



Christ the Teacher

ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212

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

Teacher/Substitute Teacher Application

Name: _____

Address: _____

(Physical) (City) (Province)

Postal Code: _____ Telephone: _____

Religion: _____ Cell: _____

Bilingual: ___ English ___ French ___ Other _____ Email: _____

Are you superannuated? Yes ___ No ___ S.I.N.: _____

Do you receive Canada Pension Benefits? Yes ___ No ___ D.O.B.: _____

Do you have a Teaching Certificate? Yes ___ No ___ Month Day Year

Teaching Certificate No: _____ Type: ___ Class: ___ Teaching Experience in Years: _____ Months _____

Subject Preferred: _____ Grades Preferred: _____

Communities Willing 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 Teacher's Federation as required by Regulation 53.1

A satisfactory Criminal Record Check (within the past 12 months) WITH VULNERABLE SECTOR will be required before hiring is confirmed. Attach a photocopy of your SASKATCHEWAN TEACHING CERTIFICATE and SPTRB CERTIFICATE

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

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

Transcripts / Diploma's: ___ Yes ___ No Enrolment Forms (STF/GLI): ___ Yes ___ No

TD 1's (federal & provincial): ___ Yes ___ No Criminal Record: ___ Yes ___ No

Record of Experience: ___ Yes ___ No Teaching Cert: ___ Yes ___ No

Email Address: ___ Yes ___ No Banking Information ___ Yes ___ No

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:

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

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.*

Instructions: The Enrolment form must be completed and signed by your school board(s) each time you sign a contract of employment or the first occasion of substitute teaching in Saskatchewan. If you have a change in your personal information, contract status and/or dependant information, please complete a **Change of Information** form, which is available at www.stf.sk.ca.

Return completed form to:
Saskatchewan Teachers' Federation
2317 Arlington Avenue
Saskatoon SK S7J 2H8

Copy will be forwarded to the Saskatchewan Teachers' Superannuation Commission on your behalf.

To be Completed by School Division																	
Pension Plan Membership: <input type="checkbox"/> STRP <input type="checkbox"/> STSP <input type="checkbox"/> Retired <input type="checkbox"/> ATRP School Division Name <input style="width: 95%;" type="text" value="Christ the Teacher RCSSD No. 212"/> School Division Signature <input checked="" type="checkbox"/> <input style="width: 95%;" type="text"/> Date teacher meets plan eligibility requirements 20th Teaching Occurrence (DD MMM YYYY) <input style="width: 95%;" type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left; padding: 5px;">Contract Status – Check (✓) all that apply</th> <th style="width: 35%; text-align: center; padding: 5px;">Contract Commencement Date (DD MMM YYYY)</th> <th style="width: 50%; text-align: center; padding: 5px;">Contract End Date (DD MMM YYYY)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> Continuing</td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> <td style="padding: 5px; text-align: center;">Not applicable</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Temporary</td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Replacement</td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Substitute</td> <td style="padding: 5px; text-align: center;">Not applicable</td> <td style="padding: 5px; text-align: center;">Not applicable</td> </tr> </tbody> </table>		Contract Status – Check (✓) all that apply	Contract Commencement Date (DD MMM YYYY)	Contract End Date (DD MMM YYYY)	<input type="checkbox"/> Continuing	<input style="width: 95%;" type="text"/>	Not applicable	<input type="checkbox"/> Temporary	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Replacement	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Substitute	Not applicable	Not applicable
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<input type="checkbox"/> Substitute	Not applicable	Not applicable															

Member Information (Must have valid provincial health plan coverage.)			
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Initial <input style="width: 95%;" type="text"/>	Preferred Name <input style="width: 95%;" type="text"/>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD-MM-YYYY) <input style="width: 95%;" type="text"/>	Social Insurance Number <input style="width: 95%;" type="text"/>	Teacher's Certificate Number <input style="width: 95%;" type="text"/>
Home Mailing Address <input style="width: 95%;" type="text"/>		Preferred Non-Employer Email Address <input style="width: 95%;" type="text"/>	
City <input style="width: 95%;" type="text"/>	Province <input style="width: 95%;" type="text"/>	Postal Code <input style="width: 95%;" type="text"/>	Home Phone (<input style="width: 10%;" type="text"/>) <input style="width: 95%;" type="text"/>
School Name <input style="width: 95%;" type="text"/>		Mobile Phone (<input style="width: 10%;" type="text"/>) <input style="width: 95%;" type="text"/>	

Dependant Information (All eligible dependants must have valid provincial health plan coverage.)
To be completed by teachers on a continuing, temporary or replacement contract to enrol eligible dependants in the STF Members' Health Plan and the Teachers' Dental Plan.

Spouse Information			
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Date of Birth (DD MMM YYYY) <input style="width: 95%;" type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
If your spouse has an employer group plan indicate the coverage provided.			
Health: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None	Dental: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None		
Vision: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None	Drugs: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None		
If your spouse is a teacher, please provide member identification number			
<input style="width: 95%;" type="text" value="0 1"/>			

Children Information					
Last Name	First Name	Date of Birth (DD MMM YYYY)	Gender	Full-Time Student?*	Disabled Dependant?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If dependent child is age 21 or older, attach verification of full-time status at educational institution.

Member Authorization	
I confirm that the foregoing information is true, complete and accurate as of this date. I consent to the Saskatchewan Teachers' Federation ("STF") obtaining, retaining, disclosing, exchanging and using any personal information, including personal health information, about me or my dependants ("Personal Information"), in accordance with the STF's Privacy Notice and policies, at any time, from, to or with others, including the STF's affiliates, service suppliers, successors, assigns and other persons, but only for the purpose of furthering or maintaining a current or future relationship between us or between the STF and such person, or as may be necessary to determine my or my dependants' entitlement to health, dental, disability, pension and group insurance benefits or any similar service supplied to me or my dependants by the STF, its affiliates or service suppliers. I agree that my consent to the foregoing is a fundamental condition of the STF providing certain services to me and my dependants and that, if such consent is revoked or withdrawn, the STF will no longer be able to provide those services to me and my dependants. I agree to immediately notify the STF in writing of any change to the above-listed Personal Information.	
Member Signature <input checked="" type="checkbox"/> <input style="width: 95%;" type="text"/>	Date Signed: (DD-MMM-YYYY) <input style="width: 95%;" type="text"/>

Consent required on the reverse >

Consent For Data Analysis and Research For Teachers

I understand that the STF will obtain, retain, disclose, exchange and use Personal Information for the purposes of statistical analysis and research, formally referred to as Data Analysis and Research for Teachers ("DART"). I understand and agree that any Personal Information will be de-identified and aggregated with the personal information of others for use in connection with DART to ensure the protection of the privacy of me and my dependants. I understand that providing my consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with DART is optional, but if I choose not to provide this consent, this will negatively impact the accuracy, reliability and quality of the STF's statistical analysis and research. Please check one of the following:

- I consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with DART in accordance with the STF's Privacy Notice and policies.
- I do not consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with DART.

The information you provide to us will be used to provide services to you and to determine your entitlement for health, dental, disability, pension and group insurance benefits. Please direct your inquiries as follows:

Dental

- **Saskatchewan Teachers' Superannuation Commission**
Toll free 1-877-364-8202 or 306-787-8814 in Regina

Disability

- **Teachers' Long-Term Disability Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon
- **Saskatchewan Teachers' Disability Benefits Plan**
Teachers' Superannuation Commission
Toll free 1-877-364-8202 or 306-787-6440 in Regina

Health

- **STF Members' Health Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon

Pension

- **Saskatchewan Teachers' Retirement Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon
- **Saskatchewan Teachers' Superannuation Plan**
Teachers' Superannuation Commission
Toll free 1-877-364-8202 or 306-787-6440 in Regina

Dependant Information for the Health Plan

For purposes of the health plan:

- **Spouse** means your legal spouse, or the person who has been living with you in a spousal relationship for at least 12 consecutive months.
- **Dependant** means your natural, adopted or stepchild who is:
 - Under 21 years of age, unmarried, and solely dependent upon you for support. (Children under age 21 are not covered if they are working more than 30 hours per week, unless they are full-time students.)
 - Age 21 or older but under age 26, unmarried, dependent upon you for support and in full-time attendance at an accredited post-secondary educational institution.
 - Age 21 or older and is incapable of supporting his or herself because of a physical or mental disability, provided the disabling condition began before age 21, or before age 26 while a full-time student, and the disability has been continuous since then.

Preferred Non-Employer Email Address

Your preferred email address is used to provide you with electronic communications from the Federation. Members must provide a preferred email address, as all communications from the Federation, including information on provincial collective bargaining, will be sent to this email address. Your preferred email address also provides access to the MySTF section of the Federation's website, which contains your personalized pension and benefit information.

It's Important to Keep Your Records Up-To-Date

Changes to your name, mailing address, preferred email address, school name, or health plan spouse or dependant information can be updated online in the MySTF section of the Federation website, www.stf.sk.ca. However, a Change of Information form must be used to notify the Federation of changes to your employment status. You must also submit a Teachers' Dental Plan Change of Information form to the Teachers' Superannuation Commission.

Data Analysis and Research for Teachers

The Data Analysis and Research for Teachers ("DART") project enables the STF to effectively use data generated from its various organizational units for research and robust statistical analysis to guide operational planning, inform decision-making, improve organizational services, and ultimately, to support the member-driven work of the organization. All personal information collected, used and disclosed in connection with DART is de-identified and aggregated with the personal information of others, so that it cannot be traced back to any identifiable individual, prior to its use or disclosure.



Saskatoon – Head Office
2317 Arlington Avenue, Saskatoon SK S7J 2H8
T: 306-373-1660 or 1-800-667-7762 F: 306-374-1122 E: stf@stf.sk.ca

Regina – Appointments Only
Suite 375-3303 Hillside Street, Regina SK S4S 6W9

www.stf.sk.ca @SaskTeachersFed



129-3085 Albert Street
Regina SK S4S 0B1
T: 306-787-6440
Toll Free: 1-877-364-8202
F: 306-787-1939
E: mail@stsc.gov.sk.ca

www.stsc.gov.sk.ca

Saskatchewan Teachers' Group Life Insurance Beneficiary Update Form

The Teachers' Life Insurance (Government Contributory) Act.

POLICY # 83974

Insured Member			
<input type="checkbox"/> Active Teacher <input type="checkbox"/> Superannuate		<input type="checkbox"/> New Enrolment <input type="checkbox"/> Beneficiary Change	
Last Name		First Name	
Social Insurance Number		Date of Birth (DD-MM-YYYY)	
Name of Beneficiary (Proportion must equal a combined total of 100%)			
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (DD-MM-YYYY) if under 19
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (DD-MM-YYYY) if under 19
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (DD/MM/YYYY) if under 19
Name of Alternate Beneficiary (In the event primary beneficiary(ies) are deceased. Proportion must equal combined total of 100%)			
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Trustee			
In the event that any beneficiary is a minor at the date of my death, the proceeds payable to that beneficiary shall be paid to the following person in trust to be used for the benefit of that beneficiary and held until the beneficiary attains the age of majority. (Not applicable if the Plan Member is a resident of the Province of Quebec).			
Name of Trustee		Address of Trustee (Street, City, Province and Postal Code)	

If no beneficiary designated herein survives me, the benefits payable on and after my death are to be paid, subject to the rights of any assignee or beneficiary for value, to my estate. To the fullest extent permitted by the laws applicable, I reserve the right to change or revoke this designation of beneficiary.

Signature of Teacher

Signature of Witness (other than beneficiary)

Dated in _____

(City/Town)

On _____

Date: (DD-MMM-YYYY)

Address of Teacher (Street Name & Number or PO Box Number)

City

Province

Postal Code

To be completed by School Division

- **For active teachers, please ensure this section is completed by your School Division prior to submitting to the Teachers' Superannuation Commission.**
- **For superannuates, this section is not required.**

Name and No. of School Division

Date of Employment (DD/MMM/YYYY)

Signature of Authorized Official

To be completed by the Teachers' Superannuation Commission

Date of Termination (DD/MMM/YYYY)

Amount of Life Insurance in Effect

Class 1 – Section 1 (age 65 or under)

Class 1 – Section 101 (over 65)

Signature of Authorized Official

Date (DD/MMM/YYYY)

Please retain a copy for your file and **submit the original** to the Teachers' Superannuation Commission at Room 129, 3085 Albert Street, Regina SK S4S 0B1.

Original will be retained on file at the commission to provide to the insurance carrier in the event of a claim.

Inquiries about the Teachers' Group Life Insurance Plan may be directed to the Plan Administrator at 306-787-9025 or 1-877-364-8202.

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 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 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.



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 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.