



CASUAL SUPPORT STAFF APPLICATIONS

Individuals who are interested in applying to work as a support staff casual, must submit a fully completed **Casual Support Staff Application** along with all required documentation.

The following is a description of the documents that must be submitted with the application package:

✦ RESUME AND COVER LETTER

Applicants must submit a detailed resume and cover letter indicating the position they are applying for, detailed previous related experience and/or educational training

- Educational Assistant – Casual
- Clerical – Casual
- Custodial/cleaning person - Casual

✦ CRIMINAL RECORD CHECK

Applicants must submit a copy of a Criminal Record Check (including vulnerable sector) which was completed within the last six (6) months. A Criminal Record Check can be requested at your local police or RCMP detachment.

✦ INTERVENTION RECORD CHECK

Applicants are requested to provide a copy of an Intervention Record Check which is current within the last six (6) months. Intervention Record Checks can be requested at your local children's services branch.

✦ NEW EMPLOYEE INFORMATION FORM

We require that a void cheque, photocopy of a cheque, or bank direct deposit pre-authorization form be attached.

✦ TD1 & TD1AB PERSONAL TAX CREDITS RETURNS

Required as per government regulations.

Forward completed application packages to:

St. Thomas Aquinas Roman Catholic Schools, 4906 – 50 Ave., Leduc, AB, T9E 6W9

Fax: 780.986.8620

Email: susan.baudin@starcatholic.ab.ca

Successful applicants will be notified of acceptance via mail or email. Your contact information will be forwarded to the schools selected on the application form.

A school representative will contact you directly for casual assignments.

It is critical that you contact our office when you have changes to your information, or if you wish to be removed from our casual support staff list at any time throughout the school year.

A renewal form will be sent out prior to each new school year. Should you wish to remain on the casual support staff list for the following school year, the renewal form is required to be completed and returned by the indicated date.



ST. THOMAS AQUINAS ROMAN CATHOLIC SCHOOLS CASUAL SUPPORT STAFF APPLICATION

Applications may be submitted via: Email: susan.baudin@starcatholic.ab.ca / Fax: 780.986.8620 / Mail: 4906 - 50 Avenue, Leduc, AB T9E 6W9

<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		CONTACT INFORMATION:	
Last Name:		Home Phone:	
First Name:		Cell Phone:	
Address:		Email Address:	
City/Town:			
Province:		Postal Code:	
Social Insurance No.: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
Date of Birth YYYYMMDD _____ / _____ / _____			
Canadian Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No If no please provide details _____			
Clerical: <input type="checkbox"/> Yes <input type="checkbox"/> No		Custodial: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Educational Assistant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHECK PREFERRED SCHOOLS		CHECK PREFERRED SCHOOLS	
GRADES		GRADES	
<input type="checkbox"/> École Notre Dame School (Leduc)	Pre-K - 6	<input type="checkbox"/> STAR Catholic Outreach School (Leduc)	10 - 12
<input type="checkbox"/> St. Benedict School (Leduc)	Pre-K - 6	<input type="checkbox"/> Father Lacombe School (Lacombe)	K - 9
<input type="checkbox"/> Christ The King Jr/Sr High School (Leduc)	9 - 12	<input type="checkbox"/> Holy Trinity Academy (Drayton Vallley)	9 - 12
<input type="checkbox"/> Sacred Heart School (Wetaskiwin)	K - 9	<input type="checkbox"/> Academie SAINT-ANDRÉ Academy (Beaumont)	K - 4
<input type="checkbox"/> St. Augustine School (Ponoka)	Pre-K - 12	<input type="checkbox"/> Father Leduc Catholic School (Leduc)	K - 8
<input type="checkbox"/> St. Anthony School (Drayton Valley)	Pre-K - 8	<input type="checkbox"/> École Mother d'Youville School (Beaumont)	5 - 9
I am Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialties:			
<p>Note: This information is being collected and used in accordance with Section 33(c), 34 (n) and 38 of the Freedom of Information and Protection of Privacy Act (1997). Information will be shared with school division employees who are responsible for contacting substitutes. Your personal information will be protected as per Part 2 of the Act. For further information concerning the information collected on the form, please contact the FOIP Coordinator for St. Thomas Aquinas Catholic Schools, 4906 50 Avenue Leduc, Alberta T9E 6W9, (780)986-2500, Toll Free: 1-800-583-0688.</p>			
APPLICANT SIGNATURE:		DATE:	
<p>IMPORTANT: In order for applicants to be considered as casual support staff within our division, this Substitute Support Staff Application Form MUST be fully completed and forwarded with the following documents listed below.</p>			
<input type="checkbox"/> Resume and Cover Letter	<input type="checkbox"/> Criminal Record Check (including vulnerable sector (conducted within the last 6 months)	<input type="checkbox"/> Intervention Record Check (conducted within the last 6 months)	<input type="checkbox"/> New Employee Information Form (See following form)
			<input type="checkbox"/> TD1 & TD1 AR Forms (See following forms)
<p>FOR INTERNAL USE ONLY: REFERENCE CHECK <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Approved: _____ Yes _____ No		Signature: _____ Date: _____	

SUPPORT STAFF APPLICATION FORM



SAINT THOMAS AQUINAS
ROMAN CATHOLIC SCHOOLS

Position applying for:

- Educational Assistant Receptionist Custodian
 Librarian Secretary Other

Personal Data

Surname	Given Name	Middle Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	City	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone Number	Cell Phone Number	E-mail		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Education / Training

Highest Grade Completed

Additional Education

Institution	Program	Diploma or Certificate	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been charged under the Criminal Code?

- Yes No

Do you have an Intervention Services Record in Alberta indicating that you might have caused a child to need intervention?

- Yes No
-

Please indicate if you are proficient with the following:

	English	French	Other Language
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any volunteer or other experience you have:

References

Please provide the names of two work-related references.

Name	Phone	Alternate Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization	Position	Relationship to Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone	Alternate Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization	Position	Relationship to Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Experience

List positions you have held beginning with the most recent position.

Position Title	Employer	Employment Dates: from __ to__
<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	Phone Number	May we approach this employer for a reference?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Reason for leaving	<input type="text"/>	

Position Title _____ Employer _____ Employment Dates: from ___ to ___

Supervisor _____ Phone Number _____ May we approach this employer for a reference?
_____ Yes No

Reason for leaving _____

Position Title _____ Employer _____ Employment Dates: from ___ to ___

Supervisor _____ Phone Number _____ May we approach this employer for a reference?
_____ Yes No

Reason for leaving _____

Declaration of Applicant

As indicated by my signature below, I declare the following:

The information given in this application is correct, without material omissions of any kind. I understand that failure to accurately and fully complete my application in its entirety may disqualify me from consideration for employment or may be cause for dismissal if information provided is found to be untrue or misleading.

I freely and voluntarily consent to having my application reviewed by participants involved in determining my suitability, eligibility, or qualifications for employment with STAR Catholic Schools.

I give STAR Catholic Schools permission to contact my listed references for the purpose of obtaining job related reference information including educational history, employment history, work performance and attendance records.

I authorize these people to disclose this information and this constitutes my consent to this release, including my consent pursuant to the *Freedom of Information and Protection of Privacy Act*.

I understand that confidential reference reports provided to STAR Catholic Schools in connection with my application for employment will not be made available to me.

Last Name (please print)

First Name (please print)

Signature

Date:

STAR Catholic Schools reserves the right to make a thorough investigation regarding any information pertaining to an applicant that it deems relevant to the position sought and will contact persons and organizations provided by an applicant for the purpose of obtaining job-related information including educational history, employment history, work performance and attendance records. Information gathered during a reference check will be used solely to determine suitability, eligibility, or qualifications for employment with STAR Catholic Schools. Reference checks will be completed in confidence and information gathered will be retained in confidence by STAR Catholic Schools.



ST. THOMAS AQUINAS ROMAN CATHOLIC SCHOOLS

NEW EMPLOYEE INFORMATION OR
 CHANGE OF EMPLOYEE INFORMATION

Please complete and forward to the Payroll Department as soon as possible.

Last Name: _____ First Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone No.: _____ Gender: Male Female

Social Insurance No.: - - Birth Date:
Y Y Y Y M M D D

Position Hired For: _____ FTE: _____

School Working At: _____ Start Date:
Y Y Y Y M M D D

TEACHERS ONLY

Teaching Certificate Number:
 Alberta Interim Professional Certificate Expiration Date: or Permanent
Y Y Y Y M M D D

Teaching Education: No. of Years Teaching Experience: No. of Years

*Teachers must provide copies of their Teacher Qualification Statement, Teacher Certificate and letters of experience for grid placement.

BANKING INFORMATION

Mailing Address: _____
(If different from address above)

City/Town: _____ Province: _____ Postal Code: _____

Please attach a photocopy or a voided cheque for the bank account and complete the following information.

Name of Bank for Cheque Deposit: _____

Address of Bank: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number of Bank: _____ Fax Number of Bank: _____

Bank No.: _____ (3 Digits) Bank Transit No.: _____ (5 Digits) Bank Account No: _____

Signature of Employee _____ Date _____

This information is collected and distributed in accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, Sections 33(c) and 38. Your personal information will be protected as per Part 2 of the Act.
For further information concerning the information collected on the form, please contact the FOIP Coordinator for St. Thomas Aquinas Catholic Schools, 4906 – 50 Avenue, Leduc, Alberta, T9E 6W9, Phone: (780)986-2500, Toll Free: 1-800-583-0688



2023 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 Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, 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 \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 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 \$2,499 for each infirm child born in 2006 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, 2023, and your net income for the year from all sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. 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 \$9,428.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,499 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 **both** 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 \$2,499 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 \$26,782 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,499 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 \$2,499 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 \$26,782 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 \$26,782 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 \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. 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 2023, 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 2023?

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 \$15,000. 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, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. 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 2023:

- \$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 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.

Certification

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

Signature _____

It is a serious offence to make a false return.

Date _____

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 Country of permanent residence	Social insurance number

<p>1. Basic personal amount – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2</p>	21,003
<p>2. Age amount – If you will be 65 or older on December 31, 2023, and your net income from all sources will be \$43,570 or less, enter \$5,853. You may enter a partial amount if your net income for the year will be between \$43,570 and \$82,590. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2023 Personal Tax Credits Return.</p>	
<p>3. 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: \$1,617 or your estimated annual pension.</p>	
<p>4. 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 \$16,201.</p>	
<p>5. Spouse or common-law partner amount – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if all of the following conditions apply:</p> <ul style="list-style-type: none"> • You are supporting your spouse or common-law partner • Your spouse or common-law partner lives with you • Your spouse's or common-law partner's net income for the year will be less than the amount on line 1 	
<p>6. Amount for an eligible dependant – Enter the difference between the amount on line 1 and your eligible dependant's estimated net income for the year if all of the following conditions apply:</p> <ul style="list-style-type: none"> • 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's net income for the year will be less than the amount on line 1 	
<p>7. Caregiver amount – Enter \$12,158 if you are taking care of a dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> • The dependant 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 \$19,331 or less for the year <p>You may enter a partial amount if the dependant's net income for the year will be between \$19,331 and \$31,489. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.</p>	
<p>8. Amount for infirm dependants age 18 or older – Enter \$12,158 if you are supporting an infirm dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> • 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 \$8,032 or less for the year <p>You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,032 and \$20,190. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You cannot claim an amount for a dependant you claimed on line 7.</p>	
<p>9. 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, or disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p>10. 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.</p>	
<p>11. TOTAL CLAIM AMOUNT – Add lines 1 to 10. Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

Filling out Form TD1AB

Fill out this form if you have income in Alberta 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 TD1AB, 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 TD1AB for 2023, 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 TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

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 11. 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 or call **1-800-959-5525**.

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.

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.