to keep all information sent to above email address secure. Banking information will be provided to Accounts Payable for reimbursements, etc.

### Check List of Required Information

|                                |                                                          |                           |                                                          |
|--------------------------------|----------------------------------------------------------|---------------------------|----------------------------------------------------------|
| Courses:                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Enrol. Forms (SSBA/MEPP): | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| TD 1's (federal & provincial): | Yes <input type="checkbox"/> No <input type="checkbox"/> | Criminal Record:          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Email Address:                 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Banking Information       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date:                          | _____                                                    | Signature:                | _____                                                    |

*The personal information requested on this form is collected for use by HR and Payroll personnel. How this information is accessed, used, or disclosed is protected under the Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.*



*Believe...  
Belong...  
Become*

## AFFIDAVIT RESPECTING CRIMINAL RECORD

I, \_\_\_\_\_, make oath and say:

- ☐ THAT I have never been convicted of, nor do I have any outstanding, charges under the *Criminal Code of Canada* or the *Controlled Drugs and Substances Act*, except for the following:

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- ☐ THAT I have received a Pardon for the following offence/offences:

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- ☐ THAT I make this Affidavit knowing it will be relied upon by Christ the Teacher Catholic School Division No. 212 regarding my Application for Employment, my Practicum, my Internship, or to Volunteer, until such time as Christ the Teacher Catholic School Division No. 212 has obtained the results of a search pursuant to the Criminal Records Act.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (DD-MM-YYYY)**

\_\_\_\_\_  
**Witness (Supervisor) Signature**

\_\_\_\_\_  
**Witness (Supervisor) Name Printed**

\_\_\_\_\_  
**Date (DD-MM-YYYY)**

**NOTE:** Providing false information could lead to immediate termination of employment and criminal charges.



Enrolment

SECTION 1: MEMBER INFORMATION - TO BE COMPLETED BY EMPLOYER (Please print)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                    |                                                                                                                                                                                                                                                                                 |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Current Employer                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | Employer Number                    | Name of Previous Employer                                                                                                                                                                                                                                                       |                      |
| Social Insurance Number                                                                                                                                                                                                                                                                                                                                                                                                                               | Last Name                                |                                    | First Name and Initial                                                                                                                                                                                                                                                          |                      |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | City/Town/Village                  | Province                                                                                                                                                                                                                                                                        | Postal Code          |
| Birthdate (day/month/year)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Home phone                         |                                                                                                                                                                                                                                                                                 |                      |
| Date of Employment (day/month/year)                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | Date of Enrolment (day/month/year) |                                                                                                                                                                                                                                                                                 |                      |
| If date of enrolment is more than 24 months past the date of employment, please provide an explanation below.                                                                                                                                                                                                                                                                                                                                         |                                          |                                    |                                                                                                                                                                                                                                                                                 |                      |
| Please place an X in the applicable box for each of the five following items of employee information:                                                                                                                                                                                                                                                                                                                                                 |                                          |                                    |                                                                                                                                                                                                                                                                                 |                      |
| This employee was hired as a:<br>permanent employee (enrolment is mandatory)<br>non-permanent employee (enrolment is optional until employee completes 700 hours in each of two consecutive years)<br>non-permanent employee and became a permanent employee on: _____                                                                                                                                                                                |                                          |                                    |                                                                                                                                                                                                                                                                                 |                      |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                | Member Type                              | Marital Status                     | Employment Type                                                                                                                                                                                                                                                                 |                      |
| Female                                                                                                                                                                                                                                                                                                                                                                                                                                                | General                                  | Single                             | Full-time 12                                                                                                                                                                                                                                                                    | Seasonal             |
| Male                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Designated Police Officer or Firefighter | Married                            | Full-time 10                                                                                                                                                                                                                                                                    | Casual               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | Common-law                         | Part-time 12                                                                                                                                                                                                                                                                    | Designated Full-time |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                    | Part-time 10                                                                                                                                                                                                                                                                    | Designated Part-time |
| Please enclose the following with the completed enrolment form: <ul style="list-style-type: none"><li>Certified copy(ies) of employee’s and spouse’s (if applicable) birth certificate, baptismal certificate, a valid Canadian passport or a valid Saskatchewan driver’s license;</li><li>Completed and signed original <i>Designation of Beneficiary</i> form;</li><li>Certified copy of employee’s marriage certificate (if applicable).</li></ul> |                                          |                                    | Office Use Only<br>Employee <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| I certify the above information to be correct.                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                    |                                                                                                                                                                                                                                                                                 |                      |
| Signature of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          | Date (day/month/year)              |                                                                                                                                                                                                                                                                                 |                      |
| Signature of Employee                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          | Date (day/month/year)              |                                                                                                                                                                                                                                                                                 |                      |

# EMPLOYEE BENEFIT PLAN ENROLLMENT FORM

School Division: **Christ the Teacher RCSSD #212**

SSBA Office Use  
Certificate #:

EMPLOYEE NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROV \_\_\_\_\_ PC \_\_\_\_\_ E-Mail Address \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ HIRE DATE \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

(DD-MM-YYYY) (DD-MM-YYYY) (DD-MM-YYYY)

## Check the applicable boxes:

- ☐ Melville: #437 (Vision applicable)  
☐ Yorkton: #438 (Vision not applicable)

ANNUAL SALARY \$ \_\_\_\_\_ GENDER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PAY TYPE: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_

STATUS: \_\_\_\_\_

## FAMILY INFORMATION

*This family information is necessary if you carry dependent life, health, vision or dental coverage with this plan.*

| NAME (First, Initial, Last) | RELATIONSHIP                | DATE OF BIRTH | GENDER      | EDUCATIONAL INSTITUTE                           |
|-----------------------------|-----------------------------|---------------|-------------|-------------------------------------------------|
|                             | Spouse / Dependent Children |               | (M/F/Other) | Dependent Students (ages 21 – 24 yrs inclusive) |
| _____                       | _____                       | _____         | _____       | _____                                           |
| _____                       | _____                       | _____         | _____       | _____                                           |
| _____                       | _____                       | _____         | _____       | _____                                           |
| _____                       | _____                       | _____         | _____       | _____                                           |
| _____                       | _____                       | _____         | _____       | _____                                           |

## BENEFICIARY INFORMATION

| BENEFICIARY DESIGNATION (Last, First, Initial) | RELATIONSHIP | PERCENTAGE |
|------------------------------------------------|--------------|------------|
| Primary: _____                                 | _____        | _____ %    |
| Primary: _____                                 | _____        | _____ %    |

**ALTERNATE BENEFICIARY DESIGNATION** (In the event that the primary beneficiary is deceased you may list alternate beneficiary/ies below)

Alternate: \_\_\_\_\_

**Note:** If there is not enough room to name your beneficiaries, please contact your plan administrator

**TRUSTEE / GUARDIAN** (If Beneficiary is under 18 years of age, please complete the TRUSTEE / GUARDIAN information below)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## COVERAGE INFORMATION

### Group Plan Benefits

| CORE BENEFITS                  | Plan Type | Coverage          |
|--------------------------------|-----------|-------------------|
| Life & Accidental Death & Dis. | B         | Employee          |
| Dependent Life                 | A         | Spouse/Dependents |
| Long Term Disability           | D         | Employee          |

  

| GROUP BENEFITS     | Select Family Unit (see note below) |
|--------------------|-------------------------------------|
| Vision/Health-Care | B Single Family Opt Out             |
| Dental Care        | C Single Family Opt Out             |

**Note:** Health, vision and dental coverage must be chosen based on your actual family status (single, couple or family). You may stack or co-ordinate your coverage with your spouse's group plan or another employer group plan. Opting out is only allowed if there is other "group" coverage. Complete the next section to co-ordinate or opt out >>> >>>>

### CO-ORDINATION OF BENEFITS

Spousal or other employer group plan information is required for processing of claims or for opting out of this plan.

**Note:** Do not record "private or individual" plan information.

#### Spousal Group Plan Coverage

Does your spouse have Health/Vision coverage under his/her own employer group plan?

☐ Yes ☐ No Effective Date \_\_\_\_\_

Does your spouse have Dental coverage under his/her own employer group plan?

☐ Yes ☐ No Effective Date \_\_\_\_\_

**Note:** To purchase Optional Life, Optional Accidental Death & Dismemberment or Optional Critical Illness, please contact your plan administrator for forms.

**Privacy Statement:** The Insurers and Saskatchewan School Boards Association are committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business. I hereby apply for insurance under the group policy issued to the Saskatchewan School Boards Association on behalf of the employing school division, subject to all the terms, conditions and provisions of said policy. I authorize the deduction from my pay of the required contribution, if any, toward the cost of the insurance. I have made my beneficiary designation and I reserve the right to change this designation at a later date.

SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

This certificate is valid only while the employee continues in good standing in accordance with the plan. Details of the benefits provided are set forth in the group insurance policy issued to the Saskatchewan School Boards Association, who will furnish information and claim advice upon receipt.



# *Christ the Teacher*

**ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212**

45A Palliser Way, Yorkton, Saskatchewan, S3N 4C5 Telephone: (306)783-8787 Fax: (306)783-4992

## **RE: Employee Benefits**

At Christ the Teacher School Division, we believe that the well-being of our employees is of the utmost importance. With the ever increasing health and dental costs, long term disability and life insurance, Christ the Teacher School Division offers a benefits package that will provide a safety net for everyday health and dental costs as well as the unexpected.

Once a support staff member has completed 3 months of service and meets the minimum hours for enrolment - it is then **mandatory** that the employee participate in the employee benefit package offered by the Saskatchewan School Board Association. Casual employees do not qualify for benefits.

The following is a brief summary of the plan:

- Mandatory participation is required for Group Life Insurance, Group Accidental Death and Dismemberment, Long Term Disability and Dependent Life Insurance. These are known as the core benefits.
- Mandatory participation is also required in the Extended Health Plan and Dental Plan if you cannot coordinate your benefits with your spouse.
- There is optional Life and Accidental Death and Dismemberment insurance that can be purchased, at group rates.

The School Division and employee cost share (50/50) the core benefits and the dental plan premiums. Please note that both the Long Term Disability and the Health Plan premiums are paid by the employee.

Sincerely,

Linda Pelletier  
Payroll Clerk

*Believe ... Belong ... Become*

# 2024 Saskatchewan Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

|           |  |                           |  |                                                          |  |                         |  |
|-----------|--|---------------------------|--|----------------------------------------------------------|--|-------------------------|--|
| Last name |  | First name and initial(s) |  | Date of birth (YYYY/MM/DD)                               |  | Employee number         |  |
| Address   |  | Postal code               |  | For non-residents only<br>Country of permanent residence |  | Social insurance number |  |
|           |  |                           |  |                                                          |  |                         |  |

**1. Basic personal amount** – Every person employed in Saskatchewan and every pensioner residing in Saskatchewan can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.

**2. Age amount** – If you will be 65 or older on December 31, 2024, and your net income from **all** sources will be \$41,933 or less, enter \$5,633. You may enter a partial amount if your net income for the year will be between \$41,933 and \$79,487. To calculate a partial amount, fill out the line 2 section of Form TD1SK-WS, Worksheet for the 2024 Saskatchewan Personal Tax Credits Return.

**3. Senior Supplementary amount** – If you are a resident of Saskatchewan who will be 65 or older on December 31, 2024, enter \$1,487.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old Age Security, or guaranteed income supplement payments), enter **whichever is less**: \$1000 or your estimated annual pension.

**5. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,894.

**6. Spouse or common-law partner amount** – Enter \$18,491 if you are supporting your spouse or common-law partner and **all** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be \$1,850 or less

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,850 and \$20,341. To calculate a partial amount, fill out the line 6 section of Form TD1SK-WS.

**7. Amount for an eligible dependant** – Enter \$18,491 if you are supporting an eligible dependant and **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant has a net income from all sources of \$1,850 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$1,850 and \$20,341. To calculate a partial amount, fill out the line 7 section of Form TD1SK-WS.

**8. Child amount** – Enter \$7,015 for each child you are supporting who will be under the age of 18 at any time during 2024. If you have a spouse or common-law partner, the parent with the lower net income must make the claim. You **cannot** claim the amount for a child you claimed on line 7 or a child claimed by anyone else as a dependant.

**9. Caregiver amount** – Enter \$10,894 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependent is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$18,605 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$18,605 and \$29,499. To calculate a partial amount, fill out the line 9 section of Form TD1SK-WS.

**10. Amount for infirm dependants age 18 or older** – Enter \$10,894 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$7,730 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$7,730 and \$18,624. To calculate a partial amount, fill out the line 10 section of Form TD1SK-WS. You **cannot** claim an amount for a dependant you claimed on line 9.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, senior supplementary amount, pension income amount, disability amount, or child amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.

Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

**Filling out Form TD1SK**

Fill out this form if you have taxable income in Saskatchewan and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1SK, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**

- ☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1SK for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1SK, check this box, enter "0" on line 13 and do not fill in lines 2 to 12.

**Total income is less than the total claim amount**

- ☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Then your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in 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 Information about Programs and Information Holdings at [canada.ca/cra-information-about-programs](https://canada.ca/cra-information-about-programs).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**



## 2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

|           |  |                           |  |                                                          |  |                         |  |
|-----------|--|---------------------------|--|----------------------------------------------------------|--|-------------------------|--|
| Last name |  | First name and initial(s) |  | Date of birth (YYYY/MM/DD)                               |  | Employee number         |  |
| Address   |  | Postal code               |  | For non-residents only<br>Country of permanent residence |  | Social insurance number |  |
|           |  |                           |  |                                                          |  |                         |  |

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** – If you will be 65 or older on December 31, 2024, and your net income for the year from **all** sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,041 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) **or** an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,321) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.  
Your employer or payer will use this amount to determine the amount of your tax deductions.

**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

**More than one employer or payer at the same time**

- ☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

- ☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

- ☐ Yes (Fill out the previous page.)
- ☐ No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to **canada.ca/taxes-northern-residents**.

\$

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to **canada.ca/cra-forms-publications** or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in 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 Information about Programs and Information Holdings at **canada.ca/cra-information-about-programs**.

**Certification**

I certify that the information given on this form is correct and complete.

Signature

Date

It is a serious offence to make a false return.